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[Report No. 108–411]

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

IN THE SENATE OF THE UNITED STATES

MARCH 6, 2003

Mr. CAMPBELL (for himself, Mr. INOUYE, 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.

Be it enacted by the Senate and House of Representatives 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.~~

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

~~SEC. 101. AMENDMENT TO THE INDIAN HEALTH CARE IMPROVEMENT ACT.~~

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

~~"SECTION 1. SHORT TITLE; TABLE OF CONTENTS.~~

~~"(a) SHORT TITLE.—This Act may be cited as the 'Indian Health Care Improvement Act'.~~

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

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

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

~~"Sec. 101. Purpose.~~
~~"Sec. 102. General requirements.~~
~~"Sec. 103. Health professions recruitment program for Indians.~~
~~"Sec. 104. Health professions preparatory scholarship program for Indians.~~
~~"Sec. 105. Indian health professions scholarships.~~
~~"Sec. 106. American Indians into psychology program.~~
~~"Sec. 107. Indian Health Service extern programs.~~
~~"Sec. 108. Continuing education allowances.~~
~~"Sec. 109. Community health representative program.~~
~~"Sec. 110. Indian Health Service loan repayment program.~~
~~"Sec. 111. Scholarship and loan repayment recovery fund.~~
~~"Sec. 112. Recruitment activities.~~
~~"Sec. 113. Tribal recruitment and retention program.~~
~~"Sec. 114. Advanced training and research.~~
~~"Sec. 115. Nursing programs; Quentin N. Burdick American Indians into Nursing Program.~~
~~"Sec. 116. Tribal culture and history.~~
~~"Sec. 117. INMED program.~~

~~"Sec. 118. Health training programs of community colleges.~~
~~"Sec. 119. Retention bonus.~~
~~"Sec. 120. Nursing residency program.~~
~~"Sec. 121. Community health aide program for Alaska.~~
~~"Sec. 122. Tribal health program administration.~~
~~"Sec. 123. Health professional chronic shortage demonstration project.~~
~~"Sec. 124. Scholarships.~~
~~"Sec. 125. National Health Service Corps.~~
~~"Sec. 126. Substance abuse counselor education demonstration project.~~
~~"Sec. 127. Mental health training and community education.~~
~~"Sec. 128. Authorization of appropriations.~~

~~"TITLE II—HEALTH SERVICES~~

~~"Sec. 201. Indian Health Care Improvement Fund.~~
~~"Sec. 202. Catastrophic Health Emergency Fund.~~
~~"Sec. 203. Health promotion and disease prevention services.~~
~~"Sec. 204. Diabetes prevention, treatment, and control.~~
~~"Sec. 205. Shared services.~~
~~"Sec. 206. Health services research.~~
~~"Sec. 207. Mammography and other cancer screening.~~
~~"Sec. 208. Patient travel costs.~~
~~"Sec. 209. Epidemiology centers.~~
~~"Sec. 210. Comprehensive school health education programs.~~
~~"Sec. 211. Indian youth program.~~
~~"Sec. 212. Prevention, control, and elimination of communicable and infectious diseases.~~
~~"Sec. 213. Authority for provision of other services.~~
~~"Sec. 214. Indian women's health care.~~
~~"Sec. 215. Environmental and nuclear health hazards.~~
~~"Sec. 216. Arizona as a contract health service delivery area.~~
~~"Sec. 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.~~

~~"SEC. 2. FINDINGS.~~

~~"Congress makes the following findings:~~

~~"(1) Federal delivery of health services and funding of tribal and urban Indian health programs to maintain and improve the health of the Indians are consonant with and required by the Federal Government's historical and unique legal relationship with the American Indian people, as reflected in the Constitution, treaties, Federal laws, and the course of dealings of the United States with Indian tribes, and the United States' resulting government to government and trust responsibility and obligations to the American Indian people.~~

~~"(2) From the time of European occupation and colonization through the 20th century, the policies and practices of the United States caused or contributed to the severe health conditions of Indians.~~

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

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

~~"(4) The population growth of the Indian people that began in the later part of the 20th century increases the need for Federal health care services.~~

~~"(5) A major national goal of the United States is to provide the quantity and quality of health services which will permit the health status of Indians, regardless of where they live, to be raised to the highest possible level, a level that is not less than that of the general population, and to provide for the maximum participation of Indian tribes, tribal organizations, and urban Indian organizations in the planning, delivery, and management of those services.~~

~~"(6) Federal health services to Indians have resulted in a reduction in the prevalence and incidence of illnesses among, and unnecessary and premature deaths of, Indians.~~

~~"(7) Despite such services, the unmet health needs of the American Indian people remain alarmingly severe, and even continue to increase, and the health status of the Indians is far below the health~~

~~status of the general population of the United States.~~

~~"(8) The disparity in health status that is to be addressed is formidable. In death rates for example, Indian people suffer a death rate for diabetes mellitus that is 249 percent higher than the death rate for all races in the United States, a pneumonia and influenza death rate that is 71 percent higher, a tuberculosis death rate that is 533 percent higher, and a death rate from alcoholism that is 627 percent higher.~~

~~"SEC. 3. DECLARATION OF HEALTH OBJECTIVES.~~

~~"Congress hereby declares that it is the policy of the United States, in fulfillment of its special trust responsibilities and legal obligations to the American Indian people—~~

~~"(1) to assure the highest possible health status for Indians and to provide all resources necessary to effect that policy;~~

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

~~"(3) in order to raise the health status of Indian people to at least the levels set forth in the~~

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

"(4) to increase the proportion of all degrees in the health professions and allied and associated health professions awarded to Indians so that the proportion of Indian health professionals in each geographic service area is raised to at least the level of that of the general population;

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

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

"SEC. 4. DEFINITIONS.

"In this Act:

"(1) ACCREDITED AND ACCESSIBLE.—The term 'accredited and accessible', with respect to an entity, means a community college or other appropriate en-

~~tity that is on or near a reservation and accredited by a national or regional organization with accrediting authority.~~

~~"(2) AREA OFFICE.—The term 'area office' means an administrative entity including a program office, within the Indian Health Service through which services and funds are provided to the service units within a defined geographic area.~~

~~"(3) ASSISTANT SECRETARY.—The term 'Assistant Secretary' means the Assistant Secretary of the Indian Health as established under section 601.~~

~~"(4) CONTRACT HEALTH SERVICE.—The term 'contract health service' means a health service that is provided at the expense of the Service, Indian tribe, or tribal organization by a public or private medical provider or hospital, other than a service funded under the Indian Self-Determination and Education Assistance Act or under this Act.~~

~~"(5) DEPARTMENT.—The term 'Department', unless specifically provided otherwise, means the Department of Health and Human Services.~~

~~"(6) FUND.—The terms 'fund' or 'funding' mean the transfer of monies from the Department to any eligible entity or individual under this Act by any legal means, including funding agreements, con-~~

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

~~"(7) FUNDING AGREEMENT.—The term 'funding agreement' means any agreement to transfer funds for the planning, conduct, and administration of programs, functions, services and activities to tribes and tribal organizations from the Secretary under the authority of the Indian Self-Determination and Education Assistance Act.~~

~~"(8) HEALTH PROFESSION.—The term 'health profession' means allopathic medicine, family medicine, internal medicine, pediatrics, geriatric medicine, obstetrics and gynecology, podiatric medicine, nursing, public health nursing, dentistry, psychiatry, osteopathy, optometry, pharmacy, psychology, public health, social work, marriage and family therapy, chiropractic medicine, environmental health and engineering, and allied health professions, or any other health profession.~~

~~"(9) HEALTH PROMOTION; DISEASE PREVENTION.—The terms 'health promotion' and 'disease prevention' shall have the meanings given such terms in paragraphs (1) and (2) of section 203(c).~~

~~"(10) INDIAN.—The term 'Indian' and 'Indians' shall have meanings given such terms for pur-~~

poses of the Indian Self-Determination and Education Assistance Act.

"(11) INDIAN HEALTH PROGRAM.—The term 'Indian health program' shall have the meaning given such term in section 110(a)(2)(A).

"(12) INDIAN TRIBE.—The term 'Indian tribe' shall have the meaning given such term in section 4(e) of the Indian Self Determination and Education Assistance Act.

"(13) RESERVATION.—The term 'reservation' means any federally recognized Indian tribe's reservation, Pueblo or colony, including former reservations in Oklahoma, Alaska Native Regions established pursuant to the Alaska Native Claims Settlement Act, and Indian allotments.

"(14) SECRETARY.—The term 'Secretary', unless specifically provided otherwise, means the Secretary of Health and Human Services.

"(15) SERVICE.—The term 'Service' means the Indian Health Service.

"(16) SERVICE AREA.—The term 'service area' means the geographical area served by each area office.

"(17) SERVICE UNIT.—The term 'service unit' means—

~~"(A) an administrative entity within the Indian Health Service; or~~

~~"(B) a tribe or tribal organization operating health care programs or facilities with funds from the Service under the Indian Self-Determination and Education Assistance Act, through which services are provided, directly or by contract, to the eligible Indian population within a defined geographic area.~~

~~"(18) TRADITIONAL HEALTH CARE PRACTICES.—The term 'traditional health care practices' means the application by Native healing practitioners of the Native healing sciences (as opposed or in contradistinction to western healing sciences) which embodies the influences or forces of innate tribal discovery, history, description, explanation and knowledge of the states of wellness and illness and which calls upon these influences or forces, including physical, mental, and spiritual forces in the promotion, restoration, preservation and maintenance of health, well-being, and life's harmony.~~

~~"(19) TRIBAL ORGANIZATION.—The term 'tribal organization' shall have the meaning given such term in section 4(l) of the Indian Self Determination and Education Assistance Act.~~

~~"(20) TRIBALLY CONTROLLED COMMUNITY COLLEGE.—The term 'tribally controlled community college' shall have the meaning given such term in section 126 (g)(2).~~

~~"(21) URBAN CENTER.—The term 'urban center' means any community that has a sufficient urban Indian population with unmet health needs to warrant assistance under title V, as determined by the Secretary.~~

~~"(22) URBAN INDIAN.—The term 'urban Indian' means any individual who resides in an urban center and who—~~

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

~~"(B) is an Eskimo or Aleut or other Alaskan Native;~~

~~"(C) is considered by the Secretary of the Interior to be an Indian for any purpose; or~~

~~"(D) is determined to be an Indian under regulations promulgated by the Secretary.~~

~~"(23) URBAN INDIAN ORGANIZATION.—The term 'urban Indian organization' means a nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the participation of all interested Indian groups and individuals, and which is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 503(a).~~

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

~~"SEC. 101. PURPOSE.~~

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

~~"SEC. 102. GENERAL REQUIREMENTS.~~

~~"(a) SERVICE AREA PRIORITIES.—Unless specifically provided otherwise, amounts appropriated for each fiscal~~

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

~~"(1) to be developed in consultation with Indian tribes, tribal organizations and urban Indian organizations;~~

~~"(2) that takes into account the human resource and development needs in each such service area; and~~

~~"(3) that weighs the allocation of amounts appropriated in favor of those service areas where the health status of Indians within the area, as measured by life expectancy based upon the most recent data available, is significantly lower than the average health status for Indians in all service areas, except that amounts allocated to each such area using such a weighted allocation formula shall not be less than the amounts allocated to each such area in the previous fiscal year.~~

~~"(b) CONSULTATION.—Each area office receiving funds under this title shall actively and continuously consult with representatives of Indian tribes, tribal organizations, and urban Indian organizations to prioritize the utilization of funds provided under this title within the service 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~~

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

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

~~"(3) establishing other programs which the area office determines will enhance and facilitate the enrollment of Indians in, and the subsequent pursuit and completion by them of, courses of study referred to in paragraph (1).~~

~~"(b) ADMINISTRATIVE PROVISIONS.—~~

~~"(1) APPLICATION.—To be eligible to receive funds under this section an entity described in subsection (a) shall submit to the Secretary, through the appropriate area office, and have approved, an application in such form, submitted in such manner, and containing such information as the Secretary shall by regulation prescribe.~~

~~"(2) PREFERENCE.—In awarding funds under this section, the area office shall give a preference to applications submitted by Indian tribes, tribal organizations, 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 ~~"(c) 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

~~scholarships shall be designated Indian Health Scholarships and shall, except as provided in subsection (b), be made in accordance with section 338A of the Public Health Service Act (42 U.S.C. 254l).~~

~~"(2) NO DELEGATION.—The Director of the Service shall administer this section and shall not delegate any administrative functions under a funding agreement pursuant to the Indian Self-Determination and Education Assistance Act.~~

~~"(b) ELIGIBILITY.—~~

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

~~"(2) SERVICE OBLIGATION.—~~

~~"(A) PUBLIC HEALTH SERVICE ACT.—The active duty service obligation under a written contract with the Secretary under section 338A of the Public Health Service Act (42 U.S.C. 254l) that an Indian has entered into under that section shall, if that individual is a recipient of an Indian Health Scholarship, be met in full-time practice on an equivalent year for year 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-~~

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

~~"(i) No period of internship, residency, or other advanced clinical training shall be counted as satisfying any period of obligated service that is required under this section.~~

~~"(ii) The active duty service obligation of that individual shall commence not later than 90 days after the completion of that advanced clinical training (or by a date specified by the Secretary).~~

~~"(iii) The active duty service obligation will be served in the health profession of that individual, in a manner consistent with clauses (i) through (iv) of subparagraph (A).~~

~~"(C) NEW SCHOLARSHIP RECIPIENTS.—A recipient of an Indian Health Scholarship that is awarded after December 31, 2003, shall meet the active duty service obligation under such scholarship by providing service within the service area from which the scholarship was award-~~

~~ed. In placing the recipient for active duty the area office shall give priority to the program that funded the recipient, except that in cases of special circumstances, a recipient may be placed in a different service area pursuant to an agreement between the areas or programs involved.~~

~~"(D) PRIORITY IN ASSIGNMENT.—Subject to subparagraph (C), the area office, in making assignments of Indian Health Scholarship recipients required to meet the active duty service obligation described in subparagraph (A), shall give priority to assigning individuals to service in those programs specified in subparagraph (A) that have a need for health professionals to provide health care services as a result of individuals having breached contracts entered into under this section.~~

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

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

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

"(B) the period of obligated service described in paragraph (2)(A) shall be equal to the greater of—

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

"(ii) two years; and

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

"(4) BREACH OF CONTRACT.—

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

"(i) fails to maintain an acceptable level of academic standing in the educational institution in which he or she is

enrolled (such level determined by the educational institution under regulations of the Secretary);

"(ii) is dismissed from such educational institution for disciplinary reasons;

"(iii) voluntarily terminates the training in such an educational institution for which he or she is provided a scholarship under such contract before the completion of such training; or

"(iv) fails to accept payment, or instructs the educational institution in which he or she is enrolled not to accept payment, in whole or in part, of a scholarship under such contract;

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

"(B) FAILURE TO PERFORM SERVICE OBLIGATION.—If for any reason not specified in subparagraph (A) an individual breaches his or her written contract by failing either to begin such individual's service obligation under this

~~section or to complete such service obligation, the United States shall be entitled to recover from the individual an amount determined in accordance with the formula specified in subsection (l) of section 110 in the manner provided for in such subsection.~~

~~"(C) DEATH.—Upon the death of an individual who receives an Indian Health Scholarship, any obligation of that individual for service or payment that relates to that scholarship shall be canceled.~~

~~"(D) WAIVER.—The Secretary shall provide for the partial or total waiver or suspension of any obligation of service or payment of a recipient of an Indian Health Scholarship if the Secretary, in consultation with the appropriate area office, Indian tribe, tribal organization, and urban Indian organization, determines that—~~

~~"(i) it is not possible for the recipient to meet that obligation or make that payment;~~

~~"(ii) requiring that recipient to meet that obligation or make that payment~~

would result in extreme hardship to the recipient; or

"(iii) the enforcement of the requirement to meet the obligation or make the payment would be unconscionable.

"(E) HARDSHIP OR GOOD CAUSE.—Notwithstanding any other provision of law, in any case of extreme hardship or for other good cause shown, the Secretary may waive, in whole or in part, the right of the United States to recover funds made available under this section.

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

"(c) FUNDING FOR TRIBES FOR SCHOLARSHIP PROGRAMS.—

"(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~~

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

~~"(ii) such greater period of time as the recipient and the Indian tribe or tribal organization may agree;~~

~~"(B) provide that the scholarship—~~

~~"(i) may only be expended for—~~

~~"(I) tuition expenses, other reasonable educational expenses, and reasonable living expenses incurred in attendance at the educational institution; and~~

~~"(II) payment to the recipient of a monthly stipend of not more than the amount authorized by section 338(g)(1)(B) of the Public Health Service Act (42 U.S.C. 254m(g)(1)(B), such amount to be reduced pro rata (as determined by the Secretary) based on the number of hours such student is enrolled, and may not exceed, for any year of attendance which the scholarship is provided, the total amount required for~~

~~the year for the purposes authorized in this clause; and~~

~~"(ii) may not exceed, for any year of attendance which the scholarship is provided, the total amount required for the year for the purposes authorized in clause (i);~~

~~"(C) require the recipient of such scholarship to maintain an acceptable level of academic standing as determined by the educational institution in accordance with regulations issued pursuant to this Act; and~~

~~"(D) require the recipient of such scholarship to meet the educational and licensure requirements appropriate to the health profession involved.~~

~~"(5) BREACH OF CONTRACT.—~~

~~"(A) IN GENERAL.—An individual who has entered into a written contract with the Secretary and an Indian tribe or tribal organization under this subsection and who—~~

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

~~institution under regulations of the Secretary);~~

~~"(ii) is dismissed from such education for disciplinary reasons;~~

~~"(iii) voluntarily terminates the training in such an educational institution for which he or she has been provided a scholarship under such contract before the completion of such training; or~~

~~"(iv) fails to accept payment, or instructs the educational institution in which he or she is enrolled not to accept payment, in whole or in part, of a scholarship under such contract, in lieu of any service obligation arising under such contract;~~

~~shall be liable to the United States for the Federal share of the amount which has been paid to him or her, or on his or her behalf, under the contract.~~

~~"(B) FAILURE TO PERFORM SERVICE OBLIGATION.—If for any reason not specified in subparagraph (A), an individual breaches his or her written contract by failing to either begin such individual's service obligation required under such contract or to complete such service~~

~~obligation, the United States shall be entitled to recover from the individual an amount determined in accordance with the formula specified in subsection (l) of section 110 in the manner provided for in such subsection.~~

~~"(C) INFORMATION.—The Secretary may carry out this subsection on the basis of information received from Indian tribes or tribal organizations involved, or on the basis of information collected through such other means as the Secretary deems appropriate.~~

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

~~"(A) not to discriminate against an individual seeking care on the basis of the ability of the individual to pay for such care or on the basis that payment for such care will be made pursuant to the program established in title XVIII of the Social Security Act or pursuant to the programs established in title XIX of such Act; and~~

~~"(B) to accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act for~~

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

"(7) PAYMENTS.—The Secretary, through the area office, shall make payments under this subsection to an Indian tribe or tribal organization for any fiscal year subsequent to the first fiscal year of such payments unless the Secretary or area office determines that, for the immediately preceding fiscal year, the Indian tribe or tribal organization has not complied with the requirements of this subsection.

"SEC. 106. AMERICAN INDIANS INTO PSYCHOLOGY PROGRAM.

"(a) IN GENERAL.—Notwithstanding section 102, the Secretary shall provide funds to at least 3 colleges and universities for the purpose of developing and maintaining American Indian psychology career recruitment programs as a means of encouraging Indians to enter the mental health field. These programs shall be located at various colleges and universities throughout the country to maximize 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-~~

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

~~"(1) in the Indian Health Service;~~

~~"(2) in a program conducted under a funding agreement contract entered into under the Indian Self-Determination and Education Assistance Act;~~

~~"(3) in a program assisted under title V; or~~

~~"(4) in the private practice of psychology if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice is situated in a physician or other health professional shortage area and addresses the health care needs of a substantial number of Indians.~~

~~"SEC. 107. INDIAN HEALTH SERVICE EXTERN PROGRAMS.~~

~~"(a) IN GENERAL.—Any individual who receives a scholarship pursuant to section 105 shall be entitled to employment in the Service, or may be employed by a program of an Indian tribe, tribal organization, or urban Indian organization, or other agency of the Department as may be appropriate and available, during any nonacademic period of the year. Periods of employment pursuant to this subsection shall not be counted in determining the fulfillment of the service obligation incurred as a condition of 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~~

against any employment ceiling affecting the Service or the Department.

"SEC. 108. CONTINUING EDUCATION ALLOWANCES.

"In order to encourage health professionals, including for purposes of this section, community health representatives and emergency medical technicians, to join or continue in the Service or in any program of an Indian tribe, tribal organization, or urban Indian organization and to provide their services in the rural and remote areas where a significant portion of the Indian people reside, the Secretary, acting through the area offices, may provide allowances to health professionals employed in the Service or such a program to enable such professionals to take leave of their duty stations for a period of time each year (as prescribed by regulations of the Secretary) for professional consultation and refresher training courses.

"SEC. 109. COMMUNITY HEALTH REPRESENTATIVE PROGRAM.

"(a) IN GENERAL.—Under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the Snyder Act), the Secretary shall maintain a Community Health Representative Program under which the Service, Indian tribes and tribal organizations—

"(1) provide for the training of Indians as community 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-~~

~~tinuing education in health care, health promotion, and disease prevention and maintain programs that meet the needs for such continuing education;~~

~~"(4) maintain a system that provides close supervision of community health representatives;~~

~~"(5) maintain a system under which the work of community health representatives is reviewed and evaluated; and~~

~~"(6) promote traditional health care practices of the Indian tribes served consistent with the Service standards for the provision of health care, health promotion, and disease prevention.~~

~~"SEC. 110. INDIAN HEALTH SERVICE LOAN REPAYMENT PROGRAM.~~

~~"(a) ESTABLISHMENT.—~~

~~"(1) IN GENERAL.—The Secretary, acting through the Service, shall establish a program to be known as the Indian Health Service Loan Repayment Program (referred to in this Act as the 'Loan Repayment Program') in order to assure an adequate supply of trained health professionals necessary to maintain accreditation of, and provide health care services to Indians through, Indian health programs.~~

~~"(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 ~~"(c) FORMS.—~~

1 ~~"(1) IN GENERAL.—In disseminating application~~
2 ~~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 (l) 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-~~

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

~~"(d) PRIORITY.—~~

~~"(1) ANNUAL DETERMINATIONS.—The Secretary, acting through the Service and in accordance with subsection (k), shall annually—~~

~~"(A) identify the positions in each Indian health program for which there is a need or a vacancy; and~~

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

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

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

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

1 ~~"(i) individuals recruited through the~~
2 ~~efforts 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) an agreement under which—~~

~~"(A) subject to paragraph (3), the Secretary agrees—~~

~~"(i) to pay loans on behalf of the individual in accordance with the provisions of this section; and~~

~~"(ii) to accept (subject to the availability of appropriated funds for carrying out this section) the individual into the Service or place the individual with a tribe, tribal organization, or urban Indian organization as provided in subparagraph (B)(iii); and~~

~~"(B) subject to paragraph (3), the individual agrees—~~

~~"(i) to accept loan payments on behalf of the individual;~~

~~"(ii) in the case of an individual described in subsection (b)(1)—~~

~~"(I) to maintain enrollment in a course of study or training described in subsection (b)(1)(A) until the individual completes the course of study or training; and~~

~~"(II) while enrolled in such course of study or training, to maintain an acceptable level of academic standing (as determined under regulations of the Secretary by the educational institution offering such course of study or training);~~

~~"(iii) to serve for a time period (referred to in this section as the 'period of obligated service') equal to 2 years or such longer period as the individual may agree to serve in the full-time clinical practice of such individual's profession in an Indian health program to which the individual may be assigned by the Secretary;~~

~~"(2) a provision permitting the Secretary to extend for such longer additional periods, as the individual may agree to, the period of obligated service agreed to by the individual under paragraph (1)(B)(iii);~~

~~"(3) a provision that any financial obligation of the United States arising out of a contract entered into under this section and any obligation of the individual which is conditioned thereon is contingent~~

upon funds being appropriated for loan repayments under this section;

"(4) a statement of the damages to which the United States is entitled under subsection (l) for the individual's breach of the contract; and

"(5) such other statements of the rights and liabilities of the Secretary and of the individual, not inconsistent with this section.

"(g) LOAN REPAYMENTS.—

"(1) IN GENERAL.—A loan repayment provided for an individual under a written contract under the Loan Repayment Program shall consist of payment, in accordance with paragraph (2), on behalf of the individual of the principal, interest, and related expenses on government and commercial loans received by the individual regarding the undergraduate or graduate education of the individual (or both), which loans were made for—

"(A) tuition expenses;

"(B) all other reasonable educational expenses, including fees, books, and laboratory expenses, incurred by the individual; and

"(C) reasonable living expenses as determined by the Secretary.

"(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 $35,000 (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~~

~~obligated service under the Loan Repayment Program.~~

~~"(B) TIME FOR PAYMENT.—Any arrangement made by the Secretary for the making of loan repayments in accordance with this subsection shall provide that any repayments for a year of obligated service shall be made not later than the end of the fiscal year in which the individual completes such year of service.~~

~~"(3) SCHEDULE FOR PAYMENTS.—The Secretary may enter into an agreement with the holder of any loan for which payments are made under the Loan Repayment Program to establish a schedule for the making of such payments.~~

~~"(h) COUNTING OF INDIVIDUALS.—Notwithstanding any other provision of law, individuals who have entered into written contracts with the Secretary under this section, while undergoing academic training, shall not be counted against any employment ceiling affecting the Department.~~

~~"(i) RECRUITING PROGRAMS.—The Secretary shall conduct recruiting programs for the Loan Repayment Program and other health professional programs of the Service at educational institutions training health professionals 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-~~

~~cover from such individual an amount to be determined in accordance with the following formula:~~

$$\cancel{A=3Z(t\text{-}s/t)}$$

~~in which—~~

~~"(A) 'A' is the amount the United States is entitled to recover;~~

~~"(B) 'Z' is the sum of the amounts paid under this section to, or on behalf of, the individual and the interest on such amounts which would be payable if, at the time the amounts were paid, they were loans bearing interest at the maximum legal prevailing rate, as determined by the Treasurer of the United States;~~

~~"(C) 't' is the total number of months in the individual's period of obligated service in accordance with subsection (f); and~~

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

~~Amounts not paid within such period shall be subject to collection through deductions in medicare payments pursuant to section 1892 of the Social Security Act.~~

~~"(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~~

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

"(m) CANCELLATION, WAIVER OR RELEASE.—

"(1) CANCELLATION.—Any obligation of an individual under the Loan Repayment Program for service or payment of damages shall be canceled upon the death of the individual.

"(2) WAIVER OF SERVICE OBLIGATION.—The Secretary shall by regulation provide for the partial or total waiver or suspension of any obligation of service or payment by an individual under the Loan Repayment Program whenever compliance by the individual is impossible or would involve extreme hardship to the individual and if enforcement of such obligation with respect to any individual would be unconscionable.

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

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

1 ~~ruptcy 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 ~~dian 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~~

the contract entered into under section 105 or section 110.

"(2) SCHOLARSHIPS AND RECRUITING.—An Indian tribe or tribal organization receiving payments pursuant to paragraph (1) may expend the payments to provide scholarships or to recruit and employ, directly or by contract, health professionals to provide health care services.

"(c) INVESTING OF FUND.—

"(1) IN GENERAL.—The Secretary of the Treasury shall invest such amounts of the LRRF as the Secretary determines are not required to meet current withdrawals from the LRRF. Such investments may be made only in interest-bearing obligations of the United States. For such purpose, such obligations may be acquired on original issue at the issue price, or by purchase of outstanding obligations at the market price.

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

"SEC. 112. RECRUITMENT ACTIVITIES.

"(a) REIMBURSEMENT OF EXPENSES.—The Secretary may reimburse health professionals seeking positions in the Service, Indian tribes, tribal organizations, or

~~urban Indian organizations, including unpaid student volunteers and individuals considering entering into a contract under section 110, and their spouses, for actual and reasonable expenses incurred in traveling to and from their places of residence to an area in which they may be assigned for the purpose of evaluating such area with respect to such assignment.~~

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

~~"SEC. 113. TRIBAL RECRUITMENT AND RETENTION PROGRAM.~~

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

~~"(b) ELIGIBILITY.—Any Indian tribe, tribal organization, or urban Indian organization may submit an application 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 (l) of section 110 in the manner~~
2 ~~provided for in such subsection.~~
3 ~~"(c) 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,~~

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

~~"(b) USE OF GRANTS.—Funds provided under subsection (a) may be used to—~~

~~"(1) recruit individuals for programs which train individuals to be nurses, nurse midwives, or advanced practice nurses;~~

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

~~"(3) provide a program that encourages nurses, nurse midwives, and advanced practice nurses to provide, or continue to provide, health care services to Indians;~~

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

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

~~"(c) APPLICATIONS.—Each application for funds under subsection (a) shall include such information as the~~

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

~~"(d) PREFERENCES.—In providing funds under subsection (a), the Secretary shall extend a preference to—~~

~~"(1) programs that provide a preference to Indians;~~

~~"(2) programs that train nurse midwives or advanced practice nurses;~~

~~"(3) programs that are interdisciplinary; and~~

~~"(4) programs that are conducted in cooperation with a center for gifted and talented Indian students established under section 5324(a) of the Indian Education Act of 1988.~~

~~"(e) QUENTIN N. BURDICK AMERICAN INDIANS INTO NURSING PROGRAM.—The Secretary shall ensure that a portion of the funds authorized under subsection (a) is made available to establish and maintain a program at the University of North Dakota to be known as the 'Quentin N. Burdick American Indians Into Nursing Program'. Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick American Indians Into Psychology Program established under section 106(b) and the Quentin N. Burdick Indian Health Programs established 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-~~

~~vided to the community college shall not exceed $100,000.~~

~~"(b) CONTINUATION GRANTS.—~~

~~"(1) IN GENERAL.—The Secretary, acting through the Service, shall award grants to accredited and accessible community colleges that have established a program described in subsection (a)(1) for the purpose of maintaining the program and recruiting students for the program.~~

~~"(2) ELIGIBILITY.—Grants may only be made under this subsection to a community college that—~~

~~"(A) is accredited;~~

~~"(B) has a relationship with a hospital facility, Service facility, or hospital that could provide training of nurses or health professionals;~~

~~"(C) has entered into an agreement with an accredited college or university medical school, the terms of which—~~

~~"(i) provide a program that enhances the transition and recruitment of students into advanced baccalaureate or graduate programs which train health professionals; 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~~

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

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

"(2) provides clinical services on an Indian reservation, at a Service facility, or at a tribal clinic. Such courses of study may be offered in conjunction with the college or university with which the community college has entered into the agreement required under subsection (b)(2)(C).

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

"(f) DEFINITIONS.—In this section:

"(1) COMMUNITY COLLEGE.—The term 'community college' means—

"(A) a tribally controlled community college; or

"(B) a junior or community college.

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

"(3) TRIBALLY CONTROLLED COLLEGE.—The term 'tribally controlled college' has the meaning

given the term 'tribally controlled community college' by section 2(4) of the Tribally Controlled Community College Assistance Act of 1978.

"SEC. 119. RETENTION BONUS.

"(a) IN GENERAL.—The Secretary may pay a retention bonus to any health professional employed by, or assigned to, and serving in, the Service, an Indian tribe, a tribal organization, or an urban Indian organization either as a civilian employee or as a commissioned officer in the Regular or Reserve Corps of the Public Health Service who—

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

"(2) the Secretary determines is needed by the Service, tribe, tribal organization, or urban organization;

"(3) has—

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

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

"(i) any Federal scholarship program; 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

~~obligation to serve in an Indian health program for a period of obligated service equal to the amount of time during which the individual participates in such program. In the event that the individual fails to complete such obligated service, the United States shall be entitled to recover from such individual an amount determined in accordance with the formula specified in subsection (l) of section 110 in the manner provided for in such subsection.~~

~~"SEC. 121. COMMUNITY HEALTH AIDE PROGRAM FOR ALASKA.~~

~~"(a) IN GENERAL.—Under the authority of the Act of November 2, 1921 (25 U.S.C. 13; commonly known as the Snyder Act), the Secretary shall maintain a Community Health Aide Program in Alaska under which the Service—~~

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

~~"(2) uses such aides or practitioners in the provision of health care, health promotion, and disease prevention services to Alaska Natives living in villages in rural Alaska; and~~

~~"(3) provides for the establishment of teleconferencing capacity in health clinics located in or near such villages for use by community health aides 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-~~

~~munity health aides or community health practitioners individuals who have successfully completed the training described in paragraph (1) or who can demonstrate equivalent experience;~~

~~"(4) develop and maintain a system which identifies the needs of community health aides and community health practitioners for continuing education in the provision of health care, including the areas described in paragraph (2)(B), and develop programs that meet the needs for such continuing education;~~

~~"(5) develop and maintain a system that provides close supervision of community health aides and community health practitioners; and~~

~~"(6) develop a system under which the work of community health aides and community health practitioners is reviewed and evaluated to assure the provision of quality health care, health promotion, and disease prevention services.~~

~~"SEC. 122. TRIBAL HEALTH PROGRAM ADMINISTRATION.~~

~~"Subject to Section 102, the Secretary, acting through the Service, shall, through a funding agreement or otherwise, provide training for Indians in the administration 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 ~~"(c) 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~~

~~of 1 year. Such contract or grant may be renewed for an additional 1 year period upon the approval of the Secretary.~~

~~"(d) REVIEW OF APPLICATIONS.—Not later than 180 days after the date of the enactment of this Act, the Secretary, after consultation with Indian tribes and administrators of accredited tribally controlled community colleges, tribally controlled postsecondary vocational institutions, and eligible accredited and accessible community colleges, shall develop and issue criteria for the review and approval of applications for funding (including applications for renewals of funding) under this section. Such criteria shall ensure that demonstration projects established under this section promote the development of the capacity of such entities to educate substance abuse counselors.~~

~~"(e) TECHNICAL ASSISTANCE.—The Secretary shall provide such technical and other assistance as may be necessary to enable grant recipients to comply with the provisions of this section.~~

~~"(f) REPORT.—The Secretary shall submit to the President, for inclusion in the report required to be submitted under section 801 for fiscal year 1999, a report on the findings and conclusions derived from the demonstration projects conducted under this section.~~

~~"(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-~~

~~clude or should include, training in the identification, prevention, education, referral or treatment of mental illness, dysfunctional or self-destructive behavior.~~

~~"(2) POSITIONS.—The positions referred to in paragraph (1) are—~~

~~"(A) staff positions within the Bureau of Indian Affairs, including existing positions, in the fields of—~~

~~"(i) elementary and secondary education;~~

~~"(ii) social services, family and child welfare;~~

~~"(iii) law enforcement and judicial services; and~~

~~"(iv) alcohol and substance abuse;~~

~~"(B) staff positions within the Service; and~~

~~"(C) staff positions similar to those specified in subsection (b) and established and maintained by Indian tribes, tribal organizations, and urban Indian organizations, including positions established pursuant to funding agreements under the Indian Self-determination and Education Assistance Act, and this Act.~~

~~"(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-~~

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

~~"(B) TECHNICAL ASSISTANCE.—In carrying out this paragraph, the Service shall, upon the request of an Indian tribe or tribal organization, provide technical assistance to the Indian tribe or tribal organization to obtain and develop community educational materials on the identification, prevention, referral and treatment of mental illness, dysfunctional and self-destructive behavior.~~

~~"(b) STAFFING.—~~

~~"(1) IN GENERAL.—Not later than 90 days after the date of enactment of the Act, the Director of the Service shall develop a plan under which the Service will increase the number of health care staff that are providing mental health services by at least 500 positions within 5 years after such date of enactment, with at least 200 of such positions devoted to child, adolescent, and family services. The allocation of such positions shall be subject to the provisions of section 102(a).~~

~~"(2) IMPLEMENTATION.—The plan developed under paragraph (1) shall be implemented under the~~

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

"SEC. 128. AUTHORIZATION OF APPROPRIATIONS.

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

"TITLE II—HEALTH SERVICES

"SEC. 201. INDIAN HEALTH CARE IMPROVEMENT FUND.

"(a) IN GENERAL.—The Secretary may expend funds, directly or under the authority of the Indian Self-Determination and Education Assistance Act, that are appropriated under the authority of this section, for the purposes of—

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

"(2) eliminating backlogs in the provision of health care services to Indians;

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

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

"(5) augmenting the ability of the Service to meet the following health service responsibilities with

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

~~"(A) clinical care, including inpatient care, outpatient care (including audiology, clinical eye and vision care), primary care, secondary and tertiary care, and long term care;~~

~~"(B) preventive health, including mammography and other cancer screening in accordance with section 207;~~

~~"(C) dental care;~~

~~"(D) mental health, including community mental health services, inpatient mental health services, dormitory mental health services, therapeutic and residential treatment centers, and training of traditional health care practitioners;~~

~~"(E) emergency medical services;~~

~~"(F) treatment and control of, and rehabilitative care related to, alcoholism and drug abuse (including fetal alcohol syndrome) among Indians;~~

~~"(G) accident prevention programs;~~

~~"(H) home health care;~~

~~"(I) community health representatives;~~

~~"(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 ~~pectancy 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~~

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

"(B) APPORTIONMENT.—The apportionment of funds allocated to a service unit, tribe or tribal organization under subparagraph (A) among the health service responsibilities described in subsection (a)(4) shall be determined by the Service in consultation with, and with the active participation of, the affected Indian tribes in accordance with this section and such rules as may be established under title VIII.

"(c) HEALTH STATUS AND RESOURCE DEFICIENCY.—In this section:

"(1) DEFINITION.—The term 'health status and resource deficiency' means the extent to which—

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

"(B) the Indian tribe or tribal organization does not have available to it the health resources it needs, taking into account the actual cost of providing health care services given local geographic, climatic, rural, or other circumstances.

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~~

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

~~"(1) the methodology then in use by the Service for determining tribal health status and resource deficiencies, as well as the most recent application of that methodology;~~

~~"(2) the extent of the health status and resource deficiency of each Indian tribe served by the Service;~~

~~"(3) the amount of funds necessary to eliminate the health status and resource deficiencies of all Indian tribes served by the Service; and~~

~~"(4) an estimate of—~~

~~"(A) the amount of health service funds appropriated under the authority of this Act, or any other Act, including the amount of any funds transferred to the Service, for the preceding fiscal year which is allocated to each service unit, Indian tribe, or comparable entity;~~

~~"(B) the number of Indians eligible for health services in each service unit or Indian tribe or tribal organization; and~~

~~"(C) the number of Indians using the Service resources made available to each service unit or Indian tribe or tribal organization, and,~~

~~to the extent available, information on the waiting lists and number of Indians turned away for services due to lack of resources.~~

~~"(f) BUDGETARY RULE.—Funds appropriated under the authority of this section for any fiscal year shall be included in the base budget of the Service for the purpose of determining appropriations under this section in subsequent fiscal years.~~

~~"(g) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to diminish the primary responsibility of the Service to eliminate existing backlogs in unmet health care needs or to discourage the Service from undertaking additional efforts to achieve equity among Indian tribes and tribal organizations.~~

~~"(h) DESIGNATION.—Any funds appropriated under the authority of this section shall be designated as the 'Indian Health Care Improvement Fund'.~~

~~"SEC. 202. CATASTROPHIC HEALTH EMERGENCY FUND.~~

~~"(a) ESTABLISHMENT.—~~

~~"(1) IN GENERAL.—There is hereby established an Indian Catastrophic Health Emergency Fund (referred to in this section as the 'CHEF') consisting of—~~

~~"(A) the amounts deposited under subsection (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-~~

~~dian tribes and tribal organizations within each service area, including a consideration of the needs of Indian tribes and tribal organizations which are contract health service-dependent.~~

~~"(b) REQUIREMENTS.—The Secretary shall, through the negotiated rulemaking process under title VIII, promulgate regulations consistent with the provisions of this section—~~

~~"(1) establish a definition of disasters and catastrophic illnesses for which the cost of treatment provided under contract would qualify for payment from the CHEF;~~

~~"(2) provide that a service unit, Indian tribe, or tribal organization shall not be eligible for reimbursement for the cost of treatment from the CHEF until its cost of treatment for any victim of such a catastrophic illness or disaster has reached a certain threshold cost which the Secretary shall establish at—~~

~~"(A) for 1999, not less than $19,000; and~~

~~"(B) for any subsequent year, not less than the threshold cost of the previous year increased by the percentage increase in the medical care expenditure category of the consumer price index for all urban consumers (United~~

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

~~"(3) establish a procedure for the reimbursement of the portion of the costs incurred by—~~

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

~~"(B) non-Service facilities or providers whenever otherwise authorized by the Service;~~

~~in rendering treatment that exceeds threshold cost described in paragraph (2);~~

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

~~"(5) establish a procedure that will ensure that no payment shall be made from the CHEF to any provider of treatment to the extent that such provider is eligible to receive payment for the treatment from any other Federal, State, local, or private source of reimbursement for which the patient is eligible.~~

~~"(c) LIMITATION.—Amounts appropriated to the CHEF under this section shall not be used to offset or 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-~~

~~vention of disease and its complications, and the reduction in the consequences of such diseases, including—~~

~~"(A) controlling—~~

~~"(i) diabetes;~~

~~"(ii) high blood pressure;~~

~~"(iii) infectious agents;~~

~~"(iv) injuries;~~

~~"(v) occupational hazards and disabilities;~~

~~"(vi) sexually transmittable diseases; and~~

~~"(vii) toxic agents; and~~

~~"(B) providing—~~

~~"(i) for the fluoridation of water; and~~

~~"(ii) immunizations.~~

~~"(2) HEALTH PROMOTION.—The term 'health promotion' means fostering social, economic, environmental, and personal factors conducive to health, including—~~

~~"(A) raising people's awareness about health matters and enabling them to cope with health problems by increasing their knowledge 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~~

of complications resulting from, diabetes among Indians; and

"(2) based on paragraph (1), the measures (including patient education) each service unit should take to reduce the prevalence of, and prevent, treat, and control the complications resulting from, diabetes among Indian tribes within that service unit.

"(b) SCREENING.—The Secretary shall screen each Indian who receives services from the Service for diabetes and for conditions which indicate a high risk that the individual will become diabetic. Such screening may be done by an Indian tribe or tribal organization operating health care programs or facilities with funds from the Service under the Indian Self-Determination and Education Assistance Act.

"(c) CONTINUED FUNDING.—The Secretary shall continue to fund, through fiscal year 2015, each effective model diabetes project in existence on the date of the enactment of this Act and such other diabetes programs operated by the Secretary or by Indian tribes and tribal organizations and any additional programs added to meet existing diabetes needs. Indian tribes and tribal organizations shall receive recurring funding for the diabetes programs which they operate pursuant to this section. Model diabetes projects shall consult, on a regular basis, with

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

~~"(d) DIALYSIS PROGRAMS.—The Secretary shall provide funding through the Service, Indian tribes and tribal organizations to establish dialysis programs, including funds to purchase dialysis equipment and provide necessary staffing.~~

~~"(e) OTHER ACTIVITIES.—The Secretary shall, to the extent funding is available—~~

~~"(1) in each area office of the Service, consult with Indian tribes and tribal organizations regarding programs for the prevention, treatment, and control of diabetes;~~

~~"(2) establish in each area office of the Service a registry of patients with diabetes to track the prevalence of diabetes and the complications from diabetes in that area; and~~

~~"(3) ensure that data collected in each area office regarding diabetes and related complications among Indians is disseminated to tribes, tribal organizations, and all other area offices.~~

~~"SEC. 205. SHARED SERVICES.~~

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

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

"(b) REQUIREMENTS.—A funding agreement or other arrangement entered into pursuant to subsection (a)—

"(1) may, at the request of the Indian tribe or tribal organization, delegate to such tribe or tribal organization such powers of supervision and control over Service employees as the Secretary deems necessary to carry out the purposes of this section;

"(2) shall provide that expenses (including salaries) relating to services that are shared between the Service and the tribal facility be allocated proportionately between the Service and the tribe or tribal organization; and

"(3) may authorize such tribe or tribal organization to construct, renovate, or expand a long-term care or other similar facility (including the construction 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-~~

~~tence may be operated by Indian tribes or tribal organizations pursuant to funding agreements under the Indian Self-Determination and Education Assistance Act, but funding under such agreements may not be divisible.~~

~~"(2) FUNCTIONS.—In consultation with and upon the request of Indian tribes, tribal organizations and urban Indian organizations, each area epidemiology center established under this subsection shall, with respect to such area shall—~~

~~"(A) collect data related to the health status objective described in section 3(b), and monitor the progress that the Service, Indian tribes, tribal organizations, and urban Indian organizations have made in meeting such health status objective;~~

~~"(B) evaluate existing delivery systems, data systems, and other systems that impact the improvement of Indian health;~~

~~"(C) assist Indian tribes, tribal organizations, and urban Indian organizations in identifying their highest priority health status objectives and the services needed to achieve such 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 car-~~
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.~~

~~"SEC. 210. COMPREHENSIVE SCHOOL HEALTH EDUCATION PROGRAMS.~~

~~"(a) IN GENERAL.—The Secretary, acting through the Service, shall provide funding to Indian tribes, tribal organizations, and urban Indian organizations to develop comprehensive school health education programs for children from preschool through grade 12 in schools for the benefit of Indian and urban Indian children.~~

~~"(b) USE OF FUNDS.—Funds awarded under this section may be used to—~~

~~"(1) develop and implement health education curricula both for regular school programs and after school programs;~~

~~"(2) train teachers in comprehensive school health education curricula;~~

~~"(3) integrate school-based, community-based, and other public and private health promotion efforts;~~

~~"(4) encourage healthy, tobacco-free school environments;~~

~~"(5) coordinate school-based health programs with existing services and programs available in the community;~~

~~"(6) develop school programs on nutrition education, personal health, oral health, and fitness;~~

~~"(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 ~~"(c) 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 ~~"(c) 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(c).~~
4 ~~"(c) 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~~

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

~~"(1) projects for the prevention, control, and elimination of communicable and infectious diseases, including tuberculosis, hepatitis, HIV, respiratory syncitial virus, hanta virus, sexually transmitted diseases, and H. Pylori, which projects may include screening, testing and treatment for HCV and other infectious and communicable diseases;~~

~~"(2) public information and education programs for the prevention, control, and elimination of communicable and infectious diseases;~~

~~"(3) education, training, and clinical skills improvement activities in the prevention, control, and elimination of communicable and infectious diseases for health professionals, including allied health professionals; and~~

~~"(4) a demonstration project that studies the seroprevalence of the Hepatitis C virus among a random sample of American Indian and Alaskan Native populations and identifies prevalence rates among a variety of tribes and geographic regions.~~

~~"(b) REQUIREMENT OF APPLICATION.—The Secretary may provide funds under subsection (a) only if an 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 admini-~~
23 ~~stered 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),~~

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

"(1) methods for diagnosing and treating Indians currently exhibiting such health problems;

"(2) preventive care and testing for Indians who may be exposed to such health hazards, including the monitoring of the health of individuals who have or may have been exposed to excessive amounts of radiation, or affected by other activities that have had or could have a serious impact upon the health of such individuals; and

"(3) a program of education for Indians who, by reason of their work or geographic proximity to such nuclear or other development activities, may experience health problems.

"(c) SUBMISSION TO CONGRESS.—

"(1) GENERAL REPORT.—Not later than 18 months after the date of enactment of this Act, the Secretary and the Service shall submit to Congress a report concerning the study conducted under subsection (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 evaluation~~
8 ~~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-~~

~~ards that affect or may affect the health of Indians on or near an Indian reservation or in an Indian community, and enter into activities to correct existing health hazards and ensure that current and future health problems resulting from nuclear resource or other development activities are minimized or reduced.~~

~~"(3) ADMINISTRATIVE PROVISIONS.—The Secretary shall serve as the chairperson of the Task Force. The Task Force shall meet at least twice each year. Each member of the Task Force shall furnish necessary assistance to the Task Force.~~

~~"(c) PROVISION OF APPROPRIATE MEDICAL CARE.—In the case of any Indian who—~~

~~"(1) as a result of employment in or near a uranium mine or mill or near any other environmental hazard, suffers from a work related illness or condition;~~

~~"(2) is eligible to receive diagnosis and treatment services from a Service facility; and~~

~~"(3) by reason of such Indian's employment, is entitled to medical care at the expense of such mine or mill operator or entity responsible for the environmental hazard;~~

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

"SEC. 216. ARIZONA AS A CONTRACT HEALTH SERVICE DELIVERY AREA.

"(a) IN GENERAL.—For fiscal years beginning with the fiscal year ending September 30, 1983, and ending with the fiscal year ending September 30, 2015, the State of Arizona shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of federally recognized Indian tribes of Arizona.

"(b) LIMITATION.—The Service shall not curtail any health care services provided to Indians residing on Federal reservations in the State of Arizona if such curtailment is due to the provision of contract services in such State pursuant to the designation of such State as a contract health service delivery area pursuant to subsection (a).

~~"SEC. 216A. NORTH DAKOTA AS A CONTRACT HEALTH SERVICE DELIVERY AREA.~~

~~"(a) IN GENERAL.—For fiscal years beginning with the fiscal year ending September 30, 2003, and ending with the fiscal year ending September 30, 2015, the State of North Dakota shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of federally recognized Indian tribes of North Dakota.~~

~~"(b) LIMITATION.—The Service shall not curtail any health care services provided to Indians residing on Federal reservations in the State of North Dakota if such curtailment is due to the provision of contract services in such State pursuant to the designation of such State as a contract health service delivery area pursuant to subsection (a).~~

~~"SEC. 216B. SOUTH DAKOTA AS A CONTRACT HEALTH SERVICE DELIVERY AREA.~~

~~"(a) IN GENERAL.—For fiscal years beginning with the fiscal year ending September 30, 2003, and ending with the fiscal year ending September 30, 2015, the State of South Dakota shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of federally recognized Indian tribes of 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~~

this section for any fiscal year may be used for reimbursement for administrative expenses incurred by the Board during such fiscal year.

"(3) LIMITATION.—No payment may be made for treatment provided under this section to the extent that payment may be made for such treatment under the Catastrophic Health Emergency Fund described in section 202 or from amounts appropriated or otherwise made available to the California contract health service delivery area for a fiscal year.

"(c) ADVISORY BOARD.—There is hereby established an advisory board that shall advise the California Rural Indian Health Board in carrying out this section. The advisory board shall be composed of representatives, selected by the California Rural Indian Health Board, from not less than 8 tribal health programs serving California Indians covered under this section, at least 50 percent of whom are not affiliated with the California Rural Indian Health Board.

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

"The State of California, excluding the counties of Alameda, Contra Costa, Los Angeles, Marin, Orange, Sacramento, San Francisco, San Mateo, Santa Clara, Kern, Merced, Monterey, Napa, San Benito, San Joaquin, San

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

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

~~"(a) IN GENERAL.—The Secretary, acting through the Service, shall provide contract health services to members of the Turtle Mountain Band of Chippewa Indians that reside in the Trenton Service Area of Divide, McKenzie, and Williams counties in the State of North Dakota and the adjoining counties of Richland, Roosevelt, and Sheridan in the State of Montana.~~

~~"(b) RULE OF CONSTRUCTION.—Nothing in this section shall be construed as expanding the eligibility of members of the Turtle Mountain Band of Chippewa Indians for health services provided by the Service beyond the scope of eligibility for such health services that applied on May 1, 1986.~~

~~"SEC. 220. PROGRAMS OPERATED BY INDIAN TRIBES AND TRIBAL ORGANIZATIONS.~~

~~"The Service shall provide funds for health care programs and facilities operated by Indian tribes and tribal organizations under funding agreements with the Service entered into under the Indian Self-Determination and Education Assistance Act on the same basis as such funds are provided to programs and facilities operated directly by the Service.~~

~~"SEC. 221. LICENSING.~~

~~"Health care professionals employed by Indian tribes and tribal organizations to carry out agreements under the Indian Self-Determination and Education Assistance Act, shall, if licensed in any State, be exempt from the licensing requirements of the State in which the agreement is performed.~~

~~"SEC. 222. AUTHORIZATION FOR EMERGENCY CONTRACT HEALTH SERVICES.~~

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

~~"SEC. 223. PROMPT ACTION ON PAYMENT OF CLAIMS.~~

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

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

~~"(c) PAYMENT.—The Service shall pay a valid contract care service claim within 30 days after the completion of the claim.~~

~~"SEC. 224. LIABILITY FOR PAYMENT.~~

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

~~"(b) NOTIFICATION.—The Secretary shall notify a contract care provider and any patient who receives contract health care services authorized by the Service that such patient is not liable for the payment of any charges or costs associated with the provision of such services.~~

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

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

"SEC. 225. AUTHORIZATION OF APPROPRIATIONS.

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

"TITLE III—FACILITIES

"SEC. 301. CONSULTATION, CONSTRUCTION AND RENOVATION OF FACILITIES; REPORTS.

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

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

"(2) ensure, whenever practicable, that such facility meets the construction standards of any nationally recognized accrediting body by not later

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

~~"(b) CLOSURE OF FACILITIES.—~~

~~"(1) IN GENERAL.—Notwithstanding any provision of law other than this subsection, no Service hospital or outpatient health care facility or any inpatient service or special care facility operated by the Service, may be closed if the Secretary has not submitted to the Congress at least 1 year prior to the date such proposed closure an evaluation of the impact of such proposed closure which specifies, in addition to other considerations—~~

~~"(A) the accessibility of alternative health care resources for the population served by such hospital or facility;~~

~~"(B) the cost effectiveness of such closure;~~

~~"(C) the quality of health care to be provided to the population served by such hospital or facility after such closure;~~

~~"(D) the availability of contract health care funds to maintain existing levels of service;~~

~~"(E) the views of the Indian tribes served by such hospital or facility concerning such closure;~~

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 ~~"(e) 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~~

~~Indian Self-Determination and Education Assistance Act; and~~

~~"(B) review the total unmet needs of all tribes and tribal organizations for health care facilities (including staff quarters), including needs for renovation and expansion of existing facilities.~~

~~"(4) CRITERIA.—For purposes of this subsection, the Secretary shall, in evaluating the needs of facilities operated under any funding agreement entered into with the Service under the Indian Self-Determination and Education Assistance Act, use the same criteria that the Secretary uses in evaluating the needs of facilities operated directly by the Service.~~

~~"(5) EQUITABLE INTEGRATION.—The Secretary shall ensure that the planning, design, construction, and renovation needs of Service and non-Service facilities, operated under funding agreements in accordance with the Indian Self-Determination and Education Assistance Act are fully and equitably integrated into the health care facility priority system.~~

~~"(d) REVIEW OF NEED FOR FACILITIES.—~~

~~"(1) REPORT.—Beginning in 2004, the Secretary shall annually submit to the President, for in-~~

~~clusion in the report required to be transmitted to Congress under section 801 of this Act, a report which sets forth the needs of the Service and all Indian tribes and tribal organizations, including urban Indian organizations, for inpatient, outpatient and specialized care facilities, including the needs for renovation and expansion of existing facilities.~~

~~"(2) CONSULTATION.—In preparing each report required under paragraph (1) (other than the initial report), the Secretary shall consult with Indian tribes and tribal organizations including those tribes or tribal organizations operating health programs or facilities under any funding agreement entered into with the Service under the Indian Self-Determination and Education Assistance Act, and with urban Indian organizations.~~

~~"(3) CRITERIA.—For purposes of this subsection, the Secretary shall, in evaluating the needs of facilities operated under any funding agreement entered into with the Service under the Indian Self-Determination and Education Assistance Act, use the same criteria that the Secretary uses in evaluating the needs of facilities operated directly by the 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-

~~ply facilities and sanitary sewage waste disposal facilities as soon as possible.~~

~~"(b) PROVISION OF FACILITIES AND SERVICES.—~~

~~"(1) IN GENERAL.—In furtherance of the findings and declarations made in subsection (a), Congress reaffirms the primary responsibility and authority of the Service to provide the necessary sanitation facilities and services as provided in section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a).~~

~~"(2) ASSISTANCE.—The Secretary, acting through the Service, is authorized to provide under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a)—~~

~~"(A) financial and technical assistance to Indian tribes, tribal organizations and Indian communities in the establishment, training, and equipping of utility organizations to operate and maintain Indian sanitation facilities, including the provision of existing plans, standard details, and specifications available in the Department, to be used at the option of the tribe or tribal organization;~~

~~"(B) ongoing technical assistance and training in the management of utility organiza-~~

~~tions which operate and maintain sanitation facilities; and~~

~~"(C) priority funding for the operation, and maintenance assistance for, and emergency repairs to, tribal sanitation facilities when necessary to avoid an imminent health threat or to protect the investment in sanitation facilities and the investment in the health benefits gained through the provision of sanitation facilities.~~

~~"(3) PROVISIONS RELATING TO FUNDING.—Notwithstanding any other provision of law—~~

~~"(A) the Secretary of Housing and Urban Development is authorized to transfer funds appropriated under the Native American Housing Assistance and Self-Determination Act of 1996 to the Secretary of Health and Human Services;~~

~~"(B) the Secretary of Health and Human Services is authorized to accept and use such funds for the purpose of providing sanitation facilities and services for Indians under section 7 of the Act of August 5, 1954 (42 U.S.C. 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~~

~~rulemaking under section 802, establish standards applicable to the planning, design and construction of water supply and sanitary sewage and solid waste disposal facilities funded under this Act.~~

~~"(c) 10-YEAR FUNDING PLAN.—The Secretary, acting through the Service and in consultation with Indian tribes and tribal organizations, shall develop and implement a 10-year funding plan to provide safe water supply and sanitary sewage and solid waste disposal facilities serving existing Indian homes and communities, and to new and renovated Indian homes.~~

~~"(d) CAPABILITY OF TRIBE OR COMMUNITY.—The financial and technical capability of an Indian tribe or community to safely operate and maintain a sanitation facility shall not be a prerequisite to the provision or construction of sanitation facilities by the Secretary.~~

~~"(e) FINANCIAL ASSISTANCE.—The Secretary may provide financial assistance to Indian tribes, tribal organizations and communities for the operation, management, and maintenance of their sanitation facilities.~~

~~"(f) RESPONSIBILITY FOR FEES FOR OPERATION AND MAINTENANCE.—The Indian family, community or tribe involved shall have the primary responsibility to establish, collect, and use reasonable user fees, or otherwise~~

set aside funding, for the purpose of operating and maintaining sanitation facilities. If a community facility is threatened with imminent failure and there is a lack of tribal capacity to maintain the integrity or the health benefit of the facility, the Secretary may assist the tribe in the resolution of the problem on a short term basis through cooperation with the emergency coordinator or by providing operation and maintenance service.

"(g) ELIGIBILITY OF CERTAIN TRIBES OR ORGANIZATIONS.—Programs administered by Indian tribes or tribal organizations under the authority of the Indian Self-Determination and Education Assistance Act shall be eligible for—

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

"(2) any funds appropriated for the purpose of providing water supply, sewage disposal, or solid waste facilities;

on an equal basis with programs that are administered directly by the Service.

"(h) REPORT.—

"(1) IN GENERAL.—The Secretary shall submit to the President, for inclusion in each report required to be transmitted to the Congress under section 801, a report which sets forth—

~~"(A) the current Indian sanitation facility priority system of the Service;~~

~~"(B) the methodology for determining sanitation deficiencies;~~

~~"(C) the level of initial and final sanitation deficiency for each type sanitation facility for each project of each Indian tribe or community; and~~

~~"(D) the amount of funds necessary to reduce the identified sanitation deficiency levels of all Indian tribes and communities to a level I sanitation deficiency as described in paragraph (4)(A).~~

~~"(2) CONSULTATION.—In preparing each report required under paragraph (1), the Secretary shall consult with Indian tribes and tribal organizations (including those tribes or tribal organizations operating health care programs or facilities under any funding agreements entered into with the Service under the Indian Self-Determination and Education Assistance Act) to determine the sanitation needs of each tribe and in developing the criteria on which the needs will be evaluated through a process of negotiated 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;~~

~~"(ii) in which the deficiencies relate to capital improvements that are necessary to enlarge or improve the facilities in order to meet the current needs for domestic sanitation facilities; or~~

~~"(iii) in which the deficiencies relate to the lack of equipment or training by an Indian tribe or community to properly operate and maintain the sanitation facilities.~~

~~"(C) A level III deficiency is an individual or community facility with water or sewer service in the home, piped services or a haul system with holding tanks and interior plumbing, or where major significant interruptions to water supply or sewage disposal occur frequently, requiring major capital improvements to correct the deficiencies. There is no access to or no approved or permitted solid waste facility available.~~

~~"(D) A level IV deficiency is an individual or community facility where there are no piped water or sewer facilities in the home or the facility has become inoperable due to major component failure or where only a washeteria or 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~~

~~and sanitary waste disposal facilities pursuant to section 302. Such preference may be accorded by the Secretary unless the Secretary finds, pursuant to rules and regulations promulgated by the Secretary, that the project or function to be contracted for will not be satisfactory or such project or function cannot be properly completed or maintained under the proposed contract. The Secretary, in arriving at such finding, shall consider whether the Indian or Indian firm will be deficient with respect to—~~

~~"(1) ownership and control by Indians;~~

~~"(2) equipment;~~

~~"(3) bookkeeping and accounting procedures;~~

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

~~"(5) adequately trained personnel; or~~

~~"(6) other necessary components of contract performance.~~

~~"(b) EXEMPTION FROM DAVIS-BACON.—For the purpose of implementing the provisions of this title, construction or renovation of facilities constructed or renovated in whole or in part by funds made available pursuant to this title are exempt from the Act of March 3, 1931 (40 U.S.C. 276a—276a–5, known as the Davis-Bacon Act). For all health facilities, staff quarters and sanitation facilities, construction and renovation subcontractors shall~~

be paid wages at rates that are not less than the prevailing wage rates for similar construction in the locality involved, as determined by the Indian tribe, tribes, or tribal organizations served by such facilities.

"SEC. 304. SOBOBA SANITATION FACILITIES.

"Nothing in the Act of December 17, 1970 (84 Stat. 1465) shall be construed to preclude the Soboba Band of Mission Indians and the Soboba Indian Reservation from being provided with sanitation facilities and services under the authority of section 7 of the Act of August 5, 1954 (68 Stat. 674), as amended by the Act of July 31, 1959 (73 Stat. 267).

"SEC. 305. EXPENDITURE OF NONSERVICE FUNDS FOR RENOVATION.

"(a) PERMISSIBILITY.—

"(1) IN GENERAL.—Notwithstanding any other provision of law, the Secretary is authorized to accept any major expansion, renovation or modernization by any Indian tribe of any Service facility, or of any other Indian health facility operated pursuant to a funding agreement entered into under the Indian Self-Determination and Education Assistance Act, including—

"(A) any plans or designs for such expansion, 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 ~~"(c) 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~~

program that were expended for such expansion, renovation or modernization) bore to the value of such facility at the time of the completion of such expansion, renovation or modernization.

"SEC. 306. FUNDING FOR THE CONSTRUCTION, EXPANSION, AND MODERNIZATION OF SMALL AMBULATORY CARE FACILITIES.

"(a) AVAILABILITY OF FUNDING.—

"(1) IN GENERAL.—The Secretary, acting through the Service and in consultation with Indian tribes and tribal organization, shall make funding available to tribes and tribal organizations for the construction, expansion, or modernization of facilities for the provision of ambulatory care services to eligible Indians (and noneligible persons as provided for in subsections (b)(2) and (c)(1)(C)). Funding under this section may cover up to 100 percent of the costs of such construction, expansion, or modernization. For the purposes of this section, the term 'construction' includes the replacement of an existing facility.

"(2) REQUIREMENT.—Funding under paragraph (1) may only be made available to an Indian tribe or tribal organization operating an Indian health facility (other than a facility owned or con-

~~structed by the Service, including a facility originally owned or constructed by the Service and transferred to an Indian tribe or tribal organization) pursuant to a funding agreement entered into under the Indian Self-Determination and Education Assistance Act.~~

~~"(b) USE OF FUNDS.—~~

~~"(1) IN GENERAL.—Funds provided under this section may be used only for the construction, expansion, or modernization (including the planning and design of such construction, expansion, or modernization) of an ambulatory care facility—~~

~~"(A) located apart from a hospital;~~

~~"(B) not funded under section 301 or section 307; and~~

~~"(C) which, upon completion of such construction, expansion, or modernization will—~~

~~"(i) have a total capacity appropriate to its projected service population;~~

~~"(ii) provide annually not less than 500 patient visits by eligible Indians and other users who are eligible for services in such facility in accordance with section 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~~

which funds have been paid under this section, ceases, within 5 years after completion of the construction, expansion, or modernization carried out with such funds, to be utilized for the purposes of providing health care services to eligible Indians, all of the right, title, and interest in and to such facility (or portion thereof) shall transfer to the United States unless otherwise negotiated by the Service and the Indian tribe or tribal organization.

"(c) NO INCLUSION IN TRIBAL SHARE.—Funding provided to Indian tribes and tribal organizations under this section shall be non-recurring and shall not be available for inclusion in any individual tribe's tribal share for an award under the Indian Self-Determination and Education Assistance Act or for reallocation or redesign thereunder.

"SEC. 307. INDIAN HEALTH CARE DELIVERY DEMONSTRATION PROJECT.

"(a) HEALTH CARE DELIVERY DEMONSTRATION PROJECTS.—The Secretary, acting through the Service and in consultation with Indian tribes and tribal organizations, may enter into funding agreements with, or make grants or loan guarantees to, Indian tribes or tribal organizations for the purpose of carrying out a health care delivery demonstration project to test alternative means of 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 (c)(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,~~

land and improvements to the Service for the provision of health care services. The Secretary is authorized to accept such land and improvements for such purposes.

"(b) CHEMAWA INDIAN SCHOOL.—The Bureau of Indian Affairs is authorized to transfer, at no cost, up to 5 acres of land at the Chemawa Indian School, Salem, Oregon, to the Service for the provision of health care services. The land authorized to be transferred by this section is that land adjacent to land under the jurisdiction of the Service and occupied by the Chemawa Indian Health Center.

"SEC. 309. LEASES.

"(a) IN GENERAL.—Notwithstanding any other provision of law, the Secretary is authorized, in carrying out the purposes of this Act, to enter into leases with Indian tribes and tribal organizations for periods not in excess of 20 years. Property leased by the Secretary from an Indian tribe or tribal organization may be reconstructed or renovated by the Secretary pursuant to an agreement with such Indian tribe or tribal organization.

"(b) FACILITIES FOR THE ADMINISTRATION AND DELIVERY OF HEALTH SERVICES.—The Secretary may enter into leases, contracts, and other legal agreements with Indian tribes or tribal organizations which hold—

"(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(l) 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~~

~~guarantees for loans, for the construction of health care facilities (including inpatient facilities, outpatient facilities, associated staff quarters and specialized care facilities such as behavioral health and elder care facilities).~~

~~"(b) STANDARDS AND PROCEDURES.—The Secretary may promulgate regulations, developed through rulemaking as provided for in section 802, to establish standards and procedures for governing loans and loan guarantees under this section, subject to the following conditions:~~

~~"(1) The principal amount of a loan or loan guarantee may cover up to 100 percent of eligible costs, including costs for the planning, design, financing, site land development, construction, rehabilitation, renovation, conversion, improvements, medical equipment and furnishings, other facility related costs and capital purchase (but excluding staffing).~~

~~"(2) The cumulative total of the principal of direct loans and loan guarantees, respectively, outstanding at any one time shall not exceed such limitations as may be specified in appropriation Acts.~~

~~"(3) In the discretion of the Secretary, the program under this section may be administered by the Service or the Health Resources and Services Administration (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 ~~"(c) 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 ~~drawals 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-~~

~~tract entered into under the Indian Self-Determination and Education Assistance Act may lease permanent structures for the purpose of providing such health care services without obtaining advance approval in appropriation Acts.~~

~~"SEC. 312. INDIAN HEALTH SERVICE/TRIBAL FACILITIES JOINT VENTURE PROGRAM.~~

~~"(a) AUTHORITY.—~~

~~"(1) IN GENERAL.—The Secretary, acting through the Service, shall make arrangements with Indian tribes and tribal organizations to establish joint venture demonstration projects under which an Indian tribe or tribal organization shall expend tribal, private, or other available funds, for the acquisition or construction of a health facility for a minimum of 10 years, under a no-cost lease, in exchange for agreement by the Service to provide the equipment, supplies, and staffing for the operation and maintenance of such a health facility.~~

~~"(2) USE OF RESOURCES.—A tribe or tribal organization may utilize tribal funds, private sector, or other available resources, including loan guarantees, to fulfill its commitment under this subsection.~~

~~"(3) ELIGIBILITY OF CERTAIN ENTITIES.—A tribe that has begun and substantially completed the~~

~~process of acquisition or construction of a health facility shall be eligible to establish a joint venture project with the Service using such health facility.~~

~~"(b) REQUIREMENTS.—~~

~~"(1) IN GENERAL.—The Secretary shall enter into an arrangement under subsection (a)(1) with an Indian tribe or tribal organization only if—~~

~~"(A) the Secretary first determines that the Indian tribe or tribal organization has the administrative and financial capabilities necessary to complete the timely acquisition or construction of the health facility described in subsection (a)(1); and~~

~~"(B) the Indian tribe or tribal organization meets the needs criteria that shall be developed through the negotiated rulemaking process provided for under section 802.~~

~~"(2) CONTINUED OPERATION OF FACILITY.—The Secretary shall negotiate an agreement with the Indian tribe or tribal organization regarding the continued operation of a facility under this section at the end of the initial 10 year no-cost lease period.~~

~~"(3) BREACH OR TERMINATION OF AGREEMENT.—An Indian tribe or tribal organization that 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~~

of facilities under subsection (b)(1), an Indian tribe or tribal organization may use such funds for the construction of a replacement facility if the costs of the renovation of such facility would exceed a maximum renovation cost threshold.

"(2) DEFINITION.—For purposes of paragraph (1), the term 'maximum renovation cost threshold' shall be defined through the negotiated rulemaking process provided for under section 802.

"SEC. 315. TRIBAL MANAGEMENT OF FEDERALLY-OWNED QUARTERS.

"(a) ESTABLISHMENT OF RENTAL RATES.—

"(1) IN GENERAL.—Notwithstanding any other provision of law, an Indian tribe or tribal organization which operates a hospital or other health facility and the federally-owned quarters associated therewith, pursuant to a funding agreement under the Indian Self-Determination and Education Assistance Act, may establish the rental rates charged to the occupants of such quarters by providing notice to the Secretary of its election to exercise such authority.

"(2) OBJECTIVES.—In establishing rental rates under paragraph (1), an Indian tribe or tribal orga-

~~nization shall attempt to achieve the following objectives:~~

~~"(A) The rental rates should be based on the reasonable value of the quarters to the occupants thereof.~~

~~"(B) The rental rates should generate sufficient funds to prudently provide for the operation and maintenance of the quarters, and, subject to the discretion of the Indian tribe or tribal organization, to supply reserve funds for capital repairs and replacement of the quarters.~~

~~"(3) ELIGIBILITY FOR QUARTERS IMPROVEMENT AND REPAIR.—Any quarters whose rental rates are established by an Indian tribe or tribal organization under this subsection shall continue to be eligible for quarters improvement and repair funds to the same extent as other federally-owned quarters that are used to house personnel in Service-supported programs.~~

~~"(4) NOTICE OF CHANGE IN RATES.—An Indian tribe or tribal organization that exercises the authority provided under this subsection shall provide occupants with not less than 60 days notice of any change in rental rates.~~

~~"(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 ~~"(c) 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-~~

al housing in the nearest established community with a year-round population of 1,500 or more individuals.

"SEC. 316. APPLICABILITY OF BUY AMERICAN REQUIREMENT.

"(a) IN GENERAL.—The Secretary shall ensure that the requirements of the Buy American Act apply to all procurements made with funds provided pursuant to the authorization contained in section 318, except that Indian tribes and tribal organizations shall be exempt from such requirements.

"(b) FALSE OR MISLEADING LABELING.—If it has been finally determined by a court or Federal agency that any person intentionally affixed a label bearing a 'Made in America' inscription, or any inscription with the same meaning, to any product sold in or shipped to the United States that is not made in the United States, such person shall be ineligible to receive any contract or subcontract made with funds provided pursuant to the authorization contained in section 318, pursuant to the debarment, suspension, and ineligibility procedures described in sections 9.400 through 9.409 of title 48, Code of Federal Regulations.

"(c) DEFINITION.—In this section, the term 'Buy American Act' means title III of the Act entitled 'An Act making appropriations for the Treasury and Post Office

~~Departments for the fiscal year ending June 30, 1934, and for other purposes', approved March 3, 1933 (41 U.S.C. 10a et seq.).~~

~~"SEC. 317. OTHER FUNDING FOR FACILITIES.~~

~~"Notwithstanding any other provision of law—~~

~~"(1) the Secretary may accept from any source, including Federal and State agencies, funds that are available for the construction of health care facilities and use such funds to plan, design and construct health care facilities for Indians and to place such funds into funding agreements authorized under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450f et seq.) between the Secretary and an Indian tribe or tribal organization, except that the receipt of such funds shall not have an effect on the priorities established pursuant to section 301;~~

~~"(2) the Secretary may enter into interagency agreements with other Federal or State agencies and other entities and to accept funds from such Federal or State agencies or other entities to provide for the planning, design and construction of health care facilities to be administered by the Service or by Indian tribes or tribal organizations under the Indian Self-Determination and Education Assistance Act in~~

order to carry out the purposes of this Act, together with the purposes for which such funds are appropriated to such other Federal or State agency or for which the funds were otherwise provided;

"(3) any Federal agency to which funds for the construction of health care facilities are appropriated is authorized to transfer such funds to the Secretary for the construction of health care facilities to carry out the purposes of this Act as well as the purposes for which such funds are appropriated to such other Federal agency; and

"(4) the Secretary, acting through the Service, shall establish standards under regulations developed through rulemaking under section 802, for the planning, design and construction of health care facilities serving Indians under this Act.

"SEC. 318. AUTHORIZATION OF APPROPRIATIONS.

"There is authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2015 to carry out this title.

~~"TITLE IV—ACCESS TO HEALTH SERVICES~~

~~"SEC. 401. TREATMENT OF PAYMENTS UNDER MEDICARE PROGRAM.~~

~~"(a) IN GENERAL.—Any payments received by the Service, by an Indian tribe or tribal organization pursuant to a funding agreement under the Indian Self-Determination and Education Assistance Act, or by an urban Indian organization pursuant to title V of this Act for services provided to Indians eligible for benefits under title XVIII of the Social Security Act shall not be considered in determining appropriations for health care and services to Indians.~~

~~"(b) EQUAL TREATMENT.—Nothing in this Act authorizes the Secretary to provide services to an Indian beneficiary with coverage under title XVIII of the Social Security Act in preference to an Indian beneficiary without such coverage.~~

~~"(c) SPECIAL FUND.—~~

~~"(1) USE OF FUNDS.—Notwithstanding any other provision of this title or of title XVIII of the Social Security Act, payments to which any facility of the Service is entitled by reason of this section shall be placed in a special fund to be held by the Secretary and first used (to such extent or in such~~

~~amounts as are provided in appropriation Acts) for the purpose of making any improvements in the programs of the Service which may be necessary to achieve or maintain compliance with the applicable conditions and requirements of this title and of title XVIII of the Social Security Act. Any funds to be reimbursed which are in excess of the amount necessary to achieve or maintain such conditions and requirements shall, subject to the consultation with tribes being served by the service unit, be used for reducing the health resource deficiencies of the Indian tribes.~~

~~"(2) NONAPPLICATION IN CASE OF ELECTION FOR DIRECT BILLING.—Paragraph (1) shall not apply upon the election of an Indian tribe or tribal organization under section 405 to receive direct payments for services provided to Indians eligible for benefits under title XVIII of the Social Security Act.~~

~~"SEC. 402. TREATMENT OF PAYMENTS UNDER MEDICAID PROGRAM.~~

~~"(a) SPECIAL FUND.—~~

~~"(1) USE OF FUNDS.—Notwithstanding any other provision of law, payments to which any facility of the Service (including a hospital, nursing facility, intermediate care facility for the mentally re-~~

~~tarded, or any other type of facility which provides services for which payment is available under title XIX of the Social Security Act) is entitled under a State plan by reason of section 1911 of such Act shall be placed in a special fund to be held by the Secretary and first used (to such extent or in such amounts as are provided in appropriation Acts) for the purpose of making any improvements in the facilities of such Service which may be necessary to achieve or maintain compliance with the applicable conditions and requirements of such title. Any payments which are in excess of the amount necessary to achieve or maintain such conditions and requirements shall, subject to the consultation with tribes being served by the service unit, be used for reducing the health resource deficiencies of the Indian tribes. In making payments from such fund, the Secretary shall ensure that each service unit of the Service receives 100 percent of the amounts to which the facilities of the Service, for which such service unit makes collections, are entitled by reason of section 1911 of the Social Security Act.~~

~~"(2) NONAPPLICATION IN CASE OF ELECTION FOR DIRECT BILLING.—Paragraph (1) shall not apply upon the election of an Indian tribe or tribal~~

~~organization under section 405 to receive direct payments for services provided to Indians eligible for medical assistance under title XIX of the Social Security Act.~~

~~"(b) PAYMENTS DISREGARDED FOR APPROPRIATIONS.—Any payments received under section 1911 of the Social Security Act for services provided to Indians eligible for benefits under title XIX of the Social Security Act shall not be considered in determining appropriations for the provision of health care and services to Indians.~~

~~"(c) DIRECT BILLING.—For provisions relating to the authority of certain Indian tribes and tribal organizations to elect to directly bill for, and receive payment for, health care services provided by a hospital or clinic of such tribes or tribal organizations and for which payment may be made under this title, see section 405.~~

~~"SEC. 403. REPORT.~~

~~"(a) INCLUSION IN ANNUAL REPORT.—The Secretary shall submit to the President, for inclusion in the report required to be transmitted to the Congress under section 801, an accounting on the amount and use of funds made available to the Service pursuant to this title as a result of reimbursements under titles XVIII and XIX 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 ~~"(c) 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~~

~~Security Act (42 U.S.C. 1396d(b)) shall apply for purposes of reimbursement under title XIX of the Social Security Act for health care services directly billed under the program established under this section.~~

~~"(b) DIRECT REIMBURSEMENT.—~~

~~"(1) USE OF FUNDS.—Each hospital or clinic participating in the program described in subsection (a) of this section shall be reimbursed directly under titles XVIII and XIX of the Social Security Act for services furnished, without regard to the provisions of section 1880(c) of the Social Security Act (42 U.S.C. 1395qq(c)) and sections 402(a) and 807(b)(2)(A), but all funds so reimbursed shall first be used by the hospital or clinic for the purpose of making any improvements in the hospital or clinic that may be necessary to achieve or maintain compliance with the conditions and requirements applicable generally to facilities of such type under title XVIII or XIX of the Social Security Act. Any funds so reimbursed which are in excess of the amount necessary to achieve or maintain such conditions shall be used—~~

~~"(A) solely for improving the health resources 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(c) of the Social Secu-~~
22 ~~rity Act (42 U.S.C. 1395qq(c)) 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~~

~~clinic participates in the program established under this section.~~

~~"(c) REQUIREMENTS FOR PARTICIPATION.—~~

~~"(1) APPLICATION.—Except as provided in paragraph (2)(B), in order to be eligible for participation in the program established under this section, an Indian tribe, tribal organization, or Alaska Native health organization shall submit an application to the Secretary that establishes to the satisfaction of the Secretary that—~~

~~"(A) the Indian tribe, tribal organization, or Alaska Native health organization contracts or compacts for the operation of a facility of the Service;~~

~~"(B) the facility is eligible to participate in the medicare or medicaid programs under section 1880 or 1911 of the Social Security Act (42 U.S.C. 1395qq, 1396j);~~

~~"(C) the facility meets the requirements that apply to programs operated directly by the Service; and~~

~~"(D) the facility—~~

~~"(i) is accredited by an accrediting body as eligible for reimbursement under 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 ~~''(c) 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~~

~~charges billed or expenses incurred by the Secretary or an Indian tribe or tribal organization in providing health services, through the Service or an Indian tribe or tribal organization to any individual to the same extent that such individual, or any nongovernmental provider of such services, would be eligible to receive reimbursement or indemnification for such charges or expenses if—~~

~~"(1) such services had been provided by a nongovernmental provider; and~~

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

~~"(b) URBAN INDIAN ORGANIZATIONS.—Except as provided in subsection (g), an urban Indian organization shall have the right to recover the reasonable charges billed or expenses incurred by the organization in providing health services to any individual to the same extent that such individual, or any other nongovernmental provider of such services, would be eligible to receive reimbursement or indemnification for such charges or expenses if such individual had been required to pay such charges or expenses and did pay such charges or expenses.~~

~~"(c) LIMITATIONS ON RECOVERIES FROM STATES.—Subsections (a) and (b) shall provide a right of recovery against any State, only if the injury, illness, or disability 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.~~

~~"SEC. 409. INDIAN HEALTH SERVICE, DEPARTMENT OF VETERAN'S AFFAIRS, AND OTHER FEDERAL AGENCY HEALTH FACILITIES AND SERVICES SHARING.~~

~~"(a) EXAMINATION OF FEASIBILITY OF ARRANGEMENTS.—~~

~~"(1) IN GENERAL.—The Secretary shall examine the feasibility of entering into arrangements or expanding existing arrangements for the sharing of medical facilities and services between the Service and the Veterans' Administration, and other appropriate Federal agencies, including those within the Department, and shall, in accordance with subsection (b), prepare a report on the feasibility of such arrangements.~~

~~"(2) SUBMISSION OF REPORT.—Not later than September 30, 2003, the Secretary shall submit the report required under paragraph (1) to Congress.~~

~~"(3) CONSULTATION REQUIRED.—The Secretary may not finalize any arrangement described in paragraph (1) without first consulting with the affected Indian tribes.~~

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

1 ~~"(1) the priority access of any Indian to health~~
2 ~~care services provided through the Service;~~
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~~

any right of a veteran to obtain health services from the Service.

"SEC. 410. PAYOR OF LAST RESORT.

"The Service, and programs operated by Indian tribes or tribal organizations, or urban Indian organizations shall be the payor of last resort for services provided to individuals eligible for services from the Service and such programs, notwithstanding any Federal, State or local law to the contrary, unless such law explicitly provides otherwise.

"SEC. 411. RIGHT TO RECOVER FROM FEDERAL HEALTH CARE PROGRAMS.

"Notwithstanding any other provision of law, the Service, Indian tribes or tribal organizations, and urban Indian organizations (notwithstanding limitations on who is eligible to receive services from such entities) shall be entitled to receive payment or reimbursement for services provided by such entities from any federally funded health care program, unless there is an explicit prohibition on such payments in the applicable authorizing statute.

"SEC. 412. TUBA CITY DEMONSTRATION PROJECT.

"(a) IN GENERAL.—Notwithstanding any other provision of law, including the Anti-Deficiency Act, provided the Indian tribes to be served approve, the Service in the 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 car-~~
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~~

provisions of this title that relate to the Social Security Act.

"SEC. 415. LIMITATIONS ON CHARGES.

"No provider of health services that is eligible to receive payments or reimbursements under titles XVIII, XIX, or XXI of the Social Security Act or from any federally funded (whether in whole or part) health care program may seek to recover payment for services—

"(1) that are covered under and furnished to an individual eligible for the contract health services program operated by the Service, by an Indian tribe or tribal organization, or furnished to an urban Indian eligible for health services purchased by an urban Indian organization, in an amount in excess of the lowest amount paid by any other payor for comparable services; or

"(2) for examinations or other diagnostic procedures that are not medically necessary if such procedures have already been performed by the referring Indian health program and reported to the provider.

"SEC. 416. LIMITATION ON SECRETARY'S WAIVER AUTHORITY.

"Notwithstanding any other provision of law, the Secretary 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-~~

~~monly known as the Sherman Act, the Clayton Act, the Robinson-Patman Anti-Discrimination Act, the Federal Trade Commission Act, and any other Federal, State, or local antitrust laws, with regard to any transaction, agreement, or conduct that relates to such programs.~~

~~"SEC. 419. CO-INSURANCE, CO-PAYMENTS, DEDUCTIBLES AND PREMIUMS.~~

~~"(a) EXEMPTION FROM COST-SHARING REQUIREMENTS.—Notwithstanding any other provision of Federal or State law, no Indian who is eligible for services under title XVIII, XIX, or XXI of the Social Security Act, or under any other Federally funded health care programs, may be charged a deductible, co-payment, or co-insurance for any service provided by or through the Service, an Indian tribe or tribal organization or urban Indian organization, nor may the payment or reimbursement due to the Service or an Indian tribe or tribal organization or urban Indian organization be reduced by the amount of the deductible, co-payment, or co-insurance that would be due from the Indian but for the operation of this section. For the purposes of this section, the term 'through' shall include services provided directly, by referral, or under contracts or other arrangements between the Service, an Indian tribe or tribal organization or an urban Indian organization 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.~~

"SEC. 420. INCLUSION OF INCOME AND RESOURCES FOR PURPOSES OF MEDICALLY NEEDY MEDICAID ELIGIBILITY.

"For the purpose of determining the eligibility under section 1902(a)(10)(A)(ii)(IV) of the Social Security Act of an Indian for medical assistance under a State plan under title XIX of such Act, the cost of providing services to an Indian in a health program of the Service, an Indian tribe or tribal organization, or an urban Indian organization shall be deemed to have been an expenditure for health care by the Indian.

"SEC. 421. ESTATE RECOVERY PROVISIONS.

"Notwithstanding any other provision of Federal or State law, the following property may not be included when determining eligibility for services or implementing estate recovery rights under title XVIII, XIX, or XXI of the Social Security Act, or any other health care programs funded in whole or part with Federal funds:

"(1) Income derived from rents, leases, or royalties of property held in trust for individuals by the Federal Government.

"(2) Income derived from rents, leases, royalties, or natural resources (including timber and fishing activities) resulting from the exercise of federally protected rights, whether collected by an individual 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~~

~~408 from all private and public health plans or programs, including the medicare, medicaid, and State children's health insurance programs under titles XVIII, XIX, and XXI of the Social Security Act, for the reasonable costs of delivering health services to Indians entitled to receive services from the Service, an Indian tribe or tribal organization or an urban Indian organization.~~

~~"(b) LIMITATION.—No provision of law or regulation, or of any contract, may be relied upon or interpreted to deny or reduce payments otherwise due under subsection (a), except to the extent the Service, an Indian tribe or tribal organization, or an urban Indian organization has entered into an agreement with a managed care entity regarding services to be provided to Indians or rates to be paid for such services, provided that such an agreement may not be made a prerequisite for such payments to be made.~~

~~"(c) PARITY.—Payments due under subsection (a) from a managed care entity may not be paid at a rate that is less than the rate paid to a 'preferred provider' by the entity or, in the event there is no such rate, the usual and customary fee for equivalent services.~~

~~"(d) NO CLAIM REQUIREMENT.—A managed care entity may not deny payment under subsection (a) because an enrollee with the entity has not submitted a claim.~~

1 ~~"(e) DIRECT BILLING.—Notwithstanding the pre-~~
2 ~~ceding 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~~

~~Indian may be assigned automatically or by default under any managed care entity participating in a State plan under title XIX or XXI of the Social Security Act unless the Indian had the option of enrolling in a managed care plan or health program administered by the Service, an Indian tribe or tribal organization, or an urban Indian organization.~~

~~"(h) INDIAN MANAGED CARE PLANS.—Notwithstanding any other provision of law, any State entering into agreements with one or more managed care organizations to provide services under title XIX or XXI of the Social Security Act shall enter into such an agreement with the Service, an Indian tribe or tribal organization or an urban Indian organization under which such an entity may provide services to Indians who may be eligible or required to enroll with a managed care organization through enrollment in an Indian managed care organization that provides services similar to those offered by other managed care organizations in the State. The Secretary and the State are hereby authorized to waive requirements regarding discrimination, capitalization, and other matters that might otherwise prevent an Indian managed care organization or health program from meeting Federal or State standards applicable to such organizations, provided 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 ~~"(c) 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~~

Service, Indian tribes and tribal organizations and urban Indian organizations in each State in which the Service directly operates a health program or in which there is one or more Indian tribe or tribal organization or urban Indian organization.

"SEC. 426. AUTHORIZATION OF APPROPRIATIONS.

There is authorized to be appropriated such sums as may be necessary for each of fiscal years 2004 through 2015 to carry out this title.".

"TITLE V—HEALTH SERVICES FOR URBAN INDIANS

"SEC. 501. PURPOSE.

"The purpose of this title is to establish programs in urban centers to make health services more accessible and available to urban Indians.

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

"Under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the Snyder Act), the Secretary, through the Service, shall enter into contracts with, or make grants to, urban Indian organizations to assist such organizations in the establishment and administration, within urban centers, of programs which meet the requirements set forth in this title. The Secretary, through the Service, subject to section 506, shall include

such conditions as the Secretary considers necessary to effect the purpose of this title in any contract which the Secretary enters into with, or in any grant the Secretary makes to, any urban Indian organization pursuant to this title.

"SEC. 503. CONTRACTS AND GRANTS FOR THE PROVISION OF HEALTH CARE AND REFERRAL SERVICES.

"(a) AUTHORITY.—Under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the Snyder Act), the Secretary, acting through the Service, shall enter into contracts with, and make grants to, urban Indian organizations for the provision of health care and referral services for urban Indians. Any such contract or grant shall include requirements that the urban Indian organization successfully undertake to—

"(1) estimate the population of urban Indians residing in the urban center or centers that the organization proposes to serve who are or could be recipients of health care or referral services;

"(2) estimate the current health status of urban Indians residing in such urban center or centers;

"(3) estimate the current health care needs of urban Indians residing in such urban center or centers;

1 ~~"(4) provide basic health education, including~~
2 ~~health promotion and disease prevention education,~~
3 ~~to urban Indians;~~
4 ~~"(5) make recommendations to the Secretary~~
5 ~~and Federal, State, local, and other resource agen-~~
6 ~~cies on methods of improving health service pro-~~
7 ~~grams to meet the needs of urban Indians; and~~
8 ~~"(6) where necessary, provide, or enter into~~
9 ~~contracts for the provision of, health care services~~
10 ~~for urban Indians.~~
11 ~~"(b) CRITERIA.—The Secretary, acting through the~~
12 ~~Service, shall by regulation adopted pursuant to section~~
13 ~~520 prescribe the criteria for selecting urban Indian 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-~~

~~vide, immunization services for urban Indians through grants made to urban Indian organizations administering contracts entered into, or receiving grants, under this section.~~

~~"(2) DEFINITION.—In this section, the term 'immunization services' means services to provide without charge immunizations against vaccine-preventable diseases.~~

~~"(e) MENTAL HEALTH SERVICES.—~~

~~"(1) IN GENERAL.—The Secretary, acting through the Service, shall facilitate access to, or provide, mental health services for urban Indians through grants made to urban Indian organizations administering contracts entered into, or receiving grants, under this section.~~

~~"(2) ASSESSMENT.—A grant may not be made under this subsection to an urban Indian organization until that organization has prepared, and the Service has approved, an assessment of the mental health needs of the urban Indian population concerned, the mental health services and other related resources available to that population, the barriers to obtaining those services and resources, and the 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~~

~~entered into pursuant to this section or receiving grants under subsection (a) to prevent and treat child abuse (including sexual abuse) among urban Indians.~~

~~"(2) ASSESSMENT.—A grant may not be made under this subsection to an urban Indian organization until that organization has prepared, and the Service has approved, an assessment that documents the prevalence of child abuse in the urban Indian population concerned and specifies the services and programs (which may not duplicate existing services and programs) for which the grant is requested.~~

~~"(3) USE OF FUNDS.—Grants may be made under this subsection—~~

~~"(A) to prepare assessments required under paragraph (2);~~

~~"(B) for the development of prevention, training, and education programs for urban Indian populations, including child education, parent education, provider training on identification and intervention, education on reporting requirements, prevention campaigns, and establishing service networks of all those involved in 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~~

~~has entered into a contract with, or made a grant to, under this section.~~

~~"(b) REQUIREMENTS.—Any contract entered into, or grant made, by the Secretary under this section shall include requirements that—~~

~~"(1) the urban Indian organization successfully undertake to—~~

~~"(A) document the health care status and unmet health care needs of urban Indians in the urban center involved; and~~

~~"(B) with respect to urban Indians in the urban center involved, determine the matters described in paragraphs (2), (3), (4), and (7) of section 503(b); and~~

~~"(2) the urban Indian organization complete performance of the contract, or carry out the requirements of the grant, within 1 year after the date on which the Secretary and such organization enter into such contract, or within 1 year after such organization receives such grant, whichever is applicable.~~

~~"(c) LIMITATION ON RENEWAL.—The Secretary may not renew any contract entered into, or grant made, under 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~~

~~completed performance of a contract or grant under section 504, the Secretary shall review the records of the urban Indian organization, the reports submitted under section 507, and, in the case of a renewal of a contract or grant under section 503, shall consider the results of the onsite evaluations or accreditation under subsection (b).~~

~~"SEC. 506. OTHER CONTRACT AND GRANT REQUIREMENTS.~~

~~"(a) APPLICATION OF FEDERAL LAW.—Contracts with urban Indian organizations entered into pursuant to this title shall be in accordance with all Federal contracting laws and regulations relating to procurement except that, in the discretion of the Secretary, such contracts may be negotiated without advertising and need not conform to the provisions of the Act of August 24, 1935 (40 U.S.C. 270a, et seq.).~~

~~"(b) PAYMENTS.—Payments under any contracts or grants pursuant to this title shall, notwithstanding any term or condition of such contract or grant—~~

~~"(1) be made in their entirety by the Secretary to the urban Indian organization by not later than the end of the first 30 days of the funding period with respect to which the payments apply, unless the Secretary determines through an evaluation under~~

~~section 505 that the organization is not capable of administering such payments in their entirety; and~~

~~"(2) if unexpended by the urban Indian organization during the funding period with respect to which the payments initially apply, be carried forward for expenditure with respect to allowable or reimbursable costs incurred by the organization during 1 or more subsequent funding periods without additional justification or documentation by the organization as a condition of carrying forward the expenditure of such funds.~~

~~"(c) REVISING OR AMENDING CONTRACT.—Notwithstanding any provision of law to the contrary, the Secretary may, at the request or consent of an urban Indian organization, revise or amend any contract entered into by the Secretary with such organization under this title as necessary to carry out the purposes of this title.~~

~~"(d) FAIR AND UNIFORM PROVISION OF SERVICES.—Contracts with, or grants to, urban Indian organizations and regulations adopted pursuant to this title shall include provisions to assure the fair and uniform provision to urban Indians of services and assistance under such 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 ~~"(c) 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~~

~~in subsection (c), or guarantees for loans, for the construction, renovation, expansion, or purchase of health care facilities, subject to the following requirements:~~

~~"(1) The principal amount of a loan or loan guarantee may cover 100 percent of the costs (other than staffing) relating to the facility, including planning, design, financing, site land development, construction, rehabilitation, renovation, conversion, medical equipment, furnishings, and capital purchase.~~

~~"(2) The total amount of the principal of loans and loan guarantees, respectively, outstanding at any one time shall not exceed such limitations as may be specified in appropriations Acts.~~

~~"(3) The loan or loan guarantee may have a term of the shorter of the estimated useful life of the facility, or 25 years.~~

~~"(4) An urban Indian organization may assign, and the Secretary may accept assignment of, the revenue of the organization as security for a loan or loan guarantee under this subsection.~~

~~"(5) The Secretary shall not collect application, processing, or similar fees from urban Indian organizations applying for loans or loan guarantees under 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-~~

based education in, alcohol and substance abuse in urban centers to those urban Indian organizations with whom the Secretary has entered into a contract under this title or under section 201.

"(b) GOALS OF GRANT.—Each grant made pursuant to subsection (a) shall set forth the goals to be accomplished pursuant to the grant. The goals shall be specific to each grant as agreed to between the Secretary and the grantee.

"(c) CRITERIA.—The Secretary shall establish criteria for the grants made under subsection (a), including criteria relating to the—

"(1) size of the urban Indian population;

"(2) capability of the organization to adequately perform the activities required under the grant;

"(3) satisfactory performance standards for the organization in meeting the goals set forth in such grant, which standards shall be negotiated and agreed to between the Secretary and the grantee on a grant-by-grant basis; and

"(4) identification of need for services.

The Secretary shall develop a methodology for allocating grants made pursuant to this section based on such criteria.

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.~~

~~"SEC. 514. CONSULTATION WITH URBAN INDIAN ORGANIZATIONS.~~

~~"(a) IN GENERAL.—The Secretary shall ensure that the Service, the Health Care Financing Administration, and other operating divisions and staff divisions of the Department consult, to the maximum extent practicable, with urban Indian organizations (as defined in section 4) prior to taking any action, or approving Federal financial assistance for any action of a State, that may affect urban Indians or urban Indian organizations.~~

~~"(b) REQUIREMENT.—In subsection (a), the term 'consultation' means the open and free exchange of information and opinion among urban Indian organizations and the operating and staff divisions of the Department which leads to mutual understanding and comprehension and which emphasizes trust, respect, and shared responsibility.~~

~~"SEC. 515. FEDERAL TORT CLAIMS ACT COVERAGE.~~

~~"For purposes of section 224 of the Public Health Service Act (42 U.S.C. 233), with respect to claims by any person, initially filed on or after October 1, 1999, whether or not such person is an Indian or Alaska Native or is served on a fee basis or under other circumstances as permitted by Federal law or regulations, for personal injury (including death) resulting from the performance prior to, including, or after October 1, 1999, of medical,~~

~~surgical, dental, or related functions, including the conduct of clinical studies or investigations, or for purposes of section 2679 of title 28, United States Code, with respect to claims by any such person, on or after October 1, 1999, for personal injury (including death) resulting from the operation of an emergency motor vehicle, an urban Indian organization that has entered into a contract or received a grant pursuant to this title is deemed to be part of the Public Health Service while carrying out any such contract or grant and its employees (including those acting on behalf of the organization as provided for in section 2671 of title 28, United States Code, and including an individual who provides health care services pursuant to a personal services contract with an urban Indian organization for the provision of services in any facility owned, operated, or constructed under the jurisdiction of the Indian Health Service) are deemed employees of the Service while acting within the scope of their employment in carrying out the contract or grant, except that such employees shall be deemed to be acting within the scope of their employment in carrying out the contract or grant when they are required, by reason of their employment, to perform medical, surgical, dental or related functions at a facility other than a facility operated by the urban Indian organization pursuant to such contract or grant, but only~~

if such employees are not compensated for the performance of such functions by a person or entity other than the urban Indian organization.

"SEC. 516. URBAN YOUTH TREATMENT CENTER DEMONSTRATION.

"(a) CONSTRUCTION AND OPERATION.—The Secretary, acting through the Service, shall, through grants or contracts, make payment for the construction and operation of at least 2 residential treatment centers in each State described in subsection (b) to demonstrate the provision of alcohol and substance abuse treatment services to urban Indian youth in a culturally competent residential setting.

"(b) STATES.—A State described in this subsection is a State in which—

"(1) there reside urban Indian youth with a need for alcohol and substance abuse treatment services in a residential setting; and

"(2) there is a significant shortage of culturally competent residential treatment services for urban Indian youth.

"SEC. 517. USE OF FEDERAL GOVERNMENT FACILITIES AND SOURCES OF SUPPLY.

"(a) IN GENERAL.—The Secretary shall permit an 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~~

~~Indian organization and from an Indian tribe or tribal organization, the Secretary shall give priority to the request for donation to the Indian tribe or tribal organization if the Secretary receives the request from the Indian tribe or tribal organization before the date on which the Secretary transfers title to the property or, if earlier, the date on which the Secretary transfers the property physically, to the urban Indian organization.~~

~~"(c) RELATION TO FEDERAL SOURCES OF SUPPLY.—For purposes of section 201(a) of the Federal Property and Administrative Services Act of 1949 (40 U.S.C. 481(a)) (relating to Federal sources of supply, including lodging providers, airlines, and other transportation providers), an urban Indian organization that has entered into a contract or received a grant pursuant to this title shall be deemed an executive agency when carrying out such contract or grant, and the employees of the urban Indian organization shall be eligible to have access to such sources of supply on the same basis as employees of an executive agency have such access.~~

~~"SEC. 518. GRANTS FOR DIABETES PREVENTION, TREATMENT AND CONTROL.~~

~~"(a) AUTHORITY.—The Secretary may make grants to those urban Indian organizations that have entered into a contract or have received a grant under this title for~~

~~the provision of services for the prevention, treatment, and control of the complications resulting from, diabetes among urban Indians.~~

~~"(b) GOALS.—Each grant made pursuant to subsection (a) shall set forth the goals to be accomplished under the grant. The goals shall be specific to each grant as agreed upon between the Secretary and the grantee.~~

~~"(c) CRITERIA.—The Secretary shall establish criteria for the awarding of grants made under subsection (a) relating to—~~

~~"(1) the size and location of the urban Indian population to be served;~~

~~"(2) the need for the prevention of, treatment of, and control of the complications resulting from diabetes among the urban Indian population to be served;~~

~~"(3) performance standards for the urban Indian organization in meeting the goals set forth in such grant that are negotiated and agreed to by the Secretary and the grantee;~~

~~"(4) the capability of the urban Indian organization to adequately perform the activities required under the grant; and~~

~~"(5) the willingness of the urban Indian organization 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.~~

~~"(2) PUBLICATION.—Proposed regulations to implement this title shall be published by the Secretary in the Federal Register not later than 270 days after the date of enactment of this Act and shall have a comment period of not less than 120 days.~~

~~"(3) EXPIRATION OF AUTHORITY.—The authority to promulgate regulations under this title shall expire on the date that is 18 months after the date of enactment of this Act.~~

~~"(c) NEGOTIATED RULEMAKING COMMITTEE.—A negotiated rulemaking committee shall be established pursuant to section 565 of title 5, United States Code, to carry out this section and shall, in addition to Federal representatives, have as the majority of its members representatives of urban Indian organizations from each service area.~~

~~"(d) ADAPTION OF PROCEDURES.—The Secretary shall adapt the negotiated rulemaking procedures to the unique context of this Act.~~

~~"SEC. 521. AUTHORIZATION OF APPROPRIATIONS.~~

~~"There is authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2015 to carry out this title.~~

~~"TITLE VI—ORGANIZATIONAL IMPROVEMENTS~~

~~"SEC. 601. ESTABLISHMENT OF THE INDIAN HEALTH SERVICE AS AN AGENCY OF THE PUBLIC HEALTH SERVICE.~~

~~"(a) ESTABLISHMENT.—~~

~~"(1) IN GENERAL.—In order to more effectively and efficiently carry out the responsibilities, authorities, and functions of the United States to provide health care services to Indians and Indian tribes, as are or may be hereafter provided by Federal statute or treaties, there is established within the Public Health Service of the Department the Indian Health Service.~~

~~"(2) ASSISTANT SECRETARY OF INDIAN HEALTH.—The Service shall be administered by an Assistance Secretary of Indian Health, who shall be appointed by the President, by and with the advice and consent of the Senate. The Assistant Secretary shall report to the Secretary. Effective with respect to an individual appointed by the President, by and with the advice and consent of the Senate, after January 1, 1993, the term of service of the Assistant Secretary shall be 4 years. An Assistant Secretary 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~~

Service as a result of its establishment under subsection (a).

"SEC. 602. AUTOMATED MANAGEMENT INFORMATION SYSTEM.

"(a) ESTABLISHMENT.—

"(1) IN GENERAL.—The Secretary, in consultation with tribes, tribal organizations, and urban Indian organizations, shall establish an automated management information system for the Service.

"(2) REQUIREMENTS OF SYSTEM.—The information system established under paragraph (1) shall include—

"(A) a financial management system;

"(B) a patient care information system;

"(C) a privacy component that protects the privacy of patient information;

"(D) a services-based cost accounting component that provides estimates of the costs associated with the provision of specific medical treatments or services in each area office of the Service;

"(E) an interface mechanism for patient billing and accounts receivable system; and

"(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.~~

"SEC. 603. AUTHORIZATION OF APPROPRIATIONS.

"There is authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2015 to carry out this title.

"TITLE VII—BEHAVIORAL HEALTH PROGRAMS

"SEC. 701. BEHAVIORAL HEALTH PREVENTION AND TREATMENT SERVICES.

"(a) PURPOSES.—It is the purpose of this section to—

"(1) authorize and direct the Secretary, acting through the Service, Indian tribes, tribal organizations, and urban Indian organizations to develop a comprehensive behavioral health prevention and treatment program which emphasizes collaboration among alcohol and substance abuse, social services, and mental health programs;

"(2) provide information, direction and guidance relating to mental illness and dysfunction and self-destructive behavior, including child abuse and family violence, to those Federal, tribal, State and local agencies responsible for programs in Indian communities in areas of health care, education, social services, child and family welfare, alcohol and substance abuse, law enforcement and judicial services;

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-~~

~~dian Behavioral Health Services. The plans shall, to the extent feasible, include—~~

~~"(A) an assessment of the scope of the problem of alcohol or other substance abuse, mental illness, dysfunctional and self-destructive behavior, including suicide, child abuse and family violence, among Indians, including—~~

~~"(i) the number of Indians served who are directly or indirectly affected by such illness or behavior; and~~

~~"(ii) an estimate of the financial and human cost attributable to such illness or behavior;~~

~~"(B) an assessment of the existing and additional resources necessary for the prevention and treatment of such illness and behavior, including an assessment of the progress toward achieving the availability of the full continuum of care described in subsection (c); and~~

~~"(C) an estimate of the additional funding needed by the Service, Indian tribes, tribal organizations and urban Indian organizations to meet their responsibilities under the plans.~~

~~"(2) NATIONAL CLEARINGHOUSE.—The Secretary 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-~~

~~mestic violence, sexual abuse, suicide, obesity, and other risk related behavior);~~

~~"(v) female specific treatment services for—~~

~~"(I) women at risk of giving birth to a child with a fetal alcohol disorder;~~

~~"(II) substance abuse requiring gender specific services;~~

~~"(III) sexual assault and domestic violence; and~~

~~"(IV) healthy choices and life style (parenting, partners, obesity, suicide and other related behavioral risk); and~~

~~"(vi) male specific treatment services for—~~

~~"(I) substance abuse requiring gender specific services;~~

~~"(II) sexual assault and domestic violence; and~~

~~"(III) healthy choices and life style (parenting, partners, obesity, suicide 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~~

family violence, among its members or its service population. Such plan should include behavioral health services, social services, intensive outpatient services, and continuing after care.

"(2) TECHNICAL ASSISTANCE.—In furtherance of a plan established pursuant to paragraph (1) and at the request of a tribe, the appropriate agency, service unit, or other officials of the Bureau of Indian Affairs and the Service shall cooperate with, and provide technical assistance to, the Indian tribe or tribal organization in the development of a plan under paragraph (1). Upon the establishment of such a plan and at the request of the Indian tribe or tribal organization, such officials shall cooperate with the Indian tribe or tribal organization in the implementation of such plan.

"(3) FUNDING.—The Secretary, acting through the Service, may make funding available to Indian tribes and tribal organizations adopting a resolution pursuant to paragraph (1) to obtain technical assistance for the development of a community behavioral health plan and to provide administrative support in the implementation of such plan.

"(e) COORDINATED PLANNING.—The Secretary, acting 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-~~

~~ioral health plans adopted under section 701(c) and section 4206 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2412); and~~

~~"(8) provide for an annual review of such agreement by the 2 Secretaries and a report which shall be submitted to Congress and made available to the Indian tribes.~~

~~"(b) SPECIFIC PROVISIONS.—The memorandum of agreement updated or entered into pursuant to subsection (a) shall include specific provisions pursuant to which the Service shall assume responsibility for—~~

~~"(1) the determination of the scope of the problem of alcohol and substance abuse among Indian people, including the number of Indians within the jurisdiction of the Service who are directly or indirectly affected by alcohol and substance abuse and the financial and human cost;~~

~~"(2) an assessment of the existing and needed resources necessary for the prevention of alcohol and substance abuse and the treatment of Indians affected by alcohol and substance abuse; and~~

~~"(3) an estimate of the funding necessary to 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 ~~"(c) 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~~

~~of care and traditional health care practices, which shall include—~~

~~"(A) prevention, through educational intervention, in Indian communities;~~

~~"(B) acute detoxification or psychiatric hospitalization and treatment (residential and intensive outpatient);~~

~~"(C) community-based rehabilitation and aftercare;~~

~~"(D) community education and involvement, including extensive training of health care, educational, and community-based personnel;~~

~~"(E) specialized residential treatment programs for high risk populations including pregnant and post partum women and their children;~~

~~"(F) diagnostic services utilizing, when appropriate, neuropsychiatric assessments which include the use of the most advances technology available; and~~

~~"(G) a telepsychiatry program that uses experts in the field of pediatric psychiatry, and that incorporates assessment, diagnosis and~~

~~treatment for children, including those children with concurrent neurological disorders.~~

~~"(2) TARGET POPULATIONS.—The target population of the program under paragraph (1) shall be members of Indian tribes. Efforts to train and educate key members of the Indian community shall target employees of health, education, judicial, law enforcement, legal, and social service programs.~~

~~"(b) CONTRACT HEALTH SERVICES.—~~

~~"(1) IN GENERAL.—The Secretary, acting through the Service (with the consent of the Indian tribe to be served), Indian tribes and tribal organizations, may enter into contracts with public or private providers of behavioral health treatment services for the purpose of carrying out the program required under subsection (a).~~

~~"(2) PROVISION OF ASSISTANCE.—In carrying out this subsection, the Secretary shall provide assistance to Indian tribes and tribal organizations to develop criteria for the certification of behavioral health service providers and accreditation of service facilities which meet minimum standards for such 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~~

~~Indian health care and treatment practices of the Indian tribes to be served.~~

~~"SEC. 705. LICENSING REQUIREMENT FOR MENTAL HEALTH CARE WORKERS.~~

~~"Subject to section 220, any person employed as a psychologist, social worker, or marriage and family therapist for the purpose of providing mental health care services to Indians in a clinical setting under the authority of this Act or through a funding agreement pursuant to the Indian Self-Determination and Education Assistance Act shall—~~

~~"(1) in the case of a person employed as a psychologist to provide health care services, be licensed as a clinical or counseling psychologist, or working under the direct supervision of a clinical or counseling psychologist;~~

~~"(2) in the case of a person employed as a social worker, be licensed as a social worker or working under the direct supervision of a licensed social worker; or~~

~~"(3) in the case of a person employed as a marriage and family therapist, be licensed as a marriage and family therapist or working under the direct supervision of a licensed marriage and family therapist.~~

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~~

~~center or treatment network in each area under the jurisdiction of an area office.~~

~~"(B) AREA OFFICE IN CALIFORNIA.—For purposes of this subsection, the area office in California shall be considered to be 2 area offices, 1 office whose jurisdiction shall be considered to encompass the northern area of the State of California, and 1 office whose jurisdiction shall be considered to encompass the remainder of the State of California for the purpose of implementing California treatment networks.~~

~~"(2) FUNDING.—For the purpose of staffing and operating centers or facilities under this subsection, funding shall be made available pursuant to the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the Snyder Act).~~

~~"(3) LOCATION.—A youth treatment center constructed or purchased under this subsection shall be constructed or purchased at a location within the area described in paragraph (1) that is agreed upon (by appropriate tribal resolution) by a majority of the tribes to be served by such center.~~

~~"(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-~~

~~ment Center, a residential youth treatment facility in New Mexico.~~

~~"(B) PROVISION OF SERVICES TO ELIGIBLE YOUTH.—Until additional residential youth treatment facilities are established in Alaska pursuant to this section, the facilities specified in subparagraph (A) shall make every effort to provide services to all eligible Indian youth residing in such State.~~

~~"(e) INTERMEDIATE ADOLESCENT BEHAVIORAL HEALTH SERVICES.—~~

~~"(1) IN GENERAL.—The Secretary, acting through the Service, Indian tribes and tribal organizations, may provide intermediate behavioral health services, which may incorporate traditional health care practices, to Indian children and adolescents, including—~~

~~"(A) pre-treatment assistance;~~

~~"(B) inpatient, outpatient, and after-care services;~~

~~"(C) emergency care;~~

~~"(D) suicide prevention and crisis intervention; and~~

~~"(E) prevention and treatment of mental illness, and dysfunctional and self-destructive~~

behavior, including child abuse and family violence.

"(2) USE OF FUNDS.—Funds provided under this subsection may be used—

"(A) to construct or renovate an existing health facility to provide intermediate behavioral health services;

"(B) to hire behavioral health professionals;

"(C) to staff, operate, and maintain an intermediate mental health facility, group home, sober housing, transitional housing or similar facilities, or youth shelter where intermediate behavioral health services are being provided; and

"(D) to make renovations and hire appropriate staff to convert existing hospital beds into adolescent psychiatric units; and

"(E) to provide intensive home- and community-based services, including collaborative systems of care.

"(3) CRITERIA.—The Secretary shall, in consultation with Indian tribes and tribal organizations, 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 (e) 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~~

~~of the Service, 1 area whose location shall be considered to encompass the northern area of the State of California and 1 area whose jurisdiction shall be considered to encompass the remainder of the State of California.~~

~~"(c) CONVERSION OF CERTAIN HOSPITAL BEDS.—The Secretary shall consider the possible conversion of existing, under-utilized Service hospital beds into psychiatric units to meet needs under this section.~~

~~"SEC. 709. TRAINING AND COMMUNITY EDUCATION.~~

~~"(a) COMMUNITY EDUCATION.—~~

~~"(1) IN GENERAL.—The Secretary, in cooperation with the Secretary of the Interior, shall develop and implement, or provide funding to enable Indian tribes and tribal organization to develop and implement, within each service unit or tribal program a program of community education and involvement which shall be designed to provide concise and timely information to the community leadership of each tribal community.~~

~~"(2) EDUCATION.—A program under paragraph (1) shall include education concerning behavioral health for political leaders, tribal judges, law enforcement personnel, members of tribal health and education boards, and other critical members of each 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~~

~~and substance abuse prevention experts, shall develop and provide community-based training models. Such models shall address—~~

~~"(1) the elevated risk of alcohol and behavioral health problems faced by children of alcoholics;~~

~~"(2) the cultural, spiritual, and multigenerational aspects of behavioral health problem prevention and recovery; and~~

~~"(3) community-based and multidisciplinary strategies for preventing and treating behavioral health problems.~~

~~"SEC. 710. BEHAVIORAL HEALTH PROGRAM.~~

~~"(a) PROGRAMS FOR INNOVATIVE SERVICES.—The Secretary, acting through the Service, Indian tribes or tribal organizations, consistent with Section 701, may develop, implement, and carry out programs to deliver innovative community-based behavioral health services to Indians.~~

~~"(b) CRITERIA.—The Secretary may award funding for a project under subsection (a) to an Indian tribe or tribal organization and may consider the following criteria:~~

~~"(1) Whether the project will address significant unmet behavioral health needs among Indians.~~

~~"(2) Whether the project will serve a significant 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-~~

~~poses of meeting the health status objective specified in section 3(b).~~

~~"(2) USE OF FUNDS.—Funding provided pursuant to this section shall be used to—~~

~~"(A) develop and provide community and in-school training, education, and prevention programs relating to fetal alcohol disorders;~~

~~"(B) identify and provide behavioral health treatment to high-risk women;~~

~~"(C) identify and provide appropriate educational and vocational support, counseling, advocacy, and information to fetal alcohol disorder affected persons and their families or caretakers;~~

~~"(D) develop and implement counseling and support programs in schools for fetal alcohol disorder affected children;~~

~~"(E) develop prevention and intervention models which incorporate traditional practitioners, cultural and spiritual values and community involvement;~~

~~"(F) develop, print, and disseminate education and prevention materials on fetal alcohol 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~~

special educational, vocational, school-to-work transition, and independent living needs of adolescent and adult Indians with fetal alcohol disorders.

"(c) TASK FORCE.—

"(1) IN GENERAL.—The Secretary shall establish a task force to be known as the Fetal Alcohol Disorders Task Force to advise the Secretary in carrying out subsection (b).

"(2) COMPOSITION.—The task force under paragraph (1) shall be composed of representatives from the National Institute on Drug Abuse, the National Institute on Alcohol and Alcoholism, the Office of Substance Abuse Prevention, the National Institute of Mental Health, the Service, the Office of Minority Health of the Department of Health and Human Services, the Administration for Native Americans, the National Institute of Child Health & Human Development, the Centers for Disease Control and Prevention, the Bureau of Indian Affairs, Indian tribes, tribal organizations, urban Indian communities, and Indian fetal alcohol disorders experts.

"(d) APPLIED RESEARCH.—The Secretary, acting through the Substance Abuse and Mental Health Services 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 ~~"(c) 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 sex-~~
4 ~~ual abuse;~~
5 ~~"(3) develop prevention and intervention models~~
6 ~~which incorporate traditional health care practi-~~
7 ~~tioners, cultural and spiritual values, and community~~
8 ~~involvement;~~
9 ~~"(4) develop and implement, though the tribal~~
10 ~~consultation process, culturally sensitive assessment~~
11 ~~and diagnostic tools for use in tribal and urban In-~~
12 ~~dian 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 incarcer-~~
17 ~~ated or at the earliest possible date if the perpe-~~
18 ~~trator 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 or-~~
25 ~~ganizations and urban Indian organizations or, enter into~~

~~contracts with, or make grants to appropriate institutions, for the conduct of research on the incidence and prevalence of behavioral health problems among Indians served by the Service, Indian tribes or tribal organizations and among Indians in urban areas. Research priorities under this section shall include—~~

~~"(1) the inter-relationship and inter-dependence of behavioral health problems with alcoholism and other substance abuse, suicide, homicides, other injuries, and the incidence of family violence; and~~

~~"(2) the development of models of prevention techniques.~~

~~"(b) SPECIAL EMPHASIS.—The effect of the inter-relationships and interdependencies referred to in subsection (a)(1) on children, and the development of prevention techniques under subsection (a)(2) applicable to children, shall be emphasized.~~

~~"SEC. 714. DEFINITIONS.~~

~~"In this title:~~

~~"(1) ASSESSMENT.—The term 'assessment' means the systematic collection, analysis and dissemination of information on health status, health needs and health problems.~~

~~"(2) ALCOHOL RELATED NEURODEVELOPMENTAL DISORDERS.—The term 'al-~~

~~cohol related neurodevelopmental disorders' or 'ARND' with respect to an individual means the individual has a history of maternal alcohol consumption during pregnancy, central nervous system involvement such as developmental delay, intellectual deficit, or neurologic abnormalities, that behaviorally, there may be problems with irritability, and failure to thrive as infants, and that as children become older there will likely be hyperactivity, attention deficit, language dysfunction and perceptual and judgment problems.~~

~~"(3) BEHAVIORAL HEALTH.—The term 'behavioral health' means the blending of substances (alcohol, drugs, inhalants and tobacco) abuse and mental health prevention and treatment, for the purpose of providing comprehensive services. Such term includes the joint development of substance abuse and mental health treatment planning and coordinated case management using a multidisciplinary approach.~~

~~"(4) BEHAVIORAL HEALTH AFTERCARE.—~~

~~"(A) IN GENERAL.—The term 'behavioral health aftercare' includes those activities and resources used to support recovery following inpatient, residential, intensive substance abuse~~

~~or mental health outpatient or outpatient treatment, to help prevent or treat relapse, including the development of an aftercare plan.~~

~~"(B) AFTERCARE PLAN.—Prior to the time at which an individual is discharged from a level of care, such as outpatient treatment, an aftercare plan shall have been developed for the individual. Such plan may use such resources as community base therapeutic group care, transitional living, a 12-step sponsor, a local 12-step or other related support group, or other community based providers (such as mental health professionals, traditional health care practitioners, community health aides, community health representatives, mental health technicians, or ministers).~~

~~"(5) DUAL DIAGNOSIS.—The term 'dual diagnosis' means coexisting substance abuse and mental illness conditions or diagnosis. In individual with a dual diagnosis may be referred to as a mentally ill chemical abuser.~~

~~"(6) FETAL ALCOHOL DISORDERS.—The term 'fetal alcohol disorders' means fetal alcohol syndrome, partial fetal alcohol syndrome, or alcohol related 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-~~

gage in usual and customary life activities through education and therapy.

"(10) SUBSTANCE ABUSE.—The term 'substance abuse' includes inhalant abuse.

"SEC. 715. AUTHORIZATION OF APPROPRIATIONS.

"There is authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2015 to carry out this title.

"TITLE VIII—MISCELLANEOUS

"SEC. 801. REPORTS.

"The President shall, at the time the budget is submitted under section 1105 of title 31, United States Code, for each fiscal year transmit to the Congress a report containing—

"(1) a report on the progress made in meeting the objectives of this Act, including a review of programs established or assisted pursuant to this Act and an assessment and recommendations of additional programs or additional assistance necessary to, at a minimum, provide health services to Indians, and ensure a health status for Indians, which are at a parity with the health services available to and the health status of, the general population, including specific comparisons of appropriations provided and 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~~

~~under titles XVIII and XIX of the Social Security Act as required under section 403(a);~~

~~"(14) a report on services sharing of the Service, the Department of Veteran's Affairs, and other Federal agency health programs as required under section 412(c)(2);~~

~~"(15) a report on the evaluation and renewal of urban Indian programs as required under section 505;~~

~~"(16) a report on the findings and conclusions derived from the demonstration project as required under section 512(a)(2);~~

~~"(17) a report on the evaluation of programs as required under section 513; and~~

~~"(18) a report on alcohol and substance abuse as required under section 701(f).~~

~~"SEC. 802. REGULATIONS.~~

~~"(a) INITIATION OF RULEMAKING PROCEDURES.—~~

~~"(1) IN GENERAL.—Not later than 90 days after the date of enactment of this Act, the Secretary shall initiate procedures under subchapter III of chapter 5 of title 5, United States Code, to negotiate and promulgate such regulations or amendments thereto that are necessary to carry out this 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-~~

~~riod with respect to the performance of abortions shall apply for that period with respect to the performance of abortions using funds contained in an Act providing appropriations for the Service.~~

~~"SEC. 806. ELIGIBILITY OF CALIFORNIA INDIANS.~~

~~"(a) ELIGIBILITY.—~~

~~"(1) IN GENERAL.—Until such time as any subsequent law may otherwise provide, the following California Indians shall be eligible for health services provided by the Service:~~

~~"(A) Any member of a federally recognized Indian tribe.~~

~~"(B) Any descendant of an Indian who was residing in California on June 1, 1852, but only if such descendant—~~

~~"(i) is a member of the Indian community served by a local program of the Service; and~~

~~"(ii) is regarded as an Indian by the community in which such descendant lives.~~

~~"(C) Any Indian who holds trust interests in public domain, national forest, or Indian reservation allotments in California.~~

~~"(D) Any Indian in California who is listed on the plans for distribution of the assets of~~

~~California rancherias and reservations under the Act of August 18, 1958 (72 Stat. 619), and any descendant of such an Indian.~~

~~"(b) RULE OF CONSTRUCTION.—Nothing in this section may be construed as expanding the eligibility of California Indians for health services provided by the Service beyond the scope of eligibility for such health services that applied on May 1, 1986.~~

~~"SEC. 807. HEALTH SERVICES FOR INELIGIBLE PERSONS.~~

~~"(a) INELIGIBLE PERSONS.—~~

~~"(1) IN GENERAL.—Any individual who—~~

~~"(A) has not attained 19 years of age;~~

~~"(B) is the natural or adopted child, stepchild, foster-child, legal ward, or orphan of an eligible Indian; and~~

~~"(C) is not otherwise eligible for the health services provided by the Service,~~

~~shall be eligible for all health services provided by the Service on the same basis and subject to the same rules that apply to eligible Indians until such individual attains 19 years of age. The existing and potential health needs of all such individuals shall be taken into consideration by the Service in determining the need for, or the allocation of, the health resources of the Service. If such an individual has~~

~~been determined to be legally incompetent prior to attaining 19 years of age, such individual shall remain eligible for such services until one year after the date such disability has been removed.~~

~~"(2) SPOUSES.—Any spouse of an eligible Indian who is not an Indian, or who is of Indian descent but not otherwise eligible for the health services provided by the Service, shall be eligible for such health services if all of such spouses or spouses who are married to members of the Indian tribe being served are made eligible, as a class, by an appropriate resolution of the governing body of the Indian tribe or tribal organization providing such services. The health needs of persons made eligible under this paragraph shall not be taken into consideration by the Service in determining the need for, or allocation of, its health resources.~~

~~"(b) PROGRAMS AND SERVICES.—~~

~~"(1) PROGRAMS.—~~

~~"(A) IN GENERAL.—The Secretary may provide health services under this subsection through health programs operated directly by the Service to individuals who reside within the service area of a service unit and who are not eligible for such health services under any other~~

~~subsection of this section or under any other provision of law if—~~

~~"(i) the Indian tribe (or, in the case of a multi-tribal service area, all the Indian tribes) served by such service unit requests such provision of health services to such individuals; and~~

~~"(ii) the Secretary and the Indian tribe or tribes have jointly determined that—~~

~~"(I) the provision of such health services will not result in a denial or diminution of health services to eligible Indians; and~~

~~"(II) there is no reasonable alternative health program or services, within or without the service area of such service unit, available to meet the health needs of such individuals.~~

~~"(B) FUNDING AGREEMENTS.—In the case of health programs operated under a funding agreement entered into under the Indian Self-Determination and Educational Assistance Act, the governing body of the Indian tribe or tribal organization providing health services under~~

~~such funding agreement is authorized to determine whether health services should be provided under such funding agreement to individuals who are not eligible for such health services under any other subsection of this section or under any other provision of law. In making such determinations, the governing body of the Indian tribe or tribal organization shall take into account the considerations described in subparagraph (A)(ii).~~

~~"(2) LIABILITY FOR PAYMENT.—~~

~~"(A) IN GENERAL.—Persons receiving health services provided by the Service by reason of this subsection shall be liable for payment of such health services under a schedule of charges prescribed by the Secretary which, in the judgment of the Secretary, results in reimbursement in an amount not less than the actual cost of providing the health services. Notwithstanding section 1880 of the Social Security Act, section 402(a) of this Act, or any other provision of law, amounts collected under this subsection, including medicare or medicaid reimbursements under titles XVIII and XIX of the Social Security Act, shall be credited to the~~

~~account of the program providing the service and shall be used solely for the provision of health services within that program. Amounts collected under this subsection shall be available for expenditure within such program for not to exceed 1 fiscal year after the fiscal year in which collected.~~

~~"(B) SERVICES FOR INDIGENT PERSONS.—Health services may be provided by the Secretary through the Service under this subsection to an indigent person who would not be eligible for such health services but for the provisions of paragraph (1) only if an agreement has been entered into with a State or local government under which the State or local government agrees to reimburse the Service for the expenses incurred by the Service in providing such health services to such indigent person.~~

~~"(3) SERVICE AREAS.—~~

~~"(A) SERVICE TO ONLY ONE TRIBE.—In the case of a service area which serves only one Indian tribe, the authority of the Secretary to provide health services under paragraph (1)(A) shall terminate at the end of the fiscal year succeeding the fiscal year in which the governing~~

~~body of the Indian tribe revokes its concurrence to the provision of such health services.~~

~~"(B) MULTI-TRIBAL AREAS.—In the case of a multi-tribal service area, the authority of the Secretary to provide health services under paragraph (1)(A) shall terminate at the end of the fiscal year succeeding the fiscal year in which at least 51 percent of the number of Indian tribes in the service area revoke their concurrence to the provision of such health services.~~

~~"(c) PURPOSE FOR PROVIDING SERVICES.—The Service may provide health services under this subsection to individuals who are not eligible for health services provided by the Service under any other subsection of this section or under any other provision of law in order to—~~

~~"(1) achieve stability in a medical emergency;~~

~~"(2) prevent the spread of a communicable disease or otherwise deal with a public health hazard;~~

~~"(3) provide care to non-Indian women pregnant with an eligible Indian's child for the duration of the pregnancy through post partum; or~~

~~"(4) provide care to immediate family members of an eligible person if such care is directly related 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~~

President, for inclusion in the report required to be transmitted to the Congress under section 801, a report on the proposed change in allocation of funding, including the reasons for the change and its likely effects.

"(b) NONAPPLICATION OF SECTION.—Subsection (a) shall not apply if the total amount appropriated to the Service for a fiscal year is less than the amount appropriated to the Service for previous fiscal year.

"SEC. 809. RESULTS OF DEMONSTRATION PROJECTS.

"The Secretary shall provide for the dissemination to Indian tribes of the findings and results of demonstration projects conducted under this Act.

"SEC. 810. PROVISION OF SERVICES IN MONTANA.

"(a) IN GENERAL.—The Secretary, acting through the Service, shall provide services and benefits for Indians in Montana in a manner consistent with the decision of the United States Court of Appeals for the Ninth Circuit in McNabb for McNabb v. Bowen, 829 F.2d 787 (9th Cr. 1987).

"(b) RULE OF CONSTRUCTION.—The provisions of subsection (a) shall not be construed to be an expression of the sense of the Congress on the application of the decision described in subsection (a) with respect to the provision of services or benefits for Indians living in any State 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~~

and the employees of the tribe or tribal organization may order supplies on behalf thereof on the same basis as employees of the Service.

"SEC. 814. NATIONAL BI-PARTISAN COMMISSION ON INDIAN HEALTH CARE ENTITLEMENT.

"(a) ESTABLISHMENT.—There is hereby established the National Bi-Partisan Indian Health Care Entitlement Commission (referred to in this Act as the 'Commission').

"(b) MEMBERSHIP.—The Commission shall be composed of 25 members, to be appointed as follows:

"(1) Ten members of Congress, of which—

"(A) three members shall be from the House of Representatives and shall be appointed by the majority leader;

"(B) three members shall be from the House of Representatives and shall be appointed by the minority leader;

"(C) two members shall be from the Senate and shall be appointed by the majority leader; and

"(D) two members shall be from the Senate and shall be appointed by the minority leader;

who shall each be members of the committees of Congress that consider legislation affecting the pro-

~~vision of health care to Indians and who shall elect the chairperson and vice-chairperson of the Commission.~~

~~"(2) Twelve individuals to be appointed by the members of the Commission appointed under paragraph (1), of which at least 1 shall be from each service area as currently designated by the Director of the Service, to be chosen from among 3 nominees from each such area as selected by the Indian tribes within the area, with due regard being given to the experience and expertise of the nominees in the provision of health care to Indians and with due regard being given to a reasonable representation on the Commission of members who are familiar with various health care delivery modes and who represent tribes of various size populations.~~

~~"(3) Three individuals shall be appointed by the Director of the Service from among individual who are knowledgeable about the provision of health care to Indians, at least 1 of whom shall be appointed from among 3 nominees from each program that is funded in whole or in part by the Service primarily or exclusively for the benefit of urban Indians.~~

~~All those persons appointed under paragraphs (2) and (3) 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~~

~~cost, including mechanisms for funding of the health services to be provided;~~

~~"(C) determine the effect of the enactment of such recommendations on the existing system of the delivery of health services for Indians;~~

~~"(D) determine the effect of a health services entitlement program for Indian persons on the sovereign status of Indian tribes;~~

~~"(E) not later than 12 months after the appointment of all members of the Commission, make a written report of its findings and recommendations to the Commission, which report shall include a statement of the minority and majority position of the committee and which shall be disseminated, at a minimum, to each federally recognized Indian tribe, tribal organization and urban Indian organization for comment to the Commission; and~~

~~"(F) report regularly to the full Commission regarding the findings and recommendations developed by the committee in the course of carrying out its duties under this section.~~

~~"(4) Not later than 18 months after the date of appointment of all members of the Commission, submit a written report to Congress containing a~~

~~recommendation of policies and legislation to implement a policy that would establish a health care system for Indians based on the delivery of health services as an entitlement, together with a determination of the implications of such an entitlement system on existing health care delivery systems for Indians and on the sovereign status of Indian tribes.~~

~~"(c) ADMINISTRATIVE PROVISIONS.—~~

~~"(1) COMPENSATION AND EXPENSES.—~~

~~"(A) CONGRESSIONAL MEMBERS.—Each member of the Commission appointed under subsection (b)(1) shall receive no additional pay, allowances, or benefits by reason of their service on the Commission and shall receive travel expenses and per diem in lieu of subsistence in accordance with sections 5702 and 5703 of title 5, United States Code.~~

~~"(B) OTHER MEMBERS.—The members of the Commission appointed under paragraphs (2) and (3) of subsection (b), while serving on the business of the Commission (including travel time) shall be entitled to receive compensation at the per diem equivalent of the rate provided for level IV of the Executive Schedule under section 5315 of title 5, United States~~

~~Code, and while so serving away from home and the member's regular place of business, be allowed travel expenses, as authorized by the chairperson of the Commission. For purposes of pay (other than pay of members of the Commission) and employment benefits, rights, and privileges, all personnel of the Commission shall be treated as if they were employees of the United States Senate.~~

~~"(2) MEETINGS AND QUORUM.—~~

~~"(A) MEETINGS.—The Commission shall meet at the call of the chairperson.~~

~~"(B) QUORUM.—A quorum of the Commission shall consist of not less than 15 members, of which not less than 6 of such members shall be appointees under subsection (b)(1) and not less than 9 of such members shall be Indians.~~

~~"(3) DIRECTOR AND STAFF.—~~

~~"(A) EXECUTIVE DIRECTOR.—The members of the Commission shall appoint an executive director of the Commission. The executive director shall be paid the rate of basic pay equal to that for level V of the Executive Schedule.~~

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~~

~~required for the proper functioning of the Commission.~~

~~"(f) POWERS.—~~

~~"(1) HEARINGS AND OTHER ACTIVITIES.—For the purpose of carrying out its duties, the Commission may hold such hearings and undertake such other activities as the Commission determines to be necessary to carry out its duties, except that at least 6 regional hearings shall be held in different areas of the United States in which large numbers of Indians are present. Such hearings shall be held to solicit the views of Indians regarding the delivery of health care services to them. To constitute a hearing under this paragraph, at least 5 members of the Commission, including at least 1 member of Congress, must be present. Hearings held by the study committee established under this section may be counted towards the number of regional hearings required by this paragraph.~~

~~"(2) STUDIES BY GAO.—Upon request of the Commission, the Comptroller General shall conduct such studies or investigations as the Commission determines to be necessary to carry out its duties.~~

~~"(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~~

~~Commission as the Commission determines to be necessary to carry out its duties.~~

~~"(6) USE OF MAILS.—The Commission may use the United States mails in the same manner and under the same conditions as Federal Agencies and shall, for purposes of the frank, be considered a commission of Congress as described in section 3215 of title 39, United States Code.~~

~~"(7) OBTAINING INFORMATION.—The Commission may secure directly from the any Federal Agency information necessary to enable it to carry out its duties, if the information may be disclosed under section 552 of title 4, United States Code. Upon request of the chairperson of the Commission, the head of such agency shall furnish such information to the Commission.~~

~~"(8) SUPPORT SERVICES.—Upon the request of the Commission, the Administrator of General Services shall provide to the Commission on a reimbursable basis such administrative support services as the Commission may request.~~

~~"(9) PRINTING.—For purposes of costs relating to printing and binding, including the cost of personnel detailed from the Government Printing Of-~~

fice, the Commission shall be deemed to be a committee of the Congress.

"(g) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated $4,000,000 to carry out this section. The amount appropriated under this subsection shall not be deducted from or affect any other appropriation for health care for Indian persons.

"SEC. 815. APPROPRIATIONS; AVAILABILITY.

"Any new spending authority (described in subsection (c)(2)(A) or (B) of section 401 of the Congressional Budget Act of 1974) which is provided under this Act shall be effective for any fiscal year only to such extent or in such amounts as are provided in appropriation Acts.

"SEC. 816. AUTHORIZATION OF APPROPRIATIONS.

"There is authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2015 to carry out this title.".

TITLE II—CONFORMING AMENDMENTS TO THE SOCIAL SECURITY ACT

Subtitle A—Medicare

SEC. 201. LIMITATIONS ON CHARGES.

Section 1866(a)(1) of the Social Security Act (42 U.S.C. 1395cc(a)(1)) is amended—

~~(1) in subparagraph (R), by striking "and" at the end;~~

~~(2) in subparagraph (S), by striking the period and inserting ", and"; and~~

~~(3) by adding at the end the following:~~

~~"(T) in the case of hospitals and critical access hospitals which provide inpatient hospital services for which payment may be made under this title, to accept as payment in full for services that are covered under and furnished to an individual eligible for the contract health services program operated by the Indian Health Service, by an Indian tribe or tribal organization, or furnished to an urban Indian eligible for health services purchased by an urban Indian organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act), in accordance with such admission practices and such payment methodology and amounts as are prescribed under regulations issued by the Secretary.".~~

~~SEC. 202. QUALIFIED INDIAN HEALTH PROGRAM.~~

~~Title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) is amended by inserting after section 1880 the following:~~

~~"QUALIFIED INDIAN HEALTH PROGRAM~~

~~"SEC. 1880A. (a) DEFINITION OF QUALIFIED INDIAN 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~~

~~this title, notwithstanding sections 1814(c) and 1835(d), if and for so long as the program meets all the conditions and requirements set forth in this section.~~

~~"(c) DETERMINATION OF PAYMENTS.—~~

~~"(1) IN GENERAL.—Notwithstanding any other provision in the law, a qualified Indian health program shall be entitled to receive payment based on an all-inclusive rate which shall be calculated to provide full cost recovery for the cost of furnishing services provided under this section.~~

~~"(2) DEFINITION OF FULL COST RECOVERY.—~~

~~"(A) IN GENERAL.—Subject to subparagraph (B), in this section, the term 'full cost recovery' means the sum of—~~

~~"(i) the direct costs, which are reasonable, adequate and related to the cost of furnishing such services, taking into account the unique nature, location, and service population of the qualified Indian health program, and which shall include direct program, administrative, and overhead costs, without regard to the customary or other charge or any fee schedule that 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~~

~~shall be made on a fee-for-service, encounter, or per diem basis.~~

~~"(5) OPTIONAL DETERMINATION.—The full cost recovery rate provided for in paragraphs (1) through (3) may be determined, at the election of the qualified Indian health program, by the Health Care Financing Administration or by the State agency responsible for administering the State plan under title XIX and shall be valid for reimbursements made under this title, title XIX, and title XXI. The costs described in paragraph (2)(A) shall be calculated under whatever methodology yields the greatest aggregate payment for the cost reporting period, provided that such methodology shall be adjusted to include adjustments to such payment to take into account for those qualified Indian health programs that include hospitals—~~

~~"(A) a significant decrease in discharges;~~

~~"(B) costs for graduate medical education programs;~~

~~"(C) additional payment as a disproportionate share hospital with a payment adjustment factor of 10; and~~

~~"(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~~

~~organization, or an urban Indian organization may be reimbursed for under section 1880 and section 1911.~~

~~"(2) OPTION TO INCLUDE ADDITIONAL SERVICES.—An election under paragraph (1) may include, at the election of the qualified Indian health program—~~

~~"(A) any service when furnished by an employee of the qualified Indian health program who is licensed or certified to perform such a service to the same extent that such service would be reimbursable if performed by a physician and any service or supplies furnished as incident to a physician's service as would otherwise be covered if furnished by a physician or as an incident to a physician's service;~~

~~"(B) screening, diagnostic, and therapeutic outpatient services including part-time or intermittent screening, diagnostic, and therapeutic skilled nursing care and related medical supplies (other than drugs and biologicals), furnished by an employee of the qualified Indian health program who is licensed or certified to perform such a service for an individual in the individual's home or in a community health set-~~

~~ting under a written plan of treatment established and periodically reviewed by a physician, when furnished to an individual as an outpatient of a qualified Indian health program;~~

~~"(C) preventive primary health services as described under section 330 of the Public Health Service Act, when provided by an employee of the qualified Indian health program who is licensed or certified to perform such a service, regardless of the location in which the service is provided;~~

~~"(D) with respect to services for children, all services specified as part of the State plan under title XIX, the State child health plan under title XXI, and early and periodic screening, diagnostic, and treatment services as described in section 1905(r);~~

~~"(E) influenza and pneumococcal immunizations;~~

~~"(F) other immunizations for prevention of communicable diseases when targeted; and~~

~~"(G) the cost of transportation for providers or patients necessary to facilitate access 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~~

~~process provided for under section 802 of the Indian Health Care Improvement Act; and~~

~~"(B) such consultation is carried out in collaboration with the Indian Medicaid Advisory Committee established under section 415(a)(3) of that Act.".~~

~~SEC. 212. FMAP FOR SERVICES PROVIDED BY INDIAN HEALTH PROGRAMS.~~

~~The third sentence of Section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)) is amended to read as follows:~~

~~"Notwithstanding the first sentence of this section, the Federal medical assistance percentage shall be 100 per cent with respect to amounts expended as medical assistance for services which are received through the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act) under section 1911, whether directly, by referral, or under contracts or other arrangements between the Indian Health Service, Indian tribe or tribal organization, or urban Indian organization and another health provider.".~~

~~SEC. 213. INDIAN HEALTH SERVICE PROGRAMS.~~

~~Section 1911 of the Social Security Act (42 U.S.C. 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~~

~~deemed to meet such conditions and requirements (and to be eligible for reimbursement under this title), without regard to the extent of actual compliance with such conditions and requirements during the first 12 months after the month in which such plan is submitted.~~

~~"(c) AUTHORITY TO ENTER INTO AGREEMENTS.—The Secretary may enter into agreements with the State agency for the purpose of reimbursing such agency for health care and services provided by the Indian Health Service, Indian tribes or tribal organizations, or urban Indian organizations, directly, through referral, or under contracts or other arrangements between the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization and another health care provider to Indians who are eligible for medical assistance under the State plan.".~~

~~Subtitle C—State Children's Health Insurance Program~~

~~SEC. 221. ENHANCED FMAP FOR STATE CHILDREN'S HEALTH INSURANCE PROGRAM.~~

~~(a) IN GENERAL.—Section 2105(b) of the Social Security Act (42 U.S.C. 1397ee(b)) is amended—~~

~~(1) by striking "For purposes" and inserting 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(c)(6)(B) of such Act (42 U.S.C. 1397cc(c)(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~~

"(2) under an agreement entered into under subsection (a) between the entity and the Secretary.".

Subtitle D—Authorization of Appropriations

SEC. 231. AUTHORIZATION OF APPROPRIATIONS.

There is authorized to be appropriated such sums as may be necessary for each of fiscal years 2004 through 2015 to carry out this title and the amendments by this title.

TITLE III—MISCELLANEOUS PROVISIONS

SEC. 301. REPEALS.

The following are repealed:

(1) Section 506 of Public Law 101–630 (25 U.S.C. 1653 note) is repealed.

(2) Section 712 of the Indian Health Care Amendments of 1988 is repealed.

SEC. 302. SEVERABILITY PROVISIONS.

If any provision of this Act, any amendment made by the Act, or the application of such provision or amendment to any person or circumstances is held to be invalid, the remainder of this Act, the remaining amendments made by this Act, and the application of such provisions

~~to persons or circumstances other than those to which it is held invalid, shall not be affected thereby.~~

~~**SEC. 303. EFFECTIVE DATE.**~~

~~This Act and the amendments made by this Act take effect on October 1, 2003.~~

SECTION 1. SHORT TITLE.

This Act may be cited as the "Indian Health Care Improvement Act Amendments of 2004".

SEC. 2. INDIAN HEALTH CARE IMPROVEMENT ACT AMENDED.

(a) IN GENERAL.—The Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.) is amended to read as follows:

"SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

"(a) SHORT TITLE.—This Act may be cited as the 'Indian Health Care Improvement Act'.

"(b) TABLE OF CONTENTS.—The table of contents for 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.
"Sec. 315. Applicability of Buy American Act requirement.
"Sec. 316. Other funding for facilities.
"Sec. 317. Authorization of appropriations.

"TITLE IV—ACCESS TO HEALTH SERVICES

"Sec. 401. Treatment of payments under Social Security Act health care programs.
"Sec. 402. Grants to and funding agreements with the Service, Indian Tribes, Tribal Organizations, and Urban Indian organizations.
"Sec. 403. Reimbursement from certain third parties of costs of health services.
"Sec. 404. Crediting of reimbursements.
"Sec. 405. Purchasing health care coverage.
"Sec. 406. Sharing arrangements with Federal agencies.
"Sec. 407. Payor of last resort.
"Sec. 408. Nondiscrimination in qualifications for reimbursement for services.
"Sec. 409. Consultation.
"Sec. 410. State children's health insurance program (SCHIP).
"Sec. 411. Social Security Act sanctions.
"Sec. 412. Cost sharing.
"Sec. 413. Treatment under medicaid managed care.
"Sec. 414. Navajo nation medicaid agency feasibility study.
"Sec. 415. Authorization of appropriations.

"TITLE V—HEALTH SERVICES FOR URBAN INDIANS

"Sec. 501. Purpose.
"Sec. 502. Contracts with, and grants to, Urban Indian Organizations.
"Sec. 503. Contracts and grants for the provision of health care and referral services.
"Sec. 504. Contracts and grants for the determination of unmet health care needs.
"Sec. 505. Evaluations; renewals.
"Sec. 506. Other contract and grant requirements.
"Sec. 507. Reports and records.
"Sec. 508. Limitation on contract authority.

"Sec. 509. Facilities.
"Sec. 510. Office of Urban Indian Health.
"Sec. 511. Grants for alcohol and substance abuse-related services.
"Sec. 512. Treatment of certain demonstration projects.
"Sec. 513. Urban NIAAA transferred programs.
"Sec. 514. Consultation with Urban Indian Organizations.
"Sec. 515. Federal Tort 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.

"SEC. 2. FINDINGS.

"Congress finds the following:

"(1) Federal delivery of health services and funding of Indian and Urban Indian Health Programs to maintain and improve the health of Indians are consonant with and required by the Federal Government's historical and unique legal relationship with Indians, as reflected in the Constitution, treaties, Federal statutes and the course of dealings of the United States with Indian Tribes and the United States' resulting government-to-government relationship with Indian Tribes and trust responsibilities and obligations to Indians.

"(2) From the time of European occupation and colonization through the 20th century, policies and practices of the United States caused and/or contributed to the severe health conditions of Indians.

"(3) Through the cession of over 400,000,000 acres of land to the United States in exchange for promises, often reflected in treaties, of health care, In-

dian Tribes have secured a de facto contract which entitles Indians to health care in perpetuity, based on the moral, legal, and historic obligation of the United States.

"(4) The population growth of Indians that began in the later part of the 20th century increases the need for Federal health care services.

"(5) A major national goal of the United States is to provide the quantity and quality of health services which will permit the health status of Indians regardless of where they live to be raised to the highest possible level that is no less than that of the general population and to provide for the maximum participation of Indian Tribes, Tribal Organizations, and Urban Indian Organizations in the planning, delivery and management of those health services.

"(6) Federal health services to Indians have resulted in a reduction in the prevalence and incidence of illnesses among, and unnecessary and premature deaths of, Indians.

"(7) Despite such services, the unmet health needs of Indians remain alarmingly severe and the health status of Indians is far below the health status of the general population of the United States.

"(8) The disparity to be addressed is formidable. For example, Indians suffer a death rate for diabetes mellitus that is 318 percent higher than the all races rate for the United States, a pneumonia and influenza death rate 52 percent greater, a tuberculosis death rate that is 650 percent greater, and a death rate from alcoholism that is 670 percent higher than that of the all races United States rate.

"SEC. 3. DECLARATION OF NATIONAL INDIAN HEALTH POLICY.

"Congress hereby declares that it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians—

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

"(2) to raise the health status of Indians by the year 2010 to at least the levels set forth in the goals contained within the Healthy People 2010 or successor objectives;

"(3) to the greatest extent possible, to allow Indians to set their own health care priorities and establish goals that reflect their unmet needs;

"(4) to increase the proportion of all degrees in the health professions and allied and associated health

professions awarded to Indians so that the proportion of Indian health professionals in each Service Area is raised to at least the level of that of the general population;

"(5) to require meaningful consultation with Indian Tribes, Tribal Organizations, and Urban Indian Organizations to implement this Act and the national policy of Indian self-determination; and

"(6) to provide funding for programs and facilities operated by Indian Tribes and Tribal Organizations in amounts that are not less than the amounts provided to programs and facilities operated directly by the Service.

"SEC. 4. DEFINITIONS.

"For purposes of this Act:

"(1) The term 'accredited and accessible' means on or near a reservation and accredited by a national or regional organization with accrediting authority.

"(2) The term 'Area Office' means an administrative entity including a program office, within the Service through which services and funds are provided to the Service Units within a defined geographic area.

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

"(4) The term 'behavioral health' means the blending of substance (alcohol, drugs, inhalants, and tobacco) abuse and mental illness prevention and treatment, for the purpose of providing comprehensive services. This definition can include the joint development of substance abuse and mental illness treatment planning and coordinated case management using a multidisciplinary approach.

"(5) The term 'California Indians' shall mean those Indians who are eligible for health services of the Service pursuant to section 806.

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

"(A) a tribal college or university, or

"(B) a junior or community college.

"(7) The term 'contract health service' means health services provided at the expense of the Service or a Tribal Health Program by public or private medical providers or hospitals, other than the Service Unit or the Tribal Health Program at whose expense the services are provided.

"(8) The term 'Department' means, unless otherwise designated, the Department of Health and Human Services.

"(9) The term 'disease prevention' means the reduction, limitation, and prevention of disease and its

complications and reduction in the consequences of disease, including—

"(A) controlling—

"(i) development of diabetes;

"(ii) high blood pressure;

"(iii) infectious agents;

"(iv) injuries;

"(v) occupational hazards and disabilities;

"(vi) sexually transmittable diseases; and

"(vii) toxic agents; and

"(B) providing—

"(i) fluoridation of water; and

"(ii) immunizations.

"(10) The term 'fund' or 'funding' means the transfer of moneys from the Department to any eligible entity or individual under this Act by any legal means, including Funding Agreements, contracts, grants, memoranda of understanding, contracts pursuant to section 23 of the Act of April 20, 1908 (25 U.S.C. 47; commonly known as the 'Buy Indian Act'), or otherwise. Any program administered as a grant program one day before the date of enactment may continue to be administered as a grant program.

This definition does not otherwise modify grant programs, except that upon request of the Indian Tribes or Tribal Organizations, discretionary grants and all categories of awarded nonrecurring funding shall be included in the Funding Agreement. Discretionary grant funds shall be governed by all the particular terms and conditions attached to such funds, unless waived by the Secretary. All particular terms and conditions attached to the discretionary grant funds must be shown in the Funding Agreement. The use of such grant funds shall be governed by the terms and conditions set forth in the Funding Agreement and not the substantive provisions of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

"(11) The term 'Funding Agreement' means any agreement to transfer funds for the planning, conduct, and administration of programs, services, functions, and activities to Indian Tribes and Tribal Organizations from the Secretary under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

"(12) The term 'health profession' means allopathic medicine, family medicine, internal medicine, pediatrics, geriatric medicine, obstetrics and

gynecology, podiatric medicine, nursing, public health nursing, advanced practice nursing, dentistry, psychiatry, osteopathy, optometry, pharmacy, psychology, public health, social work, marriage and family therapy, chiropractic medicine, environmental health and engineering, allied health professions, and any other health profession.

"(13) The term 'health promotion' means—

"(A) fostering social, economic, environmental, and personal factors conducive to health, including raising public awareness about health matters and enabling the people to cope with health problems by increasing their knowledge and providing them with valid information;

"(B) encouraging adequate and appropriate diet, exercise, and sleep;

"(C) promoting education and work in conformity with physical and mental capacity;

"(D) making available suitable housing, safe water, and sanitary facilities;

"(E) improving the physical, economic, cultural, psychological, and social environment;

"(F) promoting adequate opportunity for spiritual, religious, and Traditional Health Care 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;*

"(xv) personal health and wellness practices;

"(xvi) personal capacity building;

"(xvii) prenatal, pregnancy, and infant care;

"(xviii) psychological well-being;

"(xix) reproductive health and family planning;

"(xx) safe and adequate water;

"(xxi) safe housing relative to eliminating, reducing, or preventing contaminants which create unhealthy housing conditions;

"(xxii) safe work environments;

"(xxiii) stress control;

"(xxiv) substance abuse;

"(xxv) sanitary facilities;

"(xxvi) sudden infant death syndrome prevention;

"(xxvii) tobacco use cessation and reduction;

"(xxviii) violence prevention; and

"(xxix) such other activities identified by the Service, a Tribal Health Program, or an Urban Indian Organization, to promote

achievement of any of the objectives described in section 3(2).

"(14) The term 'Indian' has the meaning given the term in the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

"(15) The term 'Indian Health Program' means—

"(A) any health program administered directly by the Service;

"(B) any Tribal Health Program; or

"(C) any Indian Tribe or Tribal Organization to which the Secretary provides funding pursuant to section 23 of the Act of April 30, 1908 (25 U.S.C. 47), commonly known as the 'Buy Indian Act'.

"(16) The term 'Indian Tribe' has the meaning given the term in the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

"(17) The term 'junior or community college' has the meaning given the term by section 312(e) of the Higher Education Act of 1965 (20 U.S.C. 1058(e)).

"(18) The term 'reservation' means any federally recognized Indian Tribe's reservation, Pueblo, or colony, including former reservations in Oklahoma, Indian allotments, and Alaska Native Regions estab-

lished pursuant to the Alaska Native Claims Settlement Act (25 U.S.C. 1601 et seq.).

"(19) The term 'Secretary', unless otherwise designated, means the Secretary of Health and Human Services.

"(20) The term 'Service' means the Indian Health Service.

"(21) The term 'Service Area' means the geographical area served by each Area Office.

"(22) The term 'Service Unit' means an administrative entity of the Service, or a Tribal Health Program through which services are provided, directly or by contract, to eligible Indians within a defined geographic area.

"(23) The term 'telehealth' has the meaning given the term in section 330K(a) of the Public Health Service Act (42 U.S.C. 254c–16(a)).

"(24) The term 'telemedicine' means a telecommunications link to an end user through the use of eligible equipment that electronically links health professionals or patients and health professionals at separate sites in order to exchange health care information in audio, video, graphic, or other format for the purpose of providing improved health care services.

"(25) The term 'Traditional Health Care Practices' means the application by Native healing practitioners of the Native healing sciences (as opposed or in contradistinction to Western healing sciences) which embody the influences or forces of innate Tribal discovery, history, description, explanation and knowledge of the states of wellness and illness and which call upon these influences or forces, including physical, mental, and spiritual forces in the promotion, restoration, preservation, and maintenance of health, well-being, and life's harmony.

"(26) The term 'tribal college or university' has the meaning given the term in section 316(b)(3) of the Higher Education Act (20 U.S.C. 1059c(b)(3)).

"(27) The term 'Tribal Health Program' means an Indian Tribe or Tribal Organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Service through, or provided for in, a Funding Agreement with the Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

"(28) The term 'Tribal Organization' has the meaning given the term in the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

"(29) The term 'Urban Center' means any community which has a sufficient Urban Indian population with unmet health needs to warrant assistance under title V of this Act, as determined by the Secretary.

"(30) The term 'Urban Indian' means any individual who resides in an Urban Center and who meets 1 or more of the following criteria:

"(A) Irrespective of whether the individual lives on or near a reservation, the individual is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those tribes, bands, or groups that are recognized by the States in which they reside, or who is a descendant in the first or second degree of any such member.

"(B) The individual is an Eskimo, Aleut, or other Alaskan Native.

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

"(D) The individual is determined to be an Indian under regulations promulgated by the Secretary.

"(31) The term 'Urban Indian Organization' means a nonprofit corporate body that (A) is situated in an Urban Center; (B) is governed by an Urban Indian-controlled board of directors; (C) provides for the participation of all interested Indian groups and individuals; and (D) is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 503(a).

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

"SEC. 101. PURPOSE.

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

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

"(a) IN GENERAL.—The Secretary, acting through the Service, shall make funds available to public or nonprofit private health or educational entities, Tribal Health Pro-

grams, or Urban Indian Organizations to assist such entities in meeting the costs of—

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

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

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

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

"(3) establishing other programs which the Secretary determines will enhance and facilitate the enrollment of Indians in, and the subsequent pursuit and completion by them of, courses of study referred to in paragraph (1).

"(b) FUNDING.—

"(1) APPLICATION.—Funds under this section shall require that an application has been submitted to, and approved by, the Secretary. Such application

shall be in such form, submitted in such manner, and contain such information, as the Secretary shall by regulation prescribe pursuant to this Act. The Secretary shall give a preference to applications submitted by Tribal Health Programs or Urban Indian Organizations.

"(2) AMOUNT OF FUNDS; PAYMENT.—The amount of funds provided to entities under this section shall be determined by the Secretary. Payments pursuant to this section may be made in advance or by way of reimbursement, and at such intervals and on such conditions as provided for in regulations issued pursuant to this Act. To the extent not otherwise prohibited by law, funding commitments shall be for 3 years, as provided in regulations issued pursuant to this Act.

"(c) DEFINITION OF INDIAN.—For purposes of this section and sections 103 and 104, the term 'Indian' shall, in addition to the meaning given that term in section 4, also mean any individual who is an Urban Indian.

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

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

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

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

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

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

"(2) Pregraduate education of any recipient leading to a baccalaureate degree in an approved course of study preparatory to a field of study in a health profession, such scholarship not to exceed 4 years. An extension of up to 2 years (or the part-time equivalent thereof, as determined by the Secretary pursuant to regulations issued pursuant to this Act) may be approved.

"(c) OTHER CONDITIONS.—Scholarships under this section—

"(1) may cover costs of tuition, books, transportation, board, and other necessary related expenses of a recipient while attending school;

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

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

"SEC. 104. INDIAN HEALTH PROFESSIONS SCHOLARSHIPS.

"(a) IN GENERAL.—

"(1) AUTHORITY.—The Secretary, acting through the Service, shall make scholarships to Indians who are enrolled full or part time in accredited schools pursuing courses of study in the health professions. Such scholarships shall be designated Indian Health Scholarships and shall be made in accordance with section 338A of the Public Health Services Act (42 U.S.C. 254l), except as provided in subsection (b) of this section.

"(2) ALLOCATION BY FORMULA.—Except as provided in paragraph (3), the funding authorized by this section shall be allocated by Service Area by a formula developed in consultation with Indian Tribes, Tribal Organizations, and Urban Indian Organizations. Such formula shall consider the human resource development needs in each Service Area.

"(3) CONTINUITY OF PRIOR SCHOLARSHIPS.—Paragraph (2) shall not apply with respect to individual recipients of scholarships provided under this section (as in effect 1 day prior to the date of the enactment of the Indian Health Care Improvement Act Amendments of 2004) until such time as the individual completes the course of study that is supported through such scholarship.

"(4) CERTAIN DELEGATION NOT ALLOWED.—The administration of this section shall be a responsibility of the Assistant Secretary and shall not be delegated in a Funding Agreement.

"(b) ACTIVE DUTY SERVICE OBLIGATION.—

"(1) OBLIGATION MET.—The active duty service obligation under a written contract with the Secretary under section 338A of the Public Health Service Act (42 U.S.C. 254l) that an Indian has entered into under that section shall, if that individual is a recipient of an Indian Health Scholarship, be met in full-time practice on an equivalent year-for-year obligation, by service in one or more of the following:

"(A) In an Indian Health Program.

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

"(C) In the private practice of the applicable profession if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice is situated in a physician or other health professional shortage area and addresses the health care needs of a substantial number of Indians.

"(2) OBLIGATION DEFERRED.—At the request of any individual who has entered into a contract referred to in paragraph (1) and who receives a degree in medicine (including osteopathic or allopathic medicine), dentistry, optometry, podiatry, or pharmacy, the Secretary shall defer the active duty service obligation of that individual under that contract, in order that such individual may complete any internship, residency, or other advanced clinical training that is required for the practice of that health profession, for an appropriate period (in years, as determined by the Secretary), subject to the following conditions:

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

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

"(C) The active duty service obligation will be served in the health profession of that individual in a manner consistent with paragraph (1).

"(D) A recipient of a scholarship under this section may, at the election of the recipient, meet the active duty service obligation described in paragraph (1) by service in a program specified under that paragraph that—

"(i) is located on the reservation of the Indian Tribe in which the recipient is enrolled; or

"(ii) serves the Indian Tribe in which the recipient is enrolled.

"(3) PRIORITY WHEN MAKING ASSIGNMENTS.—Subject to paragraph (2), the Secretary, in making assignments of Indian Health Scholarship recipients required to meet the active duty service obligation described in paragraph (1), shall give priority to assigning individuals to service in those programs spec-

ified in paragraph (1) that have a need for health professionals to provide health care services as a result of individuals having breached contracts entered into under this section.

"(c) PART-TIME STUDENTS.—In the case of an individual receiving a scholarship under this section who is enrolled part time in an approved course of study—part-time equivalent of 4 years, as determined by the Area Office;

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

"(A) the part-time equivalent of 1 year for each year for which the individual was provided a scholarship (as determined by the Area Office); or

"(B) 2 years; and

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

"(d) BREACH OF CONTRACT.—

"(1) SPECIFIED BREACHES.—An individual shall be liable to the United States for the amount which has been paid to the individual, or on behalf of the individual, under a contract entered into with

the Secretary under this section on or after the date of the enactment of the Indian Health Care Improvement Act Amendments of 2004 if that individual—

"(A) fails to maintain an acceptable level of academic standing in the educational institution in which he or she is enrolled (such level determined by the educational institution under regulations of the Secretary);

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

"(C) voluntarily terminates the training in such an educational institution for which he or she is provided a scholarship under such contract before the completion of such training; or

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

"(2) OTHER BREACHES.—If for any reason not specified in paragraph (1) an individual breaches a written contract by failing either to begin such individual's service obligation required under such contract or to complete such service obligation, the

United States shall be entitled to recover from the individual an amount determined in accordance with the formula specified in subsection (l) of section 110 in the manner provided for in such subsection.

"(3) CANCELLATION UPON DEATH OF RECIPIENT.—Upon the death of an individual who receives an Indian Health Scholarship, any outstanding obligation of that individual for service or payment that relates to that scholarship shall be canceled.

"(4) WAIVERS AND SUSPENSIONS.—The Secretary shall provide for the partial or total waiver or suspension of any obligation of service or payment of a recipient of an Indian Health Scholarship if the Secretary, in consultation with the Area Office, Indian Tribes, Tribal Organizations, and Urban Indian Organizations, determines that—

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

"(B) requiring that recipient to meet that obligation or make that payment would result in extreme hardship to the recipient; or

"(C) the enforcement of the requirement to meet the obligation or make the payment would be unconscionable.

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

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

"SEC. 105. AMERICAN INDIANS INTO PSYCHOLOGY PROGRAM.

"(a) GRANTS AUTHORIZED.—The Secretary, acting through the Service, shall provide funding grants to at least 3 colleges and universities for the purpose of developing and maintaining Indian psychology career recruitment programs as a means of encouraging Indians to enter the mental health field. These programs shall be located at various locations throughout the country to maximize their avail-

ability to Indian students and new programs shall be established in different locations from time to time.

"(b) QUENTIN N. BURDICK PROGRAM GRANT.—The Secretary shall provide a grant authorized under subsection (a) to develop and maintain a program at the University of North Dakota to be known as the 'Quentin N. Burdick American Indians Into Psychology Program'. Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick Indian Health Programs authorized under section 117(b), the Quentin N. Burdick American Indians Into Nursing Program authorized under section 115(e), and existing university research and communications networks.

"(c) REGULATIONS.—The Secretary shall issue regulations pursuant to this Act for the competitive awarding of funds provided under this section.

"(d) CONDITIONS OF GRANT.—Applicants under this section shall agree to provide a program which, at a minimum—

"(1) provides outreach and recruitment for health professions to Indian communities including elementary, secondary, and accredited and accessible community colleges that will be served by the program;

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

"(3) provides summer enrichment programs to expose Indian students to the various fields of psychology through research, clinical, and experimental activities;

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

"(5) develops affiliation agreements with tribal colleges and universities, the Service, university affiliated programs, and other appropriate accredited and accessible entities to enhance the education of Indian students;

"(6) to the maximum extent feasible, uses existing university tutoring, counseling, and student support services; and

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

"(e) ACTIVE DUTY SERVICE REQUIREMENT.—The active duty service obligation prescribed under section 338C of the Public Health Service Act (42 U.S.C. 254m) shall be met by each graduate who receives a stipend described in subsection (d)(4) that is funded under this section. Such obligation shall be met by service—

"(1) in an Indian Health Program;

"(2) in a program assisted under title V of this Act; or

"(3) in the private practice of psychology if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice is situated in a physician or other health professional shortage area and addresses the health care needs of a substantial number of Indians.

"SEC. 106. FUNDING FOR TRIBES FOR SCHOLARSHIP PROGRAMS.

"(a) IN GENERAL.—

"(1) FUNDING AUTHORIZED.—The Secretary, acting through the Service, shall make funds available to Tribal Health Programs for the purpose of providing scholarships for Indians to serve as health professionals in Indian communities.

"(2) AMOUNT.—Amounts available under paragraph (1) for any fiscal year shall not exceed 5 percent of the amounts available for each fiscal year for Indian Health Scholarships under section 104.

"(3) APPLICATION.—An application for funds under paragraph (1) shall be in such form and contain such agreements, assurances, and information as consistent with this section.

"(b) REQUIREMENTS.—

"(1) IN GENERAL.—A Tribal Health Program receiving funds under subsection (a) shall provide scholarships to Indians in accordance with the requirements of this section.

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

"(A) 80 percent of the costs of the scholarship shall be paid from the funds made available pursuant to subsection (a)(1) provided to the Tribal Health Program; and

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

"(c) COURSE OF STUDY.—A Tribal Health Program shall provide scholarships under this section only to Indians enrolled or accepted for enrollment in a course of study (approved by the Secretary) in one of the health professions contemplated by this Act.

"(d) CONTRACT.—In providing scholarships under subsection (b), the Secretary and the Tribal Health Program shall enter into a written contract with each recipient of such scholarship. Such contract shall—

"(1) obligate such recipient to provide service in an Indian Health Program or Urban Indian Organization, in the same Service Area where the Tribal

Health Program providing the scholarship is located, for—

"(A) a number of years for which the scholarship is provided (or the part-time equivalent thereof, as determined by the Secretary), or for a period of 2 years, whichever period is greater; or

"(B) such greater period of time as the recipient and the Tribal Health Program may agree;

"(2) provide that the amount of the scholarship—

"(A) may only be expended for—

"(i) tuition expenses, other reasonable educational expenses, and reasonable living expenses incurred in attendance at the educational institution; and

"(ii) payment to the recipient of a monthly stipend of not more than the amount authorized by section 338(g)(1)(B) of the Public Health Service Act (42 U.S.C. 254m(g)(1)(B)), such amount to be reduced pro rata (as determined by the Secretary) based on the number of hours such student is enrolled; and may not exceed, for any

year of attendance for which the scholarship is provided, the total amount required for the year for the purposes authorized in this clause; and

"(B) may not exceed, for any year of attendance for which the scholarship is provided, the total amount required for the year for the purposes authorized in subparagraph (A);

"(3) require the recipient of such scholarship to maintain an acceptable level of academic standing as determined by the educational institution in accordance with regulations issued pursuant to this Act; and

"(4) require the recipient of such scholarship to meet the educational and licensure requirements appropriate to each health profession.

"(e) BREACH OF CONTRACT.—

"(1) SPECIFIC BREACHES.—An individual who has entered into a written contract with the Secretary and a Tribal Health Program under subsection (d) shall be liable to the United States for the Federal share of the amount which has been paid to him or her, or on his or her behalf, under the contract if that individual—

"(A) fails to maintain an acceptable level of academic standing in the educational institution in which he or she is enrolled (such level as determined by the educational institution under regulations of the Secretary);

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

"(C) voluntarily terminates the training in such an educational institution for which he or she is provided a scholarship under such contract before the completion of such training; or

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

"(2) OTHER BREACHES.—If for any reason not specified in paragraph (1), an individual breaches a written contract by failing to either begin such individual's service obligation required under such contract or to complete such service obligation, the United States shall be entitled to recover from the individual an amount determined in accordance with

the formula specified in subsection (l) of section 110 in the manner provided for in such subsection.

"(3) CANCELLATION UPON DEATH OF RECIPIENT.—Upon the death of an individual who receives an Indian Health Scholarship, any outstanding obligation of that individual for service or payment that relates to that scholarship shall be canceled.

"(4) INFORMATION.—The Secretary may carry out this subsection on the basis of information received from Tribal Health Programs involved or on the basis of information collected through such other means as the Secretary deems appropriate.

"(f) RELATION TO SOCIAL SECURITY ACT.—The recipient of a scholarship under this section shall agree, in providing health care pursuant to the requirements herein—

"(1) not to discriminate against an individual seeking care on the basis of the ability of the individual to pay for such care or on the basis that payment for such care will be made pursuant to a program established in title XVIII of the Social Security Act or pursuant to the programs established in title XIX or title XXI of such Act; and

"(2) to accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act for all

services for which payment may be made under part B of title XVIII of such Act, and to enter into an appropriate agreement with the State agency that administers the State plan for medical assistance under title XIX, or the State child health plan under title XXI, of such Act to provide service to individuals entitled to medical assistance or child health assistance, respectively, under the plan.

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

"SEC. 107. INDIAN HEALTH SERVICE EXTERN PROGRAMS.

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

"(b) NOT COUNTED TOWARD ACTIVE DUTY SERVICE OBLIGATION.—Periods of employment pursuant to this subsection shall not be counted in determining fulfillment of

the service obligation incurred as a condition of the scholarship.

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

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

"SEC. 108. CONTINUING EDUCATION ALLOWANCES.

"In order to encourage health professionals, including community health representatives and emergency medical technicians, to join or continue in an Indian Health Pro-

gram or an Urban Indian Organization and to provide their services in the rural and remote areas where a significant portion of Indians reside, the Secretary, acting through the Service, may provide allowances to health professionals employed in an Indian Health Program or an Urban Indian Organization to enable them for a period of time each year prescribed by regulation of the Secretary to take leave of their duty stations for professional consultation and refresher training courses.

"SEC. 109. COMMUNITY HEALTH REPRESENTATIVE PROGRAM.

"(a) IN GENERAL.—Under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, shall maintain a Community Health Representative Program under which Indian Health Programs—

"(1) provide for the training of Indians as community health representatives; and

"(2) use such community health representatives in the provision of health care, health promotion, and disease prevention services to Indian communities.

"(b) DUTIES.—The Community Health Representative Program of the Service, shall—

"(1) provide a high standard of training for community health representatives to ensure that the

community health representatives provide quality health care, health promotion, and disease prevention services to the Indian communities served by the Program;

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

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

"(B) provides instruction and practical experience in health promotion and disease prevention activities, with appropriate consideration given to lifestyle factors that have an impact on Indian health status, such as alcoholism, family dysfunction, and poverty;

"(3) maintain a system which identifies the needs of community health representatives for continuing education in health care, health promotion, and disease prevention, and develop programs that meet the needs for continuing education;

"(4) maintain a system that provides close supervision of Community Health Representatives;

"(5) maintain a system under which the work of Community Health Representatives is reviewed and evaluated; and

"(6) promote Traditional Health Care Practices of the Indian Tribes served consistent with the Service standards for the provision of health care, health promotion, and disease prevention.

"SEC. 110. INDIAN HEALTH SERVICE LOAN REPAYMENT PROGRAM.

"(a) ESTABLISHMENT.—The Secretary, acting through the Service, shall establish and administer a program to be known as the Service Loan Repayment Program (hereinafter referred to as the 'Loan Repayment Program') in order to ensure an adequate supply of trained health professionals necessary to maintain accreditation of, and provide health care services to Indians through, Indian Health Programs and Urban Indian Organizations.

"(b) ELIGIBLE INDIVIDUALS.—To be eligible to participate in the Loan Repayment Program, an individual must—

"(1)(A) be enrolled—

"(i) in a course of study or program in an accredited educational institution (as determined by the Secretary under section 338B(b)(1)(c)(i) of the Public Health Service Act (42 U.S.C. 254l–1(b)(1)(c)(i))) and be scheduled to complete such course of study in the same year such indi-

vidual applies to participate in such program; or

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

"(B) have—

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

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

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

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

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

"(D) be employed in an Indian Health Program or Urban Indian Organization without a service obligation; and

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

"(c) APPLICATION.—

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

in the Loan Repayment Program, the Secretary shall include with such forms a fair summary of the rights and liabilities of an individual whose application is approved (and whose contract is accepted) by the Secretary, including in the summary a clear explanation of the damages to which the United States is entitled under subsection (l) in the case of the individual's breach of contract. The Secretary shall provide such individuals with sufficient information regarding the advantages and disadvantages of service as a commissioned officer in the Regular or Reserve Corps of the Public Health Service or a civilian employee of the Service to enable the individual to make a decision on an informed basis.

"(2) CLEAR LANGUAGE.—The application form, contract form, and all other information furnished by the Secretary under this section shall be written in a manner calculated to be understood by the average individual applying to participate in the Loan Repayment Program.

"(3) TIMELY AVAILABILITY OF FORMS.—The Secretary shall make such application forms, contract forms, and other information available to individuals desiring to participate in the Loan Repayment Program on a date sufficiently early to ensure that such

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

"(d) PRIORITIES.—

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

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

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

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

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

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

"(i) individuals recruited through the efforts of an Indian Health Program or Urban Indian Organization; and

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

"(e) RECIPIENT CONTRACTS.—

"(1) CONTRACT REQUIRED.—An individual becomes a participant in the Loan Repayment Program only upon the Secretary and the individual entering into a written contract described in paragraph (2).

"(2) CONTENTS OF CONTRACT.—The written contract referred to in this section between the Secretary and an individual shall contain—

"(A) an agreement under which—

"(i) subject to subparagraph (C), the Secretary agrees—

"(I) to pay loans on behalf of the individual in accordance with the provisions of this section; and

"(II) to accept (subject to the availability of appropriated funds for carrying out this section) the individual into the Service or place the individual with a Tribal Health Program or Urban Indian Organization as provided in clause (ii)(III); and

"(ii) subject to subparagraph (C), the individual agrees—

"(I) to accept loan payments on behalf of the individual;

"(II) in the case of an individual described in subsection (b)(1)—

"(aa) to maintain enrollment in a course of study or training described in subsection (b)(1)(A) until the individual completes the course of study or training; and

"(bb) while enrolled in such course of study or training, to maintain an acceptable level of academic standing (as determined under regulations of the Secretary by the educational institution offering such course of study or training); and

"(III) to serve for a time period (hereinafter in this section referred to as the 'period of obligated service') equal to 2 years or such longer period as the individual may agree to serve in the full-time clinical practice of such individual's profession in an Indian Health Program or Urban Indian Or-

ganization to which the individual may be assigned by the Secretary;

"(B) a provision permitting the Secretary to extend for such longer additional periods, as the individual may agree to, the period of obligated service agreed to by the individual under subparagraph (A)(ii)(III);

"(C) a provision that any financial obligation of the United States arising out of a contract entered into under this section and any obligation of the individual which is conditioned thereon is contingent upon funds being appropriated for loan repayments under this section;

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

"(E) such other statements of the rights and liabilities of the Secretary and of the individual, not inconsistent with this section.

"(f) DEADLINE FOR DECISION ON APPLICATION.—The Secretary shall provide written notice to an individual within 21 days on—

"(1) the Secretary's approving, under subsection (e)(1), of the individual's participation in the Loan Repayment Program, including extensions resulting

in an aggregate period of obligated service in excess of 4 years; or

"(2) the Secretary's disapproving an individual's participation in such Program.

"(g) PAYMENTS.—

"(1) IN GENERAL.—A loan repayment provided for an individual under a written contract under the Loan Repayment Program shall consist of payment, in accordance with paragraph (2), on behalf of the individual of the principal, interest, and related expenses on government and commercial loans received by the individual regarding the undergraduate or graduate education of the individual (or both), which loans were made for—

"(A) tuition expenses;

"(B) all other reasonable educational expenses, including fees, books, and laboratory expenses, incurred by the individual; and

"(C) reasonable living expenses as determined by the Secretary.

"(2) AMOUNT.—For each year of obligated service that an individual contracts to serve under subsection (e), the Secretary may pay up to $35,000 or an amount equal to the amount specified in section 338B(g)(2)(A) of the Public Health Service Act,

whichever is more, on behalf of the individual for loans described in paragraph (1). In making a determination of the amount to pay for a year of such service by an individual, the Secretary shall consider the extent to which each such determination—

"(A) affects the ability of the Secretary to maximize the number of contracts that can be provided under the Loan Repayment Program from the amounts appropriated for such contracts;

"(B) provides an incentive to serve in Indian Health Programs and Urban Indian Organizations with the greatest shortages of health professionals; and

"(C) provides an incentive with respect to the health professional involved remaining in an Indian Health Program or Urban Indian Organization with such a health professional shortage, and continuing to provide primary health services, after the completion of the period of obligated service under the Loan Repayment Program.

"(3) TIMING.—Any arrangement made by the Secretary for the making of loan repayments in accordance with this subsection shall provide that any

repayments for a year of obligated service shall be made no later than the end of the fiscal year in which the individual completes such year of service.

"(4) For the purpose of providing reimbursements for tax liability resulting from payments under paragraph (2) on behalf of an individual, the Secretary—

"(A) in addition to such payments, may make payments to the individual in an amount not less than 20 percent and not more than 39 percent of the total amount of loan repayments made for the taxable year involved; and

"(B) may make such additional payments as the Secretary determines to be appropriate with respect to such purpose.

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

"(h) EMPLOYMENT CEILING.—Notwithstanding any other provision of law, individuals who have entered into written contracts with the Secretary under this section shall not be counted against any employment ceiling affecting the

Department while those individuals are undergoing academic training.

"(i) RECRUITMENT.—The Secretary shall conduct recruiting programs for the Loan Repayment Program and other Service manpower programs at educational institutions training health professionals or specialists identified in subsection (a).

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

"(k) ASSIGNMENT OF INDIVIDUALS.—The Secretary, in assigning individuals to serve in Indian Health Programs or Urban Indian Organizations pursuant to contracts entered into under this section, shall—

"(1) ensure that the staffing needs of Tribal Health Programs and Urban Indian Organizations receive consideration on an equal basis with programs that are administered directly by the Service; and

"(2) give priority to assigning individuals to Indian Health Programs and Urban Indian Organizations that have a need for health professionals to provide health care services as a result of individuals having breached contracts entered into under this section.

"(l) BREACH OF CONTRACT.—

"(1) SPECIFIC BREACHES.—An individual who has entered into a written contract with the Secretary under this section and has not received a waiver under subsection (m) shall be liable, in lieu of any service obligation arising under such contract, to the United States for the amount which has been paid on such individual's behalf under the contract if that individual—

"(A) is enrolled in the final year of a course of study and—

"(i) fails to maintain an acceptable level of academic standing in the educational institution in which he or she is enrolled (such level determined by the educational institution under regulations of the Secretary);

"(ii) voluntarily terminates such enrollment; or

"(iii) is dismissed from such educational institution before completion of such course of study; or

"(B) is enrolled in a graduate training program and fails to complete such training program.

"(2) OTHER BREACHES; FORMULA FOR AMOUNT OWED.—If, for any reason not specified in paragraph (1), an individual breaches his or her written contract under this section by failing either to begin, or complete, such individual's period of obligated service in accordance with subsection (e)(2), the United States shall be entitled to recover from such individual an amount to be determined in accordance with the following formula: $A=3Z(t-s/t)$ in which—

"(A) 'A' is the amount the United States is entitled to recover;

"(B) 'Z' is the sum of the amounts paid under this section to, or on behalf of, the individual and the interest on such amounts which would be payable if, at the time the amounts were paid, they were loans bearing interest based on yields on appropriate marketable Treasury securities;

"(C) 't' is the total number of months in the individual's period of obligated service in accordance with subsection (f); and

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

"(3) DEDUCTIONS IN MEDICARE PAYMENTS.—Amounts not paid within such period shall be subject to collection through deductions in medicare payments pursuant to section 1892 of the Social Security Act.

"(4) TIME PERIOD FOR REPAYMENT.—Any amount of damages which the United States is entitled to recover under this subsection shall be paid to the United States within the 1-year period beginning on the date of the breach or such longer period beginning on such date as shall be specified by the Secretary.

"(5) RECOVERY OF DELINQUENCY.—

"(A) IN GENERAL.—If damages described in paragraph (4) are delinquent for 3 months, the Secretary shall, for the purpose of recovering such damages—

"(i) use collection agencies contracted with by the Administrator of General Services; or

"(ii) enter into contracts for the recovery of such damages with collection agencies selected by the Secretary.

"(B) REPORT.—Each contract for recovering damages pursuant to this subsection shall

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

"(m) WAIVER OR SUSPENSION OF OBLIGATION.—

"(1) IN GENERAL.—The Secretary shall by regulation provide for the partial or total waiver or suspension of any obligation of service or payment by an individual under the Loan Repayment Program whenever compliance by the individual is impossible or would involve extreme hardship to the individual and if enforcement of such obligation with respect to any individual would be unconscionable.

"(2) CANCELED UPON DEATH.—Any obligation of an individual under the Loan Repayment Program for service or payment of damages shall be canceled upon the death of the individual.

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

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

"(n) REPORT.—The Secretary shall submit to the President, for inclusion in each report required to be submitted to Congress under section 801, a report concerning the previous fiscal year which sets forth by Service Area the following:

"(1) A list of the health professional positions maintained by Indian Health Programs and Urban Indian Organizations for which recruitment or retention is difficult.

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

"(3) The number of contracts described in subsection (e) that are entered into with respect to each health profession.

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

"(5) The number of scholarships that are provided under sections 104 and 106 with respect to each health profession.

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

"(7) The number of providers of health care that will be needed by Indian Health Programs and Urban Indian Organizations, by location and profession, during the 3 fiscal years beginning after the date the report is filed.

"(8) The measures the Secretary plans to take to fill the health professional positions maintained by Indian Health Programs or Urban Indian Organizations for which recruitment or retention is difficult.

"SEC. 111. SCHOLARSHIP AND LOAN REPAYMENT RECOVERY FUND.

"(a) ESTABLISHMENT.—There is established in the Treasury of the United States a fund to be known as the Indian Health Scholarship and Loan Repayment Recovery Fund (hereafter in this section referred to as the 'LRRF'). The LRRF shall consist of such amounts as may be collected from individuals under section 104(d), section 106(e), and

section 110(l) for breach of contract, such funds as may be appropriated to the LRRF, and interest earned on amounts in the LRRF. All amounts collected, appropriated, or earned relative to the LRRF shall remain available until expended.

"(b) USE OF FUNDS.—

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

"(A) to which a scholarship recipient under section 104 and 106 or a loan repayment program participant under section 110 has been assigned to meet the obligated service requirements pursuant to such sections; and

"(B) that has a need for a health professional to provide health care services as a result of such recipient or participant having breached the contract entered into under section 104, 106, or section 110.

"(2) BY TRIBAL HEALTH PROGRAMS.—A Tribal Health Program receiving payments pursuant to paragraph (1) may expend the payments to provide scholarships or recruit and employ, directly or by

contract, health professionals to provide health care services.

"(c) INVESTMENT OF FUNDS.—The Secretary of the Treasury shall invest such amounts of the LRRF, except for the appropriated funds, as the Secretary determines are not required to meet current withdrawals from the LRRF. Such investments may be made only in interest bearing obligations of the United States. For such purpose, such obligations may be acquired on original issue at the issue price, or by purchase of outstanding obligations at the market price.

"(d) SALE OF OBLIGATIONS.—Any obligation acquired by the LRRF may be sold by the Secretary of the Treasury at the market price.

"SEC. 112. RECRUITMENT ACTIVITIES.

"(a) REIMBURSEMENT FOR TRAVEL.—The Secretary, acting through the Service, may reimburse health professionals seeking positions with Indian Health Programs or Urban Indian Organizations, including unpaid student volunteers and individuals considering entering into a contract under section 110, and their spouses, for actual and reasonable expenses incurred in traveling to and from their places of residence to an area in which they may be assigned for the purpose of evaluating such area with respect to such assignment.

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

"SEC. 113. INDIAN RECRUITMENT AND RETENTION PROGRAM.

"(a) IN GENERAL.—The Secretary, acting through the Service, shall fund innovative demonstration projects for a period not to exceed 3 years to enable Tribal Health Programs and Urban Indian Organizations to recruit, place, and retain health professionals to meet their staffing needs.

"(b) ELIGIBLE ENTITIES; APPLICATION.—Any Tribal Health Program or Urban Indian Organization may submit an application for funding of a project pursuant to this section.

"SEC. 114. ADVANCED TRAINING AND RESEARCH.

"(a) DEMONSTRATION PROGRAM.—The Secretary, acting through the Service, shall establish a demonstration project to enable health professionals who have worked in an Indian Health Program or Urban Indian Organization for a substantial period of time to pursue advanced training or research areas of study for which the Secretary determines a need exists.

"(b) SERVICE OBLIGATION.—An individual who participates in a program under subsection (a), where the edu-

cational costs are borne by the Service, shall incur an obligation to serve in an Indian Health Program or Urban Indian Organization for a period of obligated service equal to at least the period of time during which the individual participates in such program. In the event that the individual fails to complete such obligated service, the individual shall be liable to the United States for the period of service remaining. In such event, with respect to individuals entering the program after the date of the enactment of the Indian Health Care Improvement Act Amendments of 2004, the United States shall be entitled to recover from such individual an amount to be determined in accordance with the formula specified in subsection (l) of section 110 in the manner provided for in such subsection.

"(c) EQUAL OPPORTUNITY FOR PARTICIPATION.—Health professionals from Tribal Health Programs and Urban Indian Organizations shall be given an equal opportunity to participate in the program under subsection (a).

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

"(a) GRANTS AUTHORIZED.—For the purpose of increasing the number of nurses, nurse midwives, and nurse practitioners who deliver health care services to Indians, the Secretary, acting through the Service, shall provide grants to the following:

"(1) Public or private schools of nursing.

"(2) Tribal colleges or universities.

"(3) Nurse midwife programs and advanced practice nurse programs that are provided by any tribal college or university accredited nursing program, or in the absence of such, any other public or private institutions.

"(b) USE OF GRANTS.—Grants provided under subsection (a) may be used for one or more of the following:

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

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

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

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

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

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

"(d) PREFERENCES FOR GRANT RECIPIENTS.—In providing grants under subsection (a), the Secretary shall extend a preference to the following:

"(1) Programs that provide a preference to Indians.

"(2) Programs that train nurse midwives or advanced practice nurses.

"(3) Programs that are interdisciplinary.

"(4) Programs that are conducted in cooperation with a program for gifted and talented Indian students.

"(e) QUENTIN N. BURDICK PROGRAM GRANT.—The Secretary shall provide one of the grants authorized under subsection (a) to establish and maintain a program at the University of North Dakota to be known as the 'Quentin N. Burdick American Indians Into Nursing Program'. Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick Indian Health Programs

established under section 117(b) and the Quentin N. Burdick American Indians Into Psychology Program established under section 105(b).

"(f) ACTIVE DUTY SERVICE OBLIGATION.—The active duty service obligation prescribed under section 338C of the Public Health Service Act (42 U.S.C. 254m) shall be met by each individual who receives training or assistance described in paragraph (1) or (2) of subsection (b) that is funded by a grant provided under subsection (a). Such obligation shall be met by service—

"(1) in the Service;

"(2) in a program of an Indian Tribe or Tribal Organization conducted under the Indian Self-Determination and Education Assistance Act (including programs under agreements with the Bureau of Indian Affairs);

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

"(4) in the private practice of nursing if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice is situated in a physician or other health shortage area and addresses the health care needs of a substantial number of Indians.

"SEC. 116. TRIBAL CULTURAL ORIENTATION.

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

"(b) PROGRAM.—In carrying out subsection (a), the Secretary shall establish a program which shall, to the extent feasible—

"(1) be developed in consultation with the affected Indian Tribes, Tribal Organizations, and Urban Indian Organizations;

"(2) be carried out through tribal colleges or universities;

"(3) include instruction in American Indian studies; and

"(4) describe the use and place of Traditional Health Care Practices of the Indian Tribes in the Service Area.

"SEC. 117. INMED PROGRAM.

"(a) GRANTS AUTHORIZED.—The Secretary, acting through the Service, is authorized to provide grants to colleges and universities for the purpose of maintaining and expanding the Indian health careers recruitment program known as the 'Indians Into Medicine Program' (hereinafter

in this section referred to as 'INMED') as a means of encouraging Indians to enter the health professions.

"(b) QUENTIN N. BURDICK GRANT.—The Secretary shall provide one of the grants authorized under subsection (a) to maintain the INMED program at the University of North Dakota, to be known as the 'Quentin N. Burdick Indian Health Programs', unless the Secretary makes a determination, based upon program reviews, that the program is not meeting the purposes of this section. Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick American Indians Into Psychology Program established under section 105(b) and the Quentin N. Burdick American Indians Into Nursing Program established under section 115.

"(c) REGULATIONS.—The Secretary, pursuant to this Act, shall develop regulations to govern grants pursuant to this section.

"(d) REQUIREMENTS.—Applicants for grants provided under this section shall agree to provide a program which—

"(1) provides outreach and recruitment for health professions to Indian communities, including elementary and secondary schools and community colleges located on reservations, which will be served by the program;

"(2) incorporates a program advisory board comprised of representatives from the Indian Tribes and Indian communities which will be served by the program;

"(3) provides summer preparatory programs for Indian students who need enrichment in the subjects of math and science in order to pursue training in the health professions;

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

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

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

"(a) GRANTS TO ESTABLISH PROGRAMS.—

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

tice such profession on or near a reservation or in an Indian Health Program.

"(2) AMOUNT OF GRANTS.—The amount of any grant awarded to a community college under paragraph (1) for the first year in which such a grant is provided to the community college shall not exceed $100,000.

"(b) GRANTS FOR MAINTENANCE AND RECRUITING.—

"(1) IN GENERAL.—The Secretary, acting through the Service, shall award grants to accredited and accessible community colleges that have established a program described in subsection (a)(1) for the purpose of maintaining the program and recruiting students for the program.

"(2) REQUIREMENTS.—Grants may only be made under this section to a community college which—

"(A) is accredited;

"(B) has a relationship with a hospital facility, Service facility, or hospital that could provide training of nurses or health professionals;

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

"(i) provide a program that enhances the transition and recruitment of students into advanced baccalaureate or graduate programs which train health professionals; and

"(ii) stipulate certifications necessary to approve internship and field placement opportunities at Indian Health Programs;

"(D) has a qualified staff which has the appropriate certifications;

"(E) is capable of obtaining State or regional accreditation of the program described in subsection (a)(1); and

"(F) agrees to provide for Indian preference for applicants for programs under this section.

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

"(1) entering into agreements with such colleges for the provision of qualified personnel of the Service to teach courses of study in such programs; and

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

"(d) ADVANCED TRAINING.—

"(1) REQUIRED.—Any program receiving assistance under this section that is conducted with respect to a health profession shall also offer courses of study which provide advanced training for any health professional who—

"(A) has already received a degree or diploma in such health profession; and

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

"(2) MAY BE OFFERED AT ALTERNATE SITE.—Such courses of study may be offered in conjunction with the college or university with which the community college has entered into the agreement required under subsection (b)(2)(C).

"(e) FUNDING PRIORITY.—Where the requirements of subsection (b) are met, funding priority shall be provided to tribal colleges and universities in Service Areas where they exist.

"SEC. 119. RETENTION BONUS.

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

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

"(2) the Secretary determines is needed by Indian Health Programs and Urban Indian Organizations;

"(3) has—

"(A) completed 3 years of employment with an Indian Health Program or Urban Indian Organization; or

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

"(i) any Federal scholarship program; or

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

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

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

"(c) DEFAULT OF RETENTION AGREEMENT.—Any health professional failing to complete the agreed upon term of service, except where such failure is through no fault of the individual, shall be obligated to refund to the Government the full amount of the retention bonus for the period covered by the agreement, plus interest as determined by the Secretary in accordance with section 110(l)(2)(B).

"(d) OTHER RETENTION BONUS.—The Secretary may pay a retention bonus to any health professional employed by a Tribal Health Program if such health professional is serving in a position which the Secretary determines is—

"(1) a position for which recruitment or retention is difficult; and

"(2) necessary for providing health care services to Indians.

"SEC. 120. NURSING RESIDENCY PROGRAM.

"(a) ESTABLISHMENT OF PROGRAM.—The Secretary, acting through the Service, shall establish a program to enable Indians who are licensed practical nurses, licensed vocational nurses, and registered nurses who are working in an Indian Health Program or Urban Indian Organization, and have done so for a period of not less than 1 year, to pursue advanced training. Such program shall include a combination of education and work study in an Indian Health Program or Urban Indian Organization leading to

an associate or bachelor's degree (in the case of a licensed practical nurse or licensed vocational nurse), a bachelor's degree (in the case of a registered nurse), or advanced degrees or certification in nursing and public health.

"(b) SERVICE OBLIGATION.—An individual who participates in a program under subsection (a), where the educational costs are paid by the Service, shall incur an obligation to serve in an Indian Health Program or Urban Indian Organization for a period of obligated service equal to the amount of time during which the individual participates in such program. In the event that the individual fails to complete such obligated service, the United States shall be entitled to recover from such individual an amount determined in accordance with the formula specified in subsection (l) of section 110 in the manner provided for in such subsection.

"SEC. 121. COMMUNITY HEALTH AIDE PROGRAM FOR ALASKA.

"(a) GENERAL PURPOSES OF PROGRAM.—Under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, shall develop and operate a Community Health Aide Program in Alaska under which the Service—

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

"(2) uses such aides or practitioners in the provision of health care, health promotion, and disease prevention services to Alaska Natives living in villages in rural Alaska; and

"(3) provides for the establishment of teleconferencing capacity in health clinics located in or near such villages for use by community health aides or community health practitioners.

"(b) SPECIFIC PROGRAM REQUIREMENTS.—The Secretary, acting through the Community Health Aide Program of the Service, shall—

"(1) using trainers accredited by the Program, provide a high standard of training to community health aides and community health practitioners to ensure that such aides and practitioners provide quality health care, health promotion, and disease prevention services to the villages served by the Program;

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

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

"(B) provides instruction and practical experience in the provision of acute care, emergency care, health promotion, disease prevention, and the efficient and effective management of clinic pharmacies, supplies, equipment, and facilities; and

"(C) promotes the achievement of the health status objectives specified in section 3(2);

"(3) establish and maintain a Community Health Aide Certification Board to certify as community health aides or community health practitioners individuals who have successfully completed the training described in paragraph (1) or can demonstrate equivalent experience;

"(4) develop and maintain a system which identifies the needs of community health aides and community health practitioners for continuing education in the provision of health care, including the areas described in paragraph (2)(B), and develop programs that meet the needs for such continuing education;

"(5) develop and maintain a system that provides close supervision of community health aides and community health practitioners; and

"(6) develop a system under which the work of community health aides and community health prac-

titioners is reviewed and evaluated to assure the provision of quality health care, health promotion, and disease prevention services.

"(c) NATIONAL COMMUNITY HEALTH AIDE PROGRAM.—The Secretary, acting through the Service, shall develop and promulgate regulations to operate a national Community Health Aide Program consistent with the requirements of this section without reducing funds for the Community Health Aide Program for Alaska.

"SEC. 122. TRIBAL HEALTH PROGRAM ADMINISTRATION.

"The Secretary, acting through the Service, shall, by funding agreement or otherwise, provide training for Indians in the administration and planning of Tribal Health Programs.

"SEC. 123. HEALTH PROFESSIONAL CHRONIC SHORTAGE DEMONSTRATION PROGRAMS.

"(a) DEMONSTRATION PROGRAMS AUTHORIZED.—The Secretary, acting through the Service, may fund demonstration programs for Tribal Health Programs to address the chronic shortages of health professionals.

"(b) PURPOSES OF PROGRAMS.—The purposes of demonstration programs funded under subsection (a) shall be—

"(1) to provide direct clinical and practical experience at a Service Unit to health profession students and residents from medical schools;

"(2) to improve the quality of health care for Indians by assuring access to qualified health care professionals; and

"(3) to provide academic and scholarly opportunities for health professionals serving Indians by identifying all academic and scholarly resources of the region.

"(c) ADVISORY BOARD.—The demonstration programs established pursuant to subsection (a) shall incorporate a program advisory board composed of representatives from the Indian Tribes and Indian communities in the area which will be served by the program.

"SEC. 124. TREATMENT OF SCHOLARSHIPS FOR CERTAIN PURPOSES.

"Scholarships provided to individuals pursuant to this title shall be deemed 'qualified Scholarships' for purposes of section 11 of the Internal Revenue Code of 1986.

"SEC. 125. NATIONAL HEALTH SERVICE CORPS.

"(a) NO REDUCTION IN SERVICES.—The Secretary shall not—

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

"(2) withdraw funding used to support such member;

unless the Secretary, acting through the Service, Indian Tribes, or Tribal Organizations, has ensured that the Indians receiving services from such member will experience no reduction in services.

"(b) EXEMPTION FROM LIMITATIONS.—National Health Service Corps scholars qualifying for the Commissioned Corps in the United States Public Health Service shall be exempt from the full-time equivalent limitations of the National Health Service Corps and the Service when serving as a commissioned corps officer in a Tribal Health Program or an Urban Indian Organization.

"SEC. 126. SUBSTANCE ABUSE COUNSELOR EDUCATIONAL CURRICULA DEMONSTRATION PROGRAMS.

"(a) GRANTS AND CONTRACTS.—The Secretary, acting through the Service, may enter into contracts with, or make grants to, accredited tribal colleges and universities and eligible accredited and accessible community colleges to establish demonstration programs to develop educational curricula for substance abuse counseling.

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

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

"(d) CRITERIA FOR REVIEW AND APPROVAL OF APPLICATIONS.—Not later than 180 days after the date of the enactment of the Indian Health Care Improvement Act Amendments of 2004, the Secretary, after consultation with Indian Tribes and administrators of tribal colleges and universities and eligible accredited and accessible community colleges, shall develop and issue criteria for the review and approval of applications for funding (including applications for renewals of funding) under this section. Such criteria shall ensure that demonstration programs established under this section promote the development of the capacity of such entities to educate substance abuse counselors.

"(e) ASSISTANCE.—The Secretary shall provide such technical and other assistance as may be necessary to enable grant recipients to comply with the provisions of this section.

"(f) REPORT.—Each fiscal year, the Secretary shall submit to the President, for inclusion in the report which is required to be submitted under section 801 for that fiscal year, a report on the findings and conclusions derived from

the demonstration programs conducted under this section during that fiscal year.

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

"(1) Classroom education.

"(2) Clinical work experience.

"(3) Continuing education workshops.

"SEC. 127. BEHAVIORAL HEALTH TRAINING AND COMMUNITY EDUCATION PROGRAMS.

"(a) STUDY; LIST.—The Secretary, acting through the Service, and the Secretary of the Interior, in consultation with Indian Tribes and Tribal Organizations, shall conduct a study and compile a list of the types of staff positions specified in subsection (b) whose qualifications include, or should include, training in the identification, prevention, education, referral, or treatment of mental illness, or dysfunctional and self destructive behavior.

"(b) POSITIONS.—The positions referred to in subsection (a) are—

"(1) staff positions within the Bureau of Indian Affairs, including existing positions, in the fields of—

"(A) elementary and secondary education;

"(B) social services and family and child welfare;

"(C) law enforcement and judicial services; and

"(D) alcohol and substance abuse;

"(2) staff positions within the Service; and

"(3) staff positions similar to those identified in paragraphs (1) and (2) established and maintained by Indian Tribes, Tribal Organizations, (without regard to the funding source) and Urban Indian Organizations.

"(c) TRAINING CRITERIA.—

"(1) IN GENERAL.—The appropriate Secretary shall provide training criteria appropriate to each type of position identified in subsection (b)(1) and (b)(2) and ensure that appropriate training has been, or shall be provided to any individual in any such position. With respect to any such individual in a position identified pursuant to subsection (b)(3), the respective Secretaries shall provide appropriate training to, or provide funds to, an Indian Tribe, Tribal Organization, or Urban Indian Organization for training of appropriate individuals. In the case of positions funded under a funding agreement, the appropriate Secretary shall ensure that funds to cover the costs of such training costs are included in the funding agreement.

"(2) POSITION SPECIFIC TRAINING CRITERIA.—Position specific training criteria shall be culturally relevant to Indians and Indian Tribes and shall ensure that appropriate information regarding Traditional Health Care Practices is provided.

"(d) COMMUNITY EDUCATION ON MENTAL ILLNESS.—The Service shall develop and implement, on request of an Indian Tribe, Tribal Organization, or Urban Indian Organization, or assist the Indian Tribe, Tribal Organization, or Urban Indian Organization to develop and implement, a program of community education on mental illness. In carrying out this subsection, the Service shall, upon request of an Indian Tribe, Tribal Organization, or Urban Indian Organization, provide technical assistance to the Indian Tribe, Tribal Organization, or Urban Indian Organization to obtain and develop community educational materials on the identification, prevention, referral, and treatment of mental illness and dysfunctional and self-destructive behavior.

"(e) PLAN.—Not later than 90 days after the date of the enactment of the Indian Health Care Improvement Act Amendments of 2004, the Secretary shall develop a plan under which the Service will increase the health care staff providing behavioral health services by at least 500 positions within 5 years after the date of the enactment of this

section, with at least 200 of such positions devoted to child, adolescent, and family services. The plan developed under this subsection shall be implemented under the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act').

"SEC. 128. AUTHORIZATION OF APPROPRIATIONS.

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

"TITLE II—HEALTH SERVICES

"SEC. 201. INDIAN HEALTH CARE IMPROVEMENT FUND.

"(a) USE OF FUNDS.—The Secretary, acting through the Service, is authorized to expend funds, directly or under the authority of the Indian Self-Determination and Education Assistance Act, which are appropriated under the authority of this section, for the purposes of—

"(1) eliminating the deficiencies in health status and health resources of all Indian Tribes;

"(2) eliminating backlogs in the provision of health care services to Indians;

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

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

"(5) augmenting the ability of the Service to meet the following health service responsibilities with respect to those Indian Tribes with the highest levels of health status deficiencies and resource deficiencies:

"(A) Clinical care, including, but not limited to, inpatient care, outpatient care (including audiology, clinical eye, and vision care), primary care, secondary and tertiary care, and long-term care.

"(B) Preventive health, including mammography and other cancer screening in accordance with section 207.

"(C) Dental care.

"(D) Mental health, including community mental health services, inpatient mental health services, dormitory mental health services, therapeutic and residential treatment centers, and training of traditional health care practitioners.

"(E) Emergency medical services.

"(F) Treatment and control of, and rehabilitative care related to, alcoholism and drug abuse (including fetal alcohol syndrome) among Indians.

"(G) Accident prevention programs.

"(H) Home health care.

"(I) Community health representatives.

"(J) Maintenance and repair.

"(K) Traditional Health Care Practices.

"(b) NO OFFSET OR LIMITATION.—Any funds appropriated under the authority of this section shall not be used to offset or limit any other appropriations made to the Service under this Act or the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), or any other provision of law.

"(c) ALLOCATION; USE.—

"(1) IN GENERAL.—Funds appropriated under the authority of this section shall be allocated to Service Units, Indian Tribes, or Tribal Organizations. The funds allocated to each Indian Tribe, Tribal Organization, or Service Unit under this paragraph shall be used by the Indian Tribe, Tribal Organization, or Service Unit under this paragraph to improve the health status and reduce the resource deficiency of each Indian Tribe served by such Service Unit, Indian Tribe, or Tribal Organization.

"(2) APPORTIONMENT OF ALLOCATED FUNDS.—The apportionment of funds allocated to a Service Unit, Indian Tribe, or Tribal Organization under paragraph (1) among the health service responsibilities described in subsection (a)(5) shall be determined

by the Service in consultation with, and with the active participation of, the affected Indian Tribes and Tribal Organizations.

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

"(1) DEFINITION.—The term 'health status and resource deficiency' means the extent to which—

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

"(B) the Indian Tribe or Tribal Organization does not have available to it the health resources it needs, taking into account the actual cost of providing health care services given local geographic, climatic, rural, or other circumstances.

"(2) AVAILABLE RESOURCES.—The health resources available to an Indian Tribe or Tribal Organization include health resources provided by the Service as well as health resources used by the Indian Tribe or Tribal Organization, including services and financing systems provided by any Federal programs, private insurance, and programs of State or local governments.

"(3) PROCESS FOR REVIEW OF DETERMINATIONS.—The Secretary shall establish procedures which allow any Indian Tribe or Tribal Organization to petition the Secretary for a review of any determination of the extent of the health status and resource deficiency of such Indian Tribe or Tribal Organization.

"(e) ELIGIBILITY FOR FUNDS.—Tribal Health Programs shall be eligible for funds appropriated under the authority of this section on an equal basis with programs that are administered directly by the Service.

"(f) REPORT.—By no later than the date that is 3 years after the date of the enactment of the Indian Health Care Improvement Act Amendments of 2004, the Secretary shall submit to Congress the current health status and resource deficiency report of the Service for each Service Unit, including newly recognized or acknowledged Indian Tribes. Such report shall set out—

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

"(2) the extent of the health status and resource deficiency of each Indian Tribe served by the Service or a Tribal Health Program;

"(3) the amount of funds necessary to eliminate the health status and resource deficiencies of all Indian Tribes served by the Service or a Tribal Health Program; and

"(4) an estimate of—

"(A) the amount of health service funds appropriated under the authority of this Act, or any other Act, including the amount of any funds transferred to the Service for the preceding fiscal year which is allocated to each Service Unit, Indian Tribe, or Tribal Organization;

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

"(C) the number of Indians using the Service resources made available to each Service Unit, Indian Tribe or Tribal Organization, and, to the extent available, information on the waiting lists and number of Indians turned away for services due to lack of resources.

"(g) INCLUSION IN BASE BUDGET.—Funds appropriated under this section for any fiscal year shall be included in the base budget of the Service for the purpose of determining appropriations under this section in subsequent fiscal years.

"(h) CLARIFICATION.—Nothing in this section is intended to diminish the primary responsibility of the Service to eliminate existing backlogs in unmet health care needs, nor are the provisions of this section intended to discourage the Service from undertaking additional efforts to achieve equity among Indian Tribes and Tribal Organizations.

"(i) FUNDING DESIGNATION.—Any funds appropriated under the authority of this section shall be designated as the 'Indian Health Care Improvement Fund'.

"SEC. 202. CATASTROPHIC HEALTH EMERGENCY FUND.

"(a) ESTABLISHMENT.—There is hereby established an Indian Catastrophic Health Emergency Fund (hereafter in this section referred to as the 'CHEF') consisting of—

"(1) the amounts deposited under subsection (f); and

"(2) the amounts appropriated to CHEF under this section.

"(b) ADMINISTRATION.—CHEF shall be administered by the Secretary, acting through the central office of the Service, solely for the purpose of meeting the extraordinary medical costs associated with the treatment of victims of disasters or catastrophic illnesses who are within the responsibility of the Service.

"(c) CONDITIONS ON USE OF FUND.—No part of CHEF or its administration shall be subject to contract or

grant under any law, including the Indian Self-Determination and Education Assistance Act, nor shall CHEF funds be allocated, apportioned, or delegated on an Area Office, Service Unit, or other similar basis.

"(d) REGULATIONS.—The Secretary shall, through the negotiated rulemaking process under title VIII, promulgate regulations consistent with the provisions of this section to—

"(1) establish a definition of disasters and catastrophic illnesses for which the cost of the treatment provided under contract would qualify for payment from CHEF;

"(2) provide that a Service Unit shall not be eligible for reimbursement for the cost of treatment from CHEF until its cost of treating any victim of such catastrophic illness or disaster has reached a certain threshold cost which the Secretary shall establish at—

"(A) the 2000 level of $19,000; and

"(B) for any subsequent year, not less than the threshold cost of the previous year increased by the percentage increase in the medical care expenditure category of the consumer price index for all urban consumers (United States city average) for the 12-month period ending with December of the previous year;

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

"(A) Service Units; or

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

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

"(5) establish a procedure that will ensure that no payment shall be made from CHEF to any provider of treatment to the extent that such provider is eligible to receive payment for the treatment from any other Federal, State, local, or private source of reimbursement for which the patient is eligible.

"(e) NO OFFSET OR LIMITATION.—Amounts appropriated to CHEF under this section shall not be used to offset or limit appropriations made to the Service under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), or any other law.

"(f) DEPOSIT OF REIMBURSEMENT FUNDS.—There shall be deposited into CHEF all reimbursements to which the Service is entitled from any Federal, State, local, or

private source (including third party insurance) by reason of treatment rendered to any victim of a disaster or catastrophic illness the cost of which was paid from CHEF.

"SEC. 203. HEALTH PROMOTION AND DISEASE PREVENTION SERVICES.

"(a) FINDINGS.—Congress finds that health promotion and disease prevention activities—

"(1) improve the health and well-being of Indians; and

"(2) reduce the expenses for health care of Indians.

"(b) PROVISION OF SERVICES.—The Secretary, acting through the Service and Tribal Health Programs, shall provide health promotion and disease prevention services to Indians to achieve the health status objectives set forth in section 3(2).

"(c) EVALUATION.—The Secretary, after obtaining input from the affected Tribal Health Programs, shall submit to the President for inclusion in each report which is required to be submitted to Congress under section 801 an evaluation of—

"(1) the health promotion and disease prevention needs of Indians;

"(2) the health promotion and disease prevention activities which would best meet such needs;

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

"(4) the resources which would be required to enable the Service and Tribal Health Programs to undertake the health promotion and disease prevention activities necessary to meet such needs.

"SEC. 204. DIABETES PREVENTION, TREATMENT, AND CONTROL.

"(a) DETERMINATIONS REGARDING DIABETES.—The Secretary, acting through the Service, and in consultation with Indian Tribes and Tribal Organizations, shall determine—

"(1) by an Indian Tribe, Tribal Organization, and by Service Unit, the incidence of, and the types of complications resulting from, diabetes among Indians; and

"(2) based on the determinations made pursuant to paragraph (1), the measures (including patient education and effective ongoing monitoring of disease indicators) each Service Unit should take to reduce the incidence of, and prevent, treat, and control the complications resulting from, diabetes among Indian Tribes within that Service Unit.

"(b) DIABETES SCREENING.—To the extent medically indicated and with informed consent, the Secretary shall

screen each Indian who receives services from the Service for diabetes and for conditions which indicate a high risk that the individual will become diabetic and, in consultation with Indian Tribes, Urban Indian Organizations, and appropriate health care providers, establish a cost-effective approach to ensure ongoing monitoring of disease indicators. Such screening and monitoring may be conducted by a Tribal Health Program and may be conducted through appropriate Internet-based health care management programs.

"(c) FUNDING FOR DIABETES.—The Secretary shall continue to fund each model diabetes project in existence on the date of the enactment of the Indian Health Care Improvement Amendments Act of 2004, any such other diabetes programs operated by the Service or Tribal Health Programs, and any additional diabetes projects, such as the Medical Vanguard program provided for in title IV of Public Law 108–87, as implemented to serve Indian Tribes. Tribal Health Programs shall receive recurring funding for the diabetes projects that they operate pursuant to this section, both at the date of enactment of the Indian Health Care Improvement Act Amendments of 2004 and for projects which are added and funded thereafter.

"(d) FUNDING FOR DIALYSIS PROGRAMS.—The Secretary shall provide funding through the Service, Indian

Tribes, and Tribal Organizations to establish dialysis programs, including funding to purchase dialysis equipment and provide necessary staffing.

"(e) OTHER DUTIES OF THE SECRETARY.—The Secretary shall, to the extent funding is available—

"(1) in each Area Office, consult with Indian Tribes and Tribal Organizations regarding programs for the prevention, treatment, and control of diabetes;

"(2) establish in each Area Office a registry of patients with diabetes to track the incidence of diabetes and the complications from diabetes in that area; and

"(3) ensure that data collected in each Area Office regarding diabetes and related complications among Indians are disseminated to all other Area Offices, subject to applicable patient privacy laws.

"SEC. 205. SHARED SERVICES FOR LONG-TERM CARE.

"(a) FUNDING AGREEMENTS FOR LONG-TERM CARE.—Notwithstanding any other provisions of law, the Secretary, acting through the Service, is authorized to enter into Funding Agreements or other arrangements with Indian Tribes or Tribal Organizations for the delivery of long-term care and similar services to Indians. Such funding agreements or other arrangements shall provide for the sharing of staff or other services between the Service or a Tribal

Health Program and a long-term care or other similar facility owned and operated (directly or through a Funding Agreement) by such Indian Tribe or Tribal Organization.

"(b) CONTENTS OF FUNDING AGREEMENTS.—A Funding Agreement or other arrangement entered into pursuant to subsection (a)—

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

"(2) shall provide that expenses (including salaries) relating to services that are shared between the Service and the Tribal Health Program be allocated proportionately between the Service and the Indian Tribe or Tribal Organization; and

"(3) may authorize such Indian Tribe or Tribal Organization to construct, renovate, or expand a long-term care or other similar facility (including the construction of a facility attached to a Service facility).

"(c) MINIMUM REQUIREMENT.—Any nursing facility provided for under this section shall meet the requirements for nursing facilities under section 1919 of the Social Security Act.

"(d) OTHER ASSISTANCE.—The Secretary shall provide such technical and other assistance as may be necessary to enable applicants to comply with the provisions of this section.

"(e) USE OF EXISTING OR UNDERUSED FACILITIES.—The Secretary shall encourage the use of existing facilities that are underused or allow the use of swing beds for long-term or similar care.

"SEC. 206. HEALTH SERVICES RESEARCH.

"The Secretary, acting through the Service, shall make funding available for research to further the performance of the health service responsibilities of Indian Health Programs and shall coordinate the activities of other agencies within the Department to address these research needs. Tribal Health Programs shall be given an equal opportunity to compete for, and receive, research funds under this section. This funding may be used for both clinical and non-clinical research.

"SEC. 207. MAMMOGRAPHY AND OTHER CANCER SCREENING.

"The Secretary, acting through the Service or Tribal Health Programs, shall provide for screening as follows:

"(1) Screening mammography (as defined in section 1861(jj) of the Social Security Act) for Indian women at a frequency appropriate to such women

under national standards, such as those of the National Cancer Institute for the National Institutes for Health, and under such terms and conditions as are consistent with standards established by the Secretary to ensure the safety and accuracy of screening mammography under part B of title XVIII of such Act.

"(2) Other cancer screening meeting national standards, such as those of the National Cancer Institute.

"SEC. 208. PATIENT TRAVEL COSTS.

"The Secretary, acting through the Service and Tribal Health Programs, shall provide funds for the following patient travel costs, including appropriate and necessary qualified escorts, associated with receiving health care services provided (either through direct or contract care or through Funding Agreements) under this Act—

"(1) emergency air transportation and non-emergency air transportation where ground transportation is infeasible;

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

"(3) transportation by such other means as may be available and required when air or motor vehicle transportation is not available.

"SEC. 209. EPIDEMIOLOGY CENTERS.

"(a) ADDITIONAL CENTERS.—In addition to those epidemiology centers already established at the time of enactment of this Act, (including those for which funding is currently being provided in Funding Agreements), and without reducing the funding levels for such centers, not later than 180 days after the date of the enactment of the Indian Health Care Improvement Act Amendments of 2004, the Secretary, acting through the Service, shall establish and fund an epidemiology center in each Service Area which does not yet have one to carry out the functions described in subsection (b). Any new centers so established may be operated by Tribal Health Programs, but such funding shall not be divisible.

"(b) FUNCTIONS OF CENTERS.—In consultation with and upon the request of Indian Tribes, Tribal Organizations, and Urban Indian Organizations, each Service Area epidemiology center established under this subsection shall, with respect to such Service Area—

"(1) collect data relating to, and monitor progress made toward meeting, each of the health status objectives of the Service, the Indian Tribes, Tribal Organizations, and Urban Indian Organizations in the Service Area;

"(2) evaluate existing delivery systems, data systems, and other systems that impact the improvement of Indian health;

"(3) assist Indian Tribes, Tribal Organizations, and Urban Indian Organizations in identifying their highest priority health status objectives and the services needed to achieve such objectives, based on epidemiological data;

"(4) make recommendations for the targeting of services needed by the populations served;

"(5) make recommendations to improve health care delivery systems for Indians and Urban Indians;

"(6) provide requested technical assistance to Indian Tribes, Tribal Organizations, and Urban Indian Organizations in the development of local health service priorities and incidence and prevalence rates of disease and other illness in the community; and

"(7) provide disease surveillance and assist Indian Tribes, Tribal Organizations, and Urban Indian Organizations to promote public health.

"(c) TECHNICAL ASSISTANCE.—The Director of the Centers for Disease Control and Prevention shall provide technical assistance to the centers in carrying out the requirements of this subsection.

"(d) FUNDING FOR STUDIES.—The Secretary may make funding available to Indian Tribes, Tribal Organizations, and Urban Indian Organizations to conduct epidemiological studies of Indian communities.

"SEC. 210. COMPREHENSIVE HEALTH EDUCATION PROGRAMS.

"(a) FUNDING FOR DEVELOPMENT OF PROGRAMS.—The Secretary, acting through the Service, shall provide funding to Indian Tribes, Tribal Organizations, and Urban Indian Organizations to develop comprehensive school health education programs for children from pre-school through grade 12 in schools for the benefit of Indian and Urban Indian children.

"(b) USE OF FUNDS.—Funding provided under this section may be used for purposes which may include, but are not limited to, the following:

"(1) Developing and implementing health education curricula both for regular school programs and afterschool programs.

"(2) Training teachers in comprehensive school health education curricula.

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

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

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

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

"(7) Developing behavioral health wellness programs.

"(8) Developing chronic disease prevention programs.

"(9) Developing substance abuse prevention programs.

"(10) Developing injury prevention and safety education programs.

"(11) Developing activities for the prevention and control of communicable diseases.

"(12) Developing community and environmental health education programs that include traditional health care practitioners.

"(13) Violence prevention.

"(14) Such other health issues as are appropriate.

"(c) TECHNICAL ASSISTANCE.—Upon request, the Secretary, acting through the Service, shall provide technical assistance to Indian Tribes, Tribal Organizations, and Urban Indian Organizations in the development of com-

prehensive health education plans and the dissemination of comprehensive health education materials and information on existing health programs and resources.

"(d) CRITERIA FOR REVIEW AND APPROVAL OF APPLICATIONS.—The Secretary, acting through the Service, and in consultation with Indian Tribes, Tribal Organizations, and Urban Indian Organizations, shall establish criteria for the review and approval of applications for funding provided pursuant to this section.

"(e) DEVELOPMENT OF PROGRAM FOR BIA FUNDED SCHOOLS.—

"(1) IN GENERAL.—The Secretary of the Interior, acting through the Bureau of Indian Affairs and in cooperation with the Secretary, acting through the Service, and affected Indian Tribes and Tribal Organizations, shall develop a comprehensive school health education program for children from preschool through grade 12 in schools for which support is provided by the Bureau of Indian Affairs.

"(2) REQUIREMENTS FOR PROGRAMS.—Such programs shall include—

"(A) school programs on nutrition education, personal health, oral health, and fitness;

"(B) behavioral health wellness programs;

"(C) chronic disease prevention programs;

"(D) substance abuse prevention programs;

"(E) injury prevention and safety education programs; and

"(F) activities for the prevention and control of communicable diseases.

"(3) DUTIES OF THE SECRETARY.—The Secretary of the Interior shall—

"(A) provide training to teachers in comprehensive school health education curricula;

"(B) ensure the integration and coordination of school-based programs with existing services and health programs available in the community; and

"(C) encourage healthy, tobacco-free school environments.

"SEC. 211. INDIAN YOUTH PROGRAM.

"(a) PROGRAM AUTHORIZED.—The Secretary, acting through the Service, is authorized to establish and administer a program to provide funding to Indian Tribes, Tribal Organizations, and Urban Indian Organizations for innovative mental and physical disease prevention and health promotion and treatment programs for Indian and Urban Indian preadolescent and adolescent youths.

"(b) USE OF FUNDS.—

"(1) ALLOWABLE USES.—Funds made available under this section may be used to—

"(A) develop prevention and treatment programs for Indian youth which promote mental and physical health and incorporate cultural values, community and family involvement, and traditional health care practitioners; and

"(B) develop and provide community training and education.

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

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

"(1) disseminate to Indian Tribes, Tribal Organizations, and Urban Indian Organizations information regarding models for the delivery of comprehensive health care services to Indian and Urban Indian adolescents;

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

"(3) at the request of an Indian Tribe, Tribal Organization, or Urban Indian Organization, provide technical assistance in the implementation of such models.

"(d) CRITERIA FOR REVIEW AND APPROVAL OF APPLICATIONS.—The Secretary, in consultation with Indian Tribes, Tribal Organizations, and Urban Indian Organizations, shall establish criteria for the review and approval of applications or proposals under this section.

"SEC. 212. PREVENTION, CONTROL, AND ELIMINATION OF COMMUNICABLE AND INFECTIOUS DISEASES.

"(a) FUNDING AUTHORIZED.—The Secretary, acting through the Service, and after consultation with Indian Tribes, Tribal Organizations, Urban Indian Organizations, and the Centers for Disease Control and Prevention, may make funding available to Indian Tribes, Tribal Organizations, and Urban Indian Organizations for the following:

"(1) Projects for the prevention, control, and elimination of communicable and infectious diseases including, but not limited to, tuberculosis, hepatitis, human immunodeficiency virus, respiratory syncytial virus, hanta virus, sexually transmitted diseases, and Helicobacter Pylori Infections.

"(2) Public information and education programs for the prevention, control, and elimination of communicable and infectious diseases.

"(3) Education, training, and clinical skills improvement activities in the prevention, control, and elimination of communicable and infectious diseases

for health professionals, including allied health professionals.

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

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

"(c) COORDINATION WITH HEALTH AGENCIES.—Indian Tribes, Tribal Organizations, and Urban Indian Organizations receiving funding under this section are encouraged to coordinate their activities with the Centers for Disease Control and Prevention and State and local health agencies.

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

"(1) may, at the request of an Indian Tribe, Tribal Organization, or Urban Indian Organization, provide technical assistance; and

"(2) shall prepare and submit a report to Congress biennially on the use of funds under this section and on the progress made toward the prevention, control, and elimination of communicable and infectious diseases among Indians and Urban Indians.

"SEC. 213. AUTHORITY FOR PROVISION OF OTHER SERVICES.

"(a) FUNDING AUTHORIZED.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, may provide funding under this Act to meet the objectives set forth in section 3 through health care-related services and programs not otherwise described in this Act, which shall include, but not be limited to—

"(1) hospice care;

"(2) assisted living;

"(3) long-term health care;

"(4) home- and community-based services;

"(5) public health functions; and

"(6) Traditional Health Care Practices.

"(b) SERVICES TO OTHERWISE INELIGIBLE PERSONS.—At the discretion of the Service, Indian Tribes, or Tribal Organizations, services provided for hospice care, home health care, home- and community-based care, assisted living, and long-term care may be provided (subject to reimbursement of reasonable charges) to persons otherwise ineligible for the health care benefits of the Service. Any funds received under this subsection shall not be used to offset or limit the funding allocated to an Indian Tribe or Tribal Organization.

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

"(1) The term 'home- and community-based services' means 1 or more of the following:

"(A) Homemaker/home health aide services.

"(B) Chore services.

"(C) Personal care services.

"(D) Nursing care services provided outside of a nursing facility by, or under the supervision of, a registered nurse.

"(E) Respite care.

"(F) Training for family members.

"(G) Adult day care.

"(H) Such other home- and community-based services as the Secretary, an Indian Tribe, or Tribal Organization may approve.

"(2) The term 'hospice care' means the items and services specified in subparagraphs (A) through (H) of section 1861(dd)(1) of the Social Security Act (42 U.S.C. 1395x(dd)(1)), and such other services which an Indian Tribe or Tribal Organization determines are necessary and appropriate to provide in furtherance of this care.

"(3) The term 'public health functions' means the provision of public health-related programs, functions, and services including, but not limited to, assessment, assurance, and policy development which

Indian Tribes and Tribal Organizations are authorized and encouraged, in those circumstances where it meets their needs, to do by forming collaborative relationships with all levels of local, State, and Federal Government.

"SEC. 214. INDIAN WOMEN'S HEALTH CARE.

"The Secretary, acting through the Service and Indian Tribes, Tribal Organizations, and Urban Indian Organizations, shall provide funding to monitor and improve the quality of health care for Indian women of all ages through the planning and delivery of programs administered by the Service, in order to improve and enhance the treatment models of care for Indian women.

"SEC. 215. ENVIRONMENTAL AND NUCLEAR HEALTH HAZARDS.

"(a) STUDIES AND MONITORING.—The Secretary and the Service shall conduct, in conjunction with other appropriate Federal agencies and in consultation with concerned Indian Tribes and Tribal Organizations, studies and ongoing monitoring programs to determine trends in the health hazards to Indian miners and to Indians on or near reservations and Indian communities as a result of environmental hazards which may result in chronic or life threatening health problems, such as nuclear resource development, petroleum contamination, and contamination of

water source and of the food chain. Such studies shall include—

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

"(2) an analysis of the potential effect of ongoing and future environmental resource development on or near reservations and Indian communities, including the cumulative effect over time on health;

"(3) an evaluation of the types and nature of activities, practices, and conditions causing or affecting such health problems including, but not limited to, uranium mining and milling, uranium mine tailing deposits, nuclear power plant operation and construction, and nuclear waste disposal; oil and gas production or transportation on or near reservations or Indian communities; and other development that could affect the health of Indians and their water supply and food chain;

"(4) a summary of any findings and recommendations provided in Federal and State studies, reports, investigations, and inspections during the 5 years prior to the date of the enactment of the Indian Health Care Improvement Act Amendments of 2004

that directly or indirectly relate to the activities, practices, and conditions affecting the health or safety of such Indians; and

"(5) the efforts that have been made by Federal and State agencies and resource and economic development companies to effectively carry out an education program for such Indians regarding the health and safety hazards of such development.

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

"(1) methods for diagnosing and treating Indians currently exhibiting such health problems;

"(2) preventive care and testing for Indians who may be exposed to such health hazards, including the monitoring of the health of individuals who have or may have been exposed to excessive amounts of radiation or affected by other activities that have had or could have a serious impact upon the health of such individuals; and

"(3) a program of education for Indians who, by reason of their work or geographic proximity to such

nuclear or other development activities, may experience health problems.

"(c) SUBMISSION OF REPORT AND PLAN TO CONGRESS.—The Secretary and the Service shall submit to Congress the study prepared under subsection (a) no later than 18 months after the date of the enactment of the Indian Health Care Improvement Act Amendments of 2004. The health care plan prepared under subsection (b) shall be submitted in a report no later than 1 year after the study prepared under subsection (a) is submitted to Congress. Such report shall include recommended activities for the implementation of the plan, as well as an evaluation of any activities previously undertaken by the Service to address such health problems.

"(d) INTERGOVERNMENTAL TASK FORCE.—

"(1) ESTABLISHMENT; MEMBERS.—There is established an Intergovernmental Task Force to be composed of the following individuals (or their designees):

"(A) The Secretary of Energy.

"(B) The Secretary of the Environmental Protection Agency.

"(C) The Director of the Bureau of Mines.

"(D) The Assistant Secretary for Occupational Safety and Health.

"(E) The Secretary of the Interior.

"(F) The Secretary of Health and Human Services.

"(G) The Director of the Indian Health Service.

"(2) DUTIES.—The Task Force shall—

"(A) identify existing and potential operations related to nuclear resource development or other environmental hazards that affect or may affect the health of Indians on or near a reservation or in an Indian community; and

"(B) enter into activities to correct existing health hazards and ensure that current and future health problems resulting from nuclear resource or other development activities are minimized or reduced.

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

"(e) HEALTH SERVICES TO CERTAIN EMPLOYEES.—In the case of any Indian who—

"(1) as a result of employment in or near a uranium mine or mill or near any other environmental hazard, suffers from a work-related illness or condition;

"(2) is eligible to receive diagnosis and treatment services from an Indian Health Program; and

"(3) by reason of such Indian's employment, is entitled to medical care at the expense of such mine or mill operator or entity responsible for the environmental hazard, the Indian Health Program shall, at the request of such Indian, render appropriate medical care to such Indian for such illness or condition and may be reimbursed for any medical care so rendered to which such Indian is entitled at the expense of such operator or entity from such operator or entity. Nothing in this subsection shall affect the rights of such Indian to recover damages other than such amounts paid to the Indian Health Program from the employer for providing medical care for such illness or condition.

"SEC. 216. ARIZONA AS A CONTRACT HEALTH SERVICE DELIVERY AREA.

"(a) IN GENERAL.—For fiscal years beginning with the fiscal year ending September 30, 1983, and ending with the fiscal year ending September 30, 2015, the State of Arizona shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of federally recognized Indian Tribes of Arizona.

"(b) MAINTENANCE OF SERVICES.—The Service shall not curtail any health care services provided to Indians residing on reservations in the State of Arizona if such curtailment is due to the provision of contract services in such State pursuant to the designation of such State as a contract health service delivery area pursuant to subsection (a).

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

"(a) IN GENERAL.—For fiscal years beginning with the fiscal year ending September 30, 2003, and ending with the fiscal year ending September 30, 2015, the State of North Dakota shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of federally recognized Indian Tribes of North Dakota.

"(b) LIMITATION.—The Service shall not curtail any health care services provided to Indians residing on reservations in the State of North Dakota if such curtailment is due to the provision of contract services in such State pursuant to the designation of such State as a contract health service delivery area pursuant to subsection (a).

"SEC. 216B. SOUTH DAKOTA AS A CONTRACT HEALTH SERVICE DELIVERY AREA.

"(a) IN GENERAL.—For fiscal years beginning with the fiscal year ending September 30, 2003, and ending with

the fiscal year ending on September 30, 2015, the State of South Dakota shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of federally recognized Indian Tribes of South Dakota.

"(b) LIMITATION.—The Service shall not curtail any health care services provided to Indians residing on reservations in the State of South Dakota if such curtailment is due to the provision of contract services in such State pursuant to the designation of such State as a contract health service delivery area pursuant to subsection (a).

"SEC. 217. CALIFORNIA CONTRACT HEALTH SERVICES PROGRAM.

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

"(b) REIMBURSEMENT CONTRACT.—The Secretary shall enter into an agreement with the CRIHB to reimburse the CRIHB for costs (including reasonable administrative costs) incurred pursuant to this section, in providing medical treatment under contract to California Indians described in section 806(a) throughout the California contract

health services delivery area described in section 218 with respect to high cost contract care cases.

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

"(d) LIMITATION ON PAYMENT.—No payment may be made for treatment provided hereunder to the extent payment may be made for such treatment under the Indian Catastrophic Health Emergency Fund described in section 202 or from amounts appropriated or otherwise made available to the California contract health service delivery area for a fiscal year.

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

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

"The State of California, excluding the counties of Alameda, Contra Costa, Los Angeles, Marin, Orange, Sac-

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

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

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

"(b) NO EXPANSION OF ELIGIBILITY.—Nothing in this section may be construed as expanding the eligibility of members of the Turtle Mountain Band of Chippewa Indians for health services provided by the Service beyond the scope of eligibility for such health services that applied on May 1, 1986.

"SEC. 220. PROGRAMS OPERATED BY INDIAN TRIBES AND TRIBAL ORGANIZATIONS.

"The Service shall provide funds for health care programs and facilities operated by Tribal Health Programs on the same basis as such funds are provided to programs and facilities operated directly by the Service.

"SEC. 221. LICENSING OR CERTIFICATION.

"Health care professionals employed by a Tribal Health Program shall, if licensed or certified in any State, be exempt from the licensing or certification requirements of the State in which the Tribal Health Program performs the services described in its Funding Agreement.

"SEC. 222. NOTIFICATION OF PROVISION OF EMERGENCY CONTRACT HEALTH SERVICES.

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

"SEC. 223. PROMPT ACTION ON PAYMENT OF CLAIMS.

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

"(b) EFFECT OF UNTIMELY RESPONSE.—If the Service fails to respond to a notification of a claim in accordance with subsection (a), the Service shall accept as valid the claim submitted by the provider of a contract care service.

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

"SEC. 224. LIABILITY FOR PAYMENT.

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

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

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

"SEC. 225. AUTHORIZATION OF APPROPRIATIONS.

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

"TITLE III—FACILITIES

"SEC. 301. CONSULTATION: CONSTRUCTION AND RENOVATION OF FACILITIES; REPORTS.

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

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

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

date on which the construction or renovation of such facility is completed.

"(b) CLOSURES.—

"(1) EVALUATION REQUIRED.—Notwithstanding any other provision of law, no facility operated by the Service may be closed if the Secretary has not submitted to Congress at least 1 year prior to the date of the proposed closure an evaluation of the impact of the proposed closure which specifies, in addition to other considerations—

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

"(B) the cost-effectiveness of such closure;

"(C) the quality of health care to be provided to the population served by such facility after such closure;

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

"(E) the views of the Indian Tribes served by such facility concerning such closure;

"(F) the level of use of such facility by all eligible Indians; and

"(G) the distance between such facility and the nearest operating Service hospital.

"(2) EXCEPTION FOR CERTAIN TEMPORARY CLOSURES.—Paragraph (1) shall not apply to any temporary closure of a facility or any portion of a facility if such closure is necessary for medical, environmental, or construction safety reasons.

"(c) HEALTH CARE FACILITY PRIORITY SYSTEM.—

"(1) IN GENERAL.—

"(A) ESTABLISHMENT.—The Secretary, acting through the Service, shall establish a health care facility priority system, which shall—

"(i) be developed with Indian Tribes and Tribal Organizations through negotiated rulemaking under section 802;

"(ii) give Indian Tribes' needs the highest priority; and

"(iii) at a minimum, include the lists required in paragraph (2)(B) and the methodology required in paragraph (2)(E).

"(B) PRIORITY OF CERTAIN PROJECTS PROTECTED.—The priority of any project established under the construction priority system in effect on the date of the Indian Health Care Improvement Act Amendments of 2004 shall not be affected by any change in the construction priority system taking place thereafter if the project was

identified as 1 of the 10 top-priority inpatient projects, 1 of the 10 top-priority outpatient projects, 1 of the 10 top-priority staff quarters developments, or 1 of the 10 top-priority Youth Regional Treatment Centers in the fiscal year 2005 Indian Health Service budget justification, or if the project had completed both Phase I and Phase II of the construction priority system in effect on the date of the enactment of such Act.

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

"(A) A description of the health care facility priority system of the Service, established under paragraph (1).

"(B) Health care facilities lists, including but not limited to—

"(i) the 10 top-priority inpatient health care facilities;

"(ii) the 10 top-priority outpatient health care facilities;

"(iii) the 10 top-priority specialized health care facilities (such as long-term care and alcohol and drug abuse treatment);

"(iv) the 10 top-priority staff quarters developments associated with health care facilities; and

"(v) the 10 top-priority patient hostels associated with health care facilities.

"(C) The justification for such order of priority.

"(D) The projected cost of such projects.

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

"(3) REQUIREMENTS FOR PREPARATION OF REPORTS.—In preparing each report required under paragraph (2) (other than the initial report), the Secretary shall annually—

"(A) consult with and obtain information on all health care facilities needs from Indian Tribes, Tribal Organizations, and Urban Indian Organizations; and

"(B) review the total unmet needs of all Indian Tribes, Tribal Organizations, and Urban Indian Organizations for health care facilities (including hostels and staff quarters), including needs for renovation and expansion of existing facilities.

"(4) CRITERIA FOR EVALUATING NEEDS.—For purposes of this subsection, the Secretary shall, in evaluating the needs of facilities operated under any Funding Agreement use the same criteria that the Secretary uses in evaluating the needs of facilities operated directly by the Service.

"(5) NEEDS OF FACILITIES UNDER ISDEAA AGREEMENTS.—The Secretary shall ensure that the planning, design, construction, and renovation needs of Service and non-Service facilities operated under funding agreements in accordance with the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) are fully and equitably integrated into the health care facility priority system.

"(d) REVIEW OF NEED FOR FACILITIES.—

"(1) INITIAL REPORT.—In the year 2005, the Government Accountability Office shall prepare and finalize a report which sets forth the needs of the Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations, for the facilities listed under subsection (c)(2)(B), including the needs for renovation and expansion of existing facilities. The Government Accountability Office shall submit the report to the appropriate authorizing and appropriations committees of Congress and to the Secretary.

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

"(3) The Comptroller General and the Secretary shall consult with Indian Tribes, Tribal Organizations, and Urban Indian Organizations. The Secretary shall submit the reports required by paragraphs (1) and (2), to the President for inclusion in the report required to be transmitted to Congress under section 801.

"(4) For purposes of this subsection, the reports shall, regarding the needs of facilities operated under any Funding Agreement, be based on the same criteria that the Secretary uses in evaluating the needs of facilities operated directly by the Service.

"(5) The planning, design, construction, and renovation needs of facilities operated under Funding Agreements shall be fully and equitably integrated into the development of the health facility priority system.

"(6) Beginning in the year 2006 and each fiscal year thereafter, the Secretary shall provide an opportunity for nomination of planning, design, and construction projects by the Service, Indian Tribes, and

Tribal Organizations for consideration under the health care facility priority system.

"(e) FUNDING CONDITION.—All funds appropriated under the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), for the planning, design, construction, or renovation of health facilities for the benefit of 1 or more Indian Tribes shall be subject to the provisions of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

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

"SEC. 302. SANITATION FACILITIES.

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

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

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

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

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

"(5) It is in the interest of the United States, and it is the policy of the United States, that all Indian communities and Indian homes, new and existing, be provided with sanitation facilities.

"(b) FACILITIES AND SERVICES.—In furtherance of the findings made in subsection (a), Congress reaffirms the primary responsibility and authority of the Service to provide the necessary sanitation facilities and services as provided in section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a). Under such authority, the Secretary, acting through the Service, is authorized to provide the following:

"(1) Financial and technical assistance to Indian Tribes, Tribal Organizations, and Indian communities in the establishment, training, and equipping of utility organizations to operate and maintain sanitation facilities, including the provision of existing plans, standard details, and specifications available in the Department, to be used at the option of

the Indian Tribe, Tribal Organization, or Indian community.

"(2) Ongoing technical assistance and training to Indian Tribes, Tribal Organizations, and Indian communities in the management of utility organizations which operate and maintain sanitation facilities.

"(3) Priority funding for operation and maintenance assistance for, and emergency repairs to, sanitation facilities operated by an Indian Tribe, Tribal Organization or Indian community when necessary to avoid an imminent health threat or to protect the investment in sanitation facilities and the investment in the health benefits gained through the provision of sanitation facilities.

"(c) FUNDING.—Notwithstanding any other provision of law—

"(1) the Secretary of Housing and Urban Development is authorized to transfer funds appropriated under the Native American Housing Assistance and Self-Determination Act of 1996 to the Secretary of Health and Human Services;

"(2) the Secretary of Health and Human Services is authorized to accept and use such funds for the purpose of providing sanitation facilities and services

for Indians under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a);

"(3) unless specifically authorized when funds are appropriated, the Secretary shall not use funds appropriated under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a), to provide sanitation facilities to new homes constructed using funds provided by the Department of Housing and Urban Development;

"(4) the Secretary of Health and Human Services is authorized to accept from any source, including Federal and State agencies, funds for the purpose of providing sanitation facilities and services and place these funds into Funding Agreements;

"(5) except as otherwise prohibited by this section, the Secretary may use funds appropriated under the authority of section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a) to fund up to 100 percent of the amount of an Indian Tribe's loan obtained under any Federal program for new projects to construct eligible sanitation facilities to serve Indian homes;

"(6) except as otherwise prohibited by this section, the Secretary may use funds appropriated under the authority of section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a) to meet matching or cost participation requirements under other Federal and non-

Federal programs for new projects to construct eligible sanitation facilities;

"(7) all Federal agencies are authorized to transfer to the Secretary funds identified, granted, loaned, or appropriated whereby the Department's applicable policies, rules, and regulations shall apply in the implementation of such projects;

"(8) the Secretary of Health and Human Services shall enter into interagency agreements with Federal and State agencies for the purpose of providing financial assistance for sanitation facilities and services under this Act; and

"(9) the Secretary of Health and Human Services shall, by regulation developed through rulemaking under section 802, establish standards applicable to the planning, design, and construction of sanitation facilities funded under this Act.

"(d) CERTAIN CAPABILITIES NOT PREREQUISITE.—The financial and technical capability of an Indian Tribe, Tribal Organization, or Indian community to safely operate, manage, and maintain a sanitation facility shall not be a prerequisite to the provision or construction of sanitation facilities by the Secretary.

"(e) FINANCIAL ASSISTANCE.—The Secretary is authorized to provide financial assistance to Indian Tribes,

Tribal Organizations, and Indian communities for operation, management, and maintenance of their sanitation facilities.

"(f) OPERATION, MANAGEMENT, AND MAINTENANCE OF FACILITIES.—The Indian Tribe, Tribal Organization, or Indian community has the primary responsibility to establish, collect, and use reasonable user fees, or otherwise set aside funding, for the purpose of operating, managing, and maintaining sanitation facilities. If a sanitation facility serving a community that is operated by an Indian Tribe, Tribal Organization, or Indian community is threatened with imminent failure and such operator lacks capacity to maintain the integrity or the health benefits of the sanitation facility, then the Secretary is authorized to assist the Indian Tribe, Tribal Organization, or Indian community in the resolution of the problem on a short-term basis through cooperation with the emergency coordinator or by providing operation, management, and maintenance service.

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

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

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

"(h) REPORT.—

"(1) REQUIRED; CONTENTS.—The Secretary, in consultation with the Secretary of Housing and Urban Development, Indian Tribes, Tribal Organizations, and tribally designated housing entities (as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103)) shall submit to the President, for inclusion in each report required to be transmitted to Congress under section 801, a report which sets forth—

"(A) the current Indian sanitation facility priority system of the Service;

"(B) the methodology for determining sanitation deficiencies and needs;

"(C) the level of initial and final sanitation deficiency for each type of sanitation facility for each project of each Indian Tribe or Indian community;

"(D) the amount and most effective use of funds, derived from whatever source, necessary to accommodate the sanitation facilities needs of new homes assisted with funds under the Native American Housing Assistance and Self-Deter-

mination Act, and to reduce the identified sanitation deficiency levels of all Indian Tribes and Indian communities to level I sanitation deficiency as defined in paragraph (4)(A); and

"(E) a 10-year plan to provide sanitation facilities to serve existing Indian homes and Indian communities and new and renovated Indian homes.

"(2) CRITERIA.—The criteria on which the deficiencies and needs will be evaluated shall be developed through negotiated rulemaking pursuant to section 802.

"(3) UNIFORM METHODOLOGY.—The methodology used by the Secretary in determining, preparing cost estimates for, and reporting sanitation deficiencies for purposes of paragraph (1) shall be applied uniformly to all Indian Tribes and Indian communities.

"(4) SANITATION DEFICIENCY LEVELS.—For purposes of this subsection, the sanitation deficiency levels for an individual, Indian Tribe or Indian community sanitation facility to serve Indian homes are determined as follows:

"(A) A level I deficiency exists if a sanitation facility serving an individual, Indian Tribe, or Indian community—

"(i) complies with all applicable water supply, pollution control, and solid waste disposal laws; and

"(ii) deficiencies relate to routine replacement, repair, or maintenance needs.

"(B) A level II deficiency exists if a sanitation facility serving an individual, Indian Tribe, or Indian community substantially or recently complied with all applicable water supply, pollution control, and solid waste laws and any deficiencies relate to—

"(i) small or minor capital improvements needed to bring the facility back into compliance;

"(ii) capital improvements that are necessary to enlarge or improve the facilities in order to meet the current needs for domestic sanitation facilities; or

"(iii) the lack of equipment or training by an Indian Tribe, Tribal Organization, or an Indian community to properly operate and maintain the sanitation facilities.

"(C) A level III deficiency exists if a sanitation facility serving an individual, Indian Tribe or Indian community meets one or more of the following conditions—

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

"(ii) major significant interruptions to water supply or sewage disposal occur frequently, requiring major capital improvements to correct the deficiencies; or

"(iii) there is no access to or no approved or permitted solid waste facility available.

"(D) A level IV deficiency exists if—

"(i) a sanitation facility of an individual, Indian Tribe, Tribal Organization, or Indian community has no piped water or sewer facilities in the home or the facility has become inoperable due to major component failure; or

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

"(E) A level V deficiency exists in the absence of a sanitation facility, where individual

homes do not have access to safe drinking water or adequate wastewater (including sewage) disposal.

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

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

"(2) SANITATION FACILITIES.—The terms 'sanitation facility' and 'sanitation facilities' mean safe and adequate water supply systems, sanitary sewage disposal systems, and sanitary solid waste systems (and all related equipment and support infrastructure).

"SEC. 303. PREFERENCE TO INDIANS AND INDIAN FIRMS.

"(a) BUY INDIAN ACT.—The Secretary, acting through the Service, may use the negotiating authority of section 23 of the Act of June 25, 1910 (25 U.S.C. 47, commonly known as the 'Buy Indian Act'), to give preference to any Indian or any enterprise, partnership, corporation, or other type of business organization owned and controlled by an Indian or Indians including former or currently federally recognized Indian Tribes in the State of New York (herein-

after referred to as an 'Indian firm') in the construction and renovation of Service facilities pursuant to section 301 and in the construction of sanitation facilities pursuant to section 302. Such preference may be accorded by the Secretary unless the Secretary finds, pursuant to regulations adopted pursuant to section 802, that the project or function to be contracted for will not be satisfactory or such project or function cannot be properly completed or maintained under the proposed contract. The Secretary, in arriving at such a finding, shall consider whether the Indian or Indian firm will be deficient with respect to—

"(1) ownership and control by Indians;

"(2) equipment;

"(3) bookkeeping and accounting procedures;

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

"(5) adequately trained personnel; or

"(6) other necessary components of contract performance.

"(b) LABOR STANDARDS.—

"(1) IN GENERAL.—For the purposes of implementing the provisions of this title, contracts for the construction or renovation of health care facilities, staff quarters, and sanitation facilities, and related support infrastructure, funded in whole or in part

with funds made available pursuant to this title, shall contain a provision requiring compliance with subchapter IV of chapter 31 of title 40, United States Code (commonly known as the 'Davis-Bacon Act'), unless such construction or renovation—

"(A) is performed by a contractor pursuant to a contract with an Indian Tribe or Tribal Organization with funds supplied through a contract, compact or funding agreement authorized by the Indian Self-Determination and Education Assistance Act, or other statutory authority; and

"(B) is subject to prevailing wage rates for similar construction or renovation in the locality as determined by the Indian Tribes or Tribal Organizations to be served by the construction or renovation.

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

"SEC. 304. EXPENDITURE OF NONSERVICE FUNDS FOR RENOVATION.

"(a) IN GENERAL.—Notwithstanding any other provision of law, if the requirements of subsection (c) are met, the Secretary, acting through the Service, is authorized to

accept any major expansion, renovation, or modernization by any Indian Tribe or Tribal Organization of any Service facility or of any other Indian health facility operated pursuant to a Funding Agreement, including—

"(1) any plans or designs for such expansion, renovation, or modernization; and

"(2) any expansion, renovation, or modernization for which funds appropriated under any Federal law were lawfully expended.

"(b) PRIORITY LIST.—

"(1) IN GENERAL.—The Secretary shall maintain a separate priority list to address the needs for increased operating expenses, personnel, or equipment for such facilities. The methodology for establishing priorities shall be developed through negotiated rulemaking under section 802. The list of priority facilities will be revised annually in consultation with Indian Tribes and Tribal Organizations.

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

"(c) REQUIREMENTS.—The requirements of this subsection are met with respect to any expansion, renovation, or modernization if—

"(1) the Indian Tribe or Tribal Organization—

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

"(B) applies to the Secretary to be placed on a separate priority list to address the needs of such new facilities for increased operating expenses, personnel, or equipment; and

"(2) the expansion, renovation, or modernization—

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

"(B) is administered by the Indian Tribe or Tribal Organization in accordance with any applicable regulations prescribed by the Secretary with respect to construction or renovation of Service facilities.

"(d) ADDITIONAL REQUIREMENT FOR EXPANSION.—In addition to the requirements in subsection (c), for any expansions, the Indian Tribe or Tribal Organization shall provide to the Secretary additional information developed through negotiated rulemaking under section 802, including additional staffing, equipment, and other costs associated with the expansion.

"(e) CLOSURE OR CONVERSION OF FACILITIES.—If any Service facility which has been expanded, renovated,

or modernized by an Indian Tribe or Tribal Organization under this section ceases to be used as a Service facility during the 20-year period beginning on the date such expansion, renovation, or modernization is completed, such Indian Tribe or Tribal Organization shall be entitled to recover from the United States an amount which bears the same ratio to the value of such facility at the time of such cessation as the value of such expansion, renovation, or modernization (less the total amount of any funds provided specifically for such facility under any Federal program that were expended for such expansion, renovation, or modernization) bore to the value of such facility at the time of the completion of such expansion, renovation, or modernization.

"SEC. 305. FUNDING FOR THE CONSTRUCTION, EXPANSION, AND MODERNIZATION OF SMALL AMBULATORY CARE FACILITIES.

"(a) FUNDING.—

"(1) IN GENERAL.—The Secretary, acting through the Service, in consultation with Indian Tribes and Tribal Organizations, shall make funding available to Indian Tribes and Tribal Organizations for the construction, expansion, or modernization of facilities for the provision of ambulatory care services to eligible Indians (and noneligible persons pursuant

to subsections (b)(2) and (c)(1)(C)). Funding made under this section may cover up to 100 percent of the costs of such construction, expansion, or modernization. For the purposes of this section, the term 'construction' includes the replacement of an existing facility.

"(2) FUNDING AGREEMENT REQUIRED.—Funding under paragraph (1) may only be made available to a Tribal Health Program operating an Indian health facility (other than a facility owned or constructed by the Service, including a facility originally owned or constructed by the Service and transferred to an Indian Tribe or Tribal Organization).

"(b) USE OF FUNDS.—

"(1) ALLOWABLE USES.—Funding provided under this section may be used for the construction, expansion, or modernization (including the planning and design of such construction, expansion, or modernization) of an ambulatory care facility—

"(A) located apart from a hospital;

"(B) not funded under section 301 or section 307; and

"(C) which, upon completion of such construction or modernization will—

"(i) have a total capacity appropriate to its projected service population;

"(ii) provide annually no fewer than 150 eligible Indians and other users who are eligible for services in such facility in accordance with section 807(c)(2); and

"(iii) provide ambulatory care in a Service Area (specified in the Funding Agreement) with a population of no fewer than 1,500 eligible Indians and other users who are eligible for services in such facility in accordance with section 807(c)(2).

"(2) ADDITIONAL ALLOWABLE USE.—The Secretary may also reserve a portion of the funding provided under this section and use those reserved funds to reduce an outstanding debt incurred by Indian Tribes or Tribal Organizations for the construction, expansion, or modernization of an ambulatory care facility that meets the requirements under paragraph (1). The provisions of this section shall apply, except that such applications for funding under this paragraph shall be considered separately from applications for funding under paragraph (1).

"(3) USE ONLY FOR CERTAIN PORTION OF COSTS.—Funding provided under this section may be

used only for the cost of that portion of a construction, expansion, or modernization project or debt reduction that benefits the Service population identified above in subsection (b)(1)(C) (ii) and (iii).

"(4) APPLICABILITY OF REQUIREMENTS IN THE CASE OF ISOLATED FACILITIES.—The requirements of clauses (ii) and (iii) of paragraph (1)(C) shall not apply to an Indian Tribe or Tribal Organization applying for funding under this section for a health care facility located or to be constructed on an island or when such facility is not located on a road system providing direct access to an inpatient hospital where care is available to the Service population.

"(c) FUNDING.—

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

"(A) adequate financial support will be available for the provision of services at such facility;

"(B) such facility will be available to eligible Indians without regard to ability to pay or source of payment; and

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

"(2) PRIORITY.—In awarding funding under this section, the Secretary shall give priority to Indian Tribes and Tribal Organizations that demonstrate—

"(A) a need for increased ambulatory care services; and

"(B) insufficient capacity to deliver such services.

"(3) PEER REVIEW PANELS.—The Secretary may provide for the establishment of peer review panels, as necessary, to review and evaluate applications and proposals and to advise the Secretary regarding such applications using the criteria developed during consultations pursuant to subsection (a)(1).

"(d) REVERSION OF FACILITIES.—If any facility (or portion thereof) with respect to which funds have been paid under this section, ceases, within 5 years after completion of the construction, expansion, or modernization carried out

with such funds, to be used for the purposes of providing health care services to eligible Indians, all of the right, title, and interest in and to such facility (or portion thereof) shall transfer to the United States unless otherwise negotiated by the Service and the Indian Tribe or Tribal Organization.

"(e) FUNDING NONRECURRING.—Funding provided under this section shall be nonrecurring and shall not be available for inclusion in any individual Indian Tribe's tribal share for an award under the Indian Self-Determination and Education Assistance Act or for reallocation or redesign thereunder.

"SEC. 306. INDIAN HEALTH CARE DELIVERY DEMONSTRATION PROJECT.

"(a) HEALTH CARE DEMONSTRATION PROJECTS.—The Secretary, acting through the Service, and in consultation with Indian Tribes and Tribal Organizations, is authorized to enter into construction project agreements and construction contracts under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) with Indian Tribes or Tribal Organizations for the purpose of carrying out a health care delivery demonstration project to test alternative means of delivering health care and services to Indians through facilities, including but not limited to hospice, traditional Indian health, and child care facilities.

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

"(1) waive any leasing prohibition;

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

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

"(4) permit the use of funds or property donated from any source for project purposes;

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

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

"(c) REGULATIONS.—The Secretary shall develop and promulgate regulations not later than 1 year after the date of enactment of the Indian Health Care Improvement Act Amendments of 2004. If the Secretary has not promulgated regulations by that date, the Secretary shall develop and publish regulations, through rulemaking under section 802, for the review and approval of applications submitted under this section.

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

"(1) There is a need for a new facility or program or the reorientation of an existing facility or program.

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

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

"(4) The project is economically viable.

"(5) The Indian Tribe or Tribal Organization has the administrative and financial capability to administer the project.

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

"(e) PEER REVIEW PANELS.—The Secretary may provide for the establishment of peer review panels, as necessary, to review and evaluate applications using the criteria developed pursuant to subsection (d).

"(f) PRIORITY.—The Secretary shall give priority to applications for demonstration projects in each of the following Service Units to the extent that such applications are timely filed and meet the criteria specified in subsection (d):

"(1) Cass Lake, Minnesota.

"(2) Clinton, Oklahoma.

"(3) Harlem, Montana.

"(4) Mescalero, New Mexico.

"(5) Owyhee, Nevada.

"(6) Parker, Arizona.

"(7) Schurz, Nevada.

"(8) Winnebago, Nebraska.

"(9) Ft. Yuma, California.

"(g) TECHNICAL ASSISTANCE.—The Secretary shall provide such technical and other assistance as may be necessary to enable applicants to comply with the provisions of this section.

"(h) SERVICE TO INELIGIBLE PERSONS.—The authority to provide services to persons otherwise ineligible for the health care benefits of the Service and the authority to extend hospital privileges in Service facilities to non-Service health practitioners as provided in section 807 may be included, subject to the terms of such section, in any demonstration project approved pursuant to this section.

"(i) EQUITABLE TREATMENT.—For purposes of subsection (d)(1), the Secretary shall, in evaluating facilities operated under any Funding Agreement, use the same criteria that the Secretary uses in evaluating facilities operated directly by the Service.

"(j) EQUITABLE INTEGRATION OF FACILITIES.—The Secretary shall ensure that the planning, design, construction, renovation, and expansion needs of Service and non-Service facilities which are the subject of a Funding Agreement for health services are fully and equitably integrated into the implementation of the health care delivery demonstration projects under this section.

"SEC. 307. LAND TRANSFER.

"Notwithstanding any other provision of law, the Bureau of Indian Affairs and all other agencies and departments of the United States are authorized to transfer, at no cost, land and improvements to the Service for the provision of health care services. The Secretary is authorized to accept such land and improvements for such purposes.

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

"The Secretary, acting through the Service, may enter into leases, contracts, and other agreements with Indian Tribes and Tribal Organizations which hold (1) title to, (2) a leasehold interest in, or (3) a beneficial interest in (when title is held by the United States in trust for the benefit of an Indian Tribe) facilities used or to be used for the administration and delivery of health services by an Indian Health Program. Such leases, contracts, or agreements may include provisions for construction or renovation and provide for compensation to the Indian Tribe or Tribal Orga-

nization of rental and other costs consistent with section 105(l) of the Indian Self-Determination and Education Assistance Act and regulations thereunder. Notwithstanding any other provision of law, such leases, contracts, or other agreements shall be considered as operating leases for the purpose of scoring under the Balanced Budget and Emergency Deficit Contol Act of 1985 (2 U.S.C. 901 et seq.)

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

"(a) IN GENERAL.—The Secretary, in consultation with the Secretary of the Treasury, Indian Tribes, and Tribal Organizations, shall carry out a study to determine the feasibility of establishing a loan fund to provide to Indian Tribes and Tribal Organizations direct loans or guarantees for loans for the construction of health care facilities, including—

"(1) inpatient facilities;

"(2) outpatient facilities;

"(3) staff quarters;

"(4) hostels; and

"(5) specialized care facilities, such as behavioral health and elder care facilities.

"(b) DETERMINATIONS.—In carrying out the study under subsection (a), the Secretary shall determine—

"(1) the maximum principal amount of a loan or loan guarantee that should be offered to a recipient from the loan fund;

"(2) the percentage of eligible costs, not to exceed 100 percent, that may be covered by a loan or loan guarantee from the loan fund (including costs relating to planning, design, financing, site land development, construction, rehabilitation, renovation, conversion, improvements, medical equipment and furnishings, and other facility-related costs and capital purchase (but excluding staffing));

"(3) the cumulative total of the principal of direct loans and loan guarantees, respectively, that may be outstanding at any 1 time;

"(4) the maximum term of a loan or loan guarantee that may be made for a facility from the loan fund;

"(5) the maximum percentage of funds from the loan fund that should be allocated for payment of costs associated with planning and applying for a loan or loan guarantee;

"(6) whether acceptance by the Secretary of an assignment of the revenue of an Indian Tribe or Tribal Organization as security for any direct loan or

loan guarantee from the loan fund would be appropriate;

"(7) whether, in the planning and design of health facilities under this section, users eligible under section 807(c) may be included in any projection of patient population;

"(8) whether funds of the Service provided through loans or loan guarantees from the loan fund should be eligible for use in matching other Federal funds under other programs;

"(9) the appropriateness of, and best methods for, coordinating the loan fund with the health care priority system of the Service under section 301; and

"(10) any legislative or regulatory changes required to implement recommendations of the Secretary based on results of the study.

"(c) REPORT.—Not later than September 30, 2006, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Resources and the Committee on Energy and Commerce of the House of Representatives a report that describes—

"(1) the manner of consultation made as required by subsection (a); and

"(2) the results of the study, including any recommendations of the Secretary based on results of the study.

"SEC. 310. TRIBAL LEASING.

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

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

"(a) IN GENERAL.—The Secretary, acting through the Service, is authorized to negotiate and enter into arrangements with Indian Tribes and Tribal Organizations to establish joint venture demonstration projects under which an Indian Tribe or Tribal Organization shall expend tribal, private, or other available funds, for the acquisition or construction of a health facility for a minimum of 10 years, under a no-cost lease, in exchange for agreement by the Service to provide the equipment, supplies, and staffing for the operation and maintenance of such a health facility. An Indian Tribe or Tribal Organization may use tribal funds, private sector, or other available resources, including loan guarantees, to fulfill its commitment under a joint venture entered into under this subsection. An Indian Tribe or Tribal Organization shall be eligible under this section if, when it submits a letter of intent, it—

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

"(2) has not begun the process of acquisition or construction of a health facility for use in the joint venture project.

"(b) REQUIREMENTS.—The Secretary shall make such an arrangement with an Indian Tribe or Tribal Organization only if—

"(1) the Secretary first determines that the Indian Tribe or Tribal Organization has the administrative and financial capabilities necessary to complete the timely acquisition or construction of the relevant health facility; and

"(2) the Indian Tribe or Tribal Organization meets the need criteria which shall be developed through the negotiated rulemaking process provided for under section 802.

"(c) CONTINUED OPERATION.—The Secretary shall negotiate an agreement with the Indian Tribe or Tribal Organization regarding the continued operation of the facility at the end of the initial 10 year no-cost lease period.

"(d) BREACH OF AGREEMENT.—An Indian Tribe or Tribal Organization that has entered into a written agreement with the Secretary under this section, and that

breaches or terminates without cause such agreement, shall be liable to the United States for the amount that has been paid to the Indian Tribe or Tribal Organization, or paid to a third party on the Indian Tribe's or Tribal Organization's behalf, under the agreement. The Secretary has the right to recover tangible property (including supplies) and equipment, less depreciation, and any funds expended for operations and maintenance under this section. The preceding sentence does not apply to any funds expended for the delivery of health care services, personnel, or staffing.

"(e) RECOVERY FOR NONUSE.—An Indian Tribe or Tribal Organization that has entered into a written agreement with the Secretary under this subsection shall be entitled to recover from the United States an amount that is proportional to the value of such facility if, at any time within the 10-year term of the agreement, the Service ceases to use the facility or otherwise breaches the agreement.

"(f) DEFINITION.—For the purposes of this section, the term 'health facility' or 'health facilities' includes quarters needed to provide housing for staff of the relevant Tribal Health Program.

"SEC. 312. LOCATION OF FACILITIES.

"(a) IN GENERAL.—In all matters involving the reorganization or development of Service facilities or in the establishment of related employment projects to address un-

employment conditions in economically depressed areas, the Bureau of Indian Affairs and the Service shall give priority to locating such facilities and projects on Indian lands if requested by the Indian owner and the Indian Tribe with jurisdiction over such lands or other lands owned or leased by the Indian Tribe or Tribal Organization. Top priority shall be given to Indian land owned by 1 or more Indian Tribes.

"(b) DEFINITION.—For purposes of this section, the term 'Indian lands' means—

"(1) all lands within the exterior boundaries of any reservation;

"(2) any lands title to which is held in trust by the United States for the benefit of any Indian Tribe or individual Indian or held by any Indian Tribe or individual Indian subject to restriction by the United States against alienation; and

"(3) all lands in Alaska owned by any Alaska Native village, or village or regional corporation under the Alaska Native Claims Settlement Act, or any land allotted to any Alaska Native.

"SEC. 313. MAINTENANCE AND IMPROVEMENT OF HEALTH CARE FACILITIES.

"(a) REPORT.—The Secretary shall submit to the President, for inclusion in the report required to be trans-

mitted to Congress under section 801, a report which identifies the backlog of maintenance and repair work required at both Service and tribal health care facilities, including new health care facilities expected to be in operation in the next fiscal year. The report shall also identify the need for renovation and expansion of existing facilities to support the growth of health care programs.

"(b) MAINTENANCE OF NEWLY CONSTRUCTED SPACE.—The Secretary, acting through the Service, is authorized to expend maintenance and improvement funds to support maintenance of newly constructed space only if such space falls within the approved supportable space allocation for the Indian Tribe or Tribal Organization. Supportable space allocation shall be defined through the negotiated rulemaking process provided for under section 802.

"(c) REPLACEMENT FACILITIES.—In addition to using maintenance and improvement funds for renovation, modernization, and expansion of facilities, an Indian Tribe or Tribal Organization may use maintenance and improvement funds for construction of a replacement facility if the costs of renovation of such facility would exceed a maximum renovation cost threshold. The maximum renovation cost threshold shall be determined through the negotiated rulemaking process provided for under section 802.

"SEC. 314. TRIBAL MANAGEMENT OF FEDERALLY OWNED QUARTERS.

"(a) RENTAL RATES.—

"(1) ESTABLISHMENT.—Notwithstanding any other provision of law, a Tribal Health Program which operates a hospital or other health facility and the federally owned quarters associated therewith pursuant to a Funding Agreement shall have the authority to establish the rental rates charged to the occupants of such quarters by providing notice to the Secretary of its election to exercise such authority.

"(2) OBJECTIVES.—In establishing rental rates pursuant to authority of this subsection, a Tribal Health Program shall endeavor to achieve the following objectives:

"(A) To base such rental rates on the reasonable value of the quarters to the occupants thereof.

"(B) To generate sufficient funds to prudently provide for the operation and maintenance of the quarters, and subject to the discretion of the Tribal Health Program, to supply reserve funds for capital repairs and replacement of the quarters.

"(3) EQUITABLE FUNDING.—Any quarters whose rental rates are established by a Tribal Health Pro-

gram pursuant to this subsection shall remain eligible for quarters improvement and repair funds to the same extent as all federally owned quarters used to house personnel in Services-supported programs.

"(4) NOTICE OF RATE CHANGE.—A Tribal Health Program which exercises the authority provided under this subsection shall provide occupants with no less than 60 days notice of any change in rental rates.

"(b) DIRECT COLLECTION OF RENT.—

"(1) IN GENERAL.—Notwithstanding any other provision of law, and subject to paragraph (2), a Tribal Health Program shall have the authority to collect rents directly from Federal employees who occupy such quarters in accordance with the following:

"(A) The Tribal Health Program shall notify the Secretary and the subject Federal employees of its election to exercise its authority to collect rents directly from such Federal employees.

"(B) Upon receipt of a notice described in subparagraph (A), the Federal employees shall pay rents for occupancy of such quarters directly to the Tribal Health Program and the Secretary shall have no further authority to collect rents

from such employees through payroll deduction or otherwise.

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

"(D) Such rent payments shall be deposited into a separate account which shall be used by the Tribal Health Program for the maintenance (including capital repairs and replacement) and operation of the quarters and facilities as the Tribal Health Program shall determine.

"(2) RETROCESSION OF AUTHORITY.—If a Tribal Health Program which has made an election under paragraph (1) requests retrocession of its authority to directly collect rents from Federal employees occupying federally owned quarters, such retrocession shall become effective on the earlier of—

"(A) the first day of the month that begins no less than 180 days after the Tribal Health Program notifies the Secretary of its desire to retrocede; or

"(B) such other date as may be mutually agreed by the Secretary and the Tribal Health Program.

"(c) RATES IN ALASKA.—To the extent that a Tribal Health Program, pursuant to authority granted in subsection (a), establishes rental rates for federally owned quarters provided to a Federal employee in Alaska, such rents may be based on the cost of comparable private rental housing in the nearest established community with a year-round population of 1,500 or more individuals.

"SEC. 315. APPLICABILITY OF BUY AMERICAN ACT REQUIREMENT.

"(a) APPLICABILITY.—The Secretary shall ensure that the requirements of the Buy American Act apply to all procurements made with funds provided pursuant to section 317. Indian Tribes and Tribal Organizations shall be exempt from these requirements.

"(b) EFFECT OF VIOLATION.—If it has been finally determined by a court or Federal agency that any person intentionally affixed a label bearing a 'Made in America' inscription or any inscription with the same meaning, to any product sold in or shipped to the United States that is not made in the United States, such person shall be ineligible to receive any contract or subcontract made with funds provided pursuant to section 317, pursuant to the debarment, suspension, and ineligibility procedures described in sections 9.400 through 9.409 of title 48, Code of Federal Regulations.

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

"SEC. 316. OTHER FUNDING FOR FACILITIES.

"(a) AUTHORITY TO ACCEPT FUNDS.—The Secretary is authorized to accept from any source, including Federal and State agencies, funds that are available for the construction of health care facilities and use such funds to plan, design, and construct health care facilities for Indians and to transfer such funds to Indian Tribes or Tribal Organizations through construction project agreements or construction contracts under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.). Receipt of such funds shall have no effect on the priorities established pursuant to section 301.

"(b) INTERAGENCY AGREEMENTS.—The Secretary is authorized to enter into interagency agreements with other Federal agencies or State agencies and other entities and to accept funds from such Federal or State agencies or other sources to provide for the planning, design, and construction of health care facilities to be administered by Indian Health Programs in order to carry out the purposes of this

Act and the purposes for which the funds were appropriated or for which the funds were otherwise provided.

"(c) TRANSFERRED FUNDS.—Any Federal agency to which funds for the construction of health care facilities are appropriated is authorized to transfer such funds to the Secretary for the construction of health care facilities to carry out the purposes of this Act as well as the purposes for which such funds are appropriated to such other Federal agency.

"(d) ESTABLISHMENT OF STANDARDS.—The Secretary, through the Service, shall establish standards by regulation, developed by rulemaking under section 802, for the planning, design, and construction of health care facilities serving Indians under this Act.

"SEC. 317. AUTHORIZATION OF APPROPRIATIONS.

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

"TITLE IV—ACCESS TO HEALTH SERVICES

"SEC. 401. TREATMENT OF PAYMENTS UNDER SOCIAL SECURITY ACT HEALTH CARE PROGRAMS.

"(a) DISREGARD OF MEDICARE, MEDICAID, AND SCHIP PAYMENTS IN DETERMINING APPROPRIATIONS.—Any payments received by an Indian Health Program or

by an Urban Indian Organization made under title XVIII, XIX, or XXI of the Social Security Act for services provided to Indians eligible for benefits under such respective titles shall not be considered in determining appropriations for the provision of health care and services to Indians.

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

"(c) USE OF FUNDS.—

"(1) SPECIAL FUND.—Notwithstanding any other provision of law, but subject to paragraph (2), payments to which a facility of the Service is entitled by reason of a provision of the Social Security Act shall be placed in a special fund to be held by the Secretary and first used (to such extent or in such amounts as are provided in appropriation Acts) for the purpose of making any improvements in the programs of the Service which may be necessary to achieve or maintain compliance with the applicable conditions and requirements of titles XVIII, XIX, and XXI of the Social Security Act. Any amounts to be reimbursed that are in excess of the amount necessary to achieve or maintain such conditions and require-

ments shall, subject to the consultation with Indian Tribes being served by the Service Unit, be used for reducing the health resource deficiencies of the Indian Tribes. In making payments from such fund, the Secretary shall ensure that each Service Unit of the Service receives 100 percent of the amount to which the facilities of the Service, for which such Service Unit makes collections, are entitled by reason of a provision of the Social Security Act.

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

"(d) DIRECT BILLING.—

"(1) IN GENERAL.—A Tribal Health Program may directly bill for, and receive payment for, health care items and services provided by such Indian Tribe or Tribal organization for which payment is made under title XVIII, XIX, or XXI of the Social Security Act or from any other third party payor.

"(2) DIRECT REIMBURSEMENT.—

"(A) USE OF FUNDS.—Each Tribal Health Program exercising the option described in paragraph (1) with respect to a program under a title of the Social Security Act shall be reimbursed directly by that program for items and services furnished without regard to section 401(c), but all amounts so reimbursed shall be used by the Tribal Health Program for the purpose of making any improvements in Tribal facilities or Tribal Health Programs that may be necessary to achieve or maintain compliance with the conditions and requirements applicable generally to such items and services under the program under such title and to provide additional health care services, improvements in health care facilities and Tribal Health Programs, any health care-related purpose, or otherwise to achieve the objectives provided in section 3 of this Act.

"(B) AUDITS.—The amounts paid to an Indian Tribe or Tribal Organization exercising the option described in paragraph (1) with respect to a program under a title of the Social Security Act shall be subject to all auditing requirements

applicable to programs administered by an Indian Health Program.

"(C) IDENTIFICATION OF SOURCE OF PAYMENTS.—If an Indian Tribe or Tribal Organization receives funding from the Service under the Indian Self-Determination and Education Assistance Act or an Urban Indian Organization receives funding from the Service under title V of this Act and receives reimbursements or payments under title XVIII, XIX, or XXI of the Social Security Act, such Indian Tribe or Tribal Organization, or Urban Indian Organization, shall provide to the Service a list of each provider enrollment number (or other identifier) under which it receives such reimbursements or payments.

"(3) EXAMINATION AND IMPLEMENTATION OF CHANGES.—The Secretary, acting through the Service and with the assistance of the Administrator of the Centers for Medicare & Medicaid Services, shall examine on an ongoing basis and implement any administrative changes that may be necessary to facilitate direct billing and reimbursement under the program established under this subsection, including any agreements with States that may be necessary to pro-

vide for direct billing under a program under a title of the Social Security Act.

"(4) WITHDRAWAL FROM PROGRAM.—A Tribal Health Program that bills directly under the program established under this subsection may withdraw from participation in the same manner and under the same conditions that an Indian Tribe or Tribal Organization may retrocede a contracted program to the Secretary under the authority of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.). All cost accounting and billing authority under the program established under this subsection shall be returned to the Secretary upon the Secretary's acceptance of the withdrawal of participation in this program.

"SEC. 402. GRANTS TO AND FUNDING AGREEMENTS WITH THE SERVICE, INDIAN TRIBES, TRIBAL ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS.

"(a) INDIAN TRIBES AND TRIBAL ORGANIZATIONS.—The Secretary, acting through the Service, shall make grants to or enter into Funding Agreements with Indian Tribes and Tribal Organizations to assist such Tribes and Tribal Organizations in establishing and administering

programs on or near reservations and trust lands to assist individual Indians—

"(1) to enroll for benefits under title XVIII, XIX, or XXI of the Social Security Act and other health benefits programs; and

"(2) to pay premiums for coverage for such benefits, which may be based on financial need (as determined by the Indian Tribe or Tribes being served based on a schedule of income levels developed or implemented by such Tribe or Tribes).

"(b) CONDITIONS.—The Secretary, acting through the Service, shall place conditions as deemed necessary to effect the purpose of this section in any grant or Funding Agreement which the Secretary makes with any Indian Tribe or Tribal Organization pursuant to this section. Such conditions shall include requirements that the Indian Tribe or Tribal Organization successfully undertake—

"(1) to determine the population of Indians eligible for the benefits described in subsection (a);

"(2) to educate Indians with respect to the benefits available under the respective programs;

"(3) to provide transportation for such individual Indians to the appropriate offices for enrollment or applications for such benefits; and

"(4) to develop and implement methods of improving the participation of Indians in receiving the benefits provided under titles XVIII, XIX, and XXI of the Social Security Act.

"(c) AGREEMENTS RELATING TO IMPROVING ENROLLMENT OF INDIANS UNDER SOCIAL SECURITY ACT PROGRAMS.—

"(1) AGREEMENTS WITH SECRETARY TO IMPROVE RECEIPT AND PROCESSING OF APPLICATIONS.—

"(A) AUTHORIZATION.—The Secretary, acting through the Service, may enter into an agreement with an Indian Tribe, Tribal Organization, or Urban Indian Organization which provides for the receipt and processing of applications by Indians for assistance under titles XIX and XXI of the Social Security Act, and benefits under title XVIII of such Act, by an Indian Health Program or Urban Indian Organization.

"(B) REIMBURSEMENT OF COSTS.—Such agreements may provide for reimbursement of costs of outreach, education regarding eligibility and benefits, and translation when such services are provided. The reimbursement may, as appro-

priate, be added to the applicable rate per encounter or be provided as a separate fee-for-service payment to the Indian Tribe or Tribal Organization.

"(C) PROCESSING CLARIFIED.—In this paragraph, the term 'processing' does not include a final determination of eligibility.

"(2) AGREEMENTS WITH STATES FOR OUTREACH ON OR NEAR RESERVATION.—

"(A) IN GENERAL.—In order to improve the access of Indians residing on or near a reservation to obtain benefits under title XIX or XXI of the Social Security Act, as a condition of continuing approval of a State plan under such title, the State shall take steps as to provide for enrollment on or near the reservation. Such steps may include outreach efforts such as the outstationing of eligibility workers, entering into agreements with Indian Tribes and Tribal Organizations to provide outreach, education regarding eligibility and benefits, enrollment, and translation services when such services are provided.

"(B) CONSTRUCTION.—Nothing in subparagraph (A) shall be construed as affecting ar-

rangements entered into between States and Indian Tribes and Tribal Organizations for such Indian Tribes and Tribal Organizations to conduct administrative activities under such titles.

"(d) FACILITATING COOPERATION.—The Secretary, acting through the Centers for Medicare & Medicaid Services, shall take such steps as are necessary to facilitate cooperation with, and agreements between, States and the Service, Indian Tribes, Tribal Organizations, or Urban Indian Organizations.

"(e) APPLICATION TO URBAN INDIAN ORGANIZATIONS.—

"(1) IN GENERAL.—The provisions of subsection (a) shall apply with respect to grants and other funding to Urban Indian Organizations with respect to populations served by such organizations in the same manner they apply to grants and Funding Agreements with Indian Tribes and Tribal Organizations with respect to programs on or near reservations.

"(2) REQUIREMENTS.—The Secretary shall include in the grants or Funding Agreements made or provided under paragraph (1) requirements that are—

"(A) consistent with the requirements imposed by the Secretary under subsection (b);

"(B) appropriate to Urban Indian Organizations and Urban Indians; and

"(C) necessary to effect the purposes of this section.

"SEC. 403. REIMBURSEMENT FROM CERTAIN THIRD PARTIES OF COSTS OF HEALTH SERVICES.

"(a) RIGHT OF RECOVERY.—Except as provided in subsection (f), the United States, an Indian Tribe, or Tribal Organization shall have the right to recover from an insurance company, health maintenance organization, employee benefit plan, third-party tortfeasor, or any other responsible or liable third party (including a political subdivision or local governmental entity of a State) the reasonable charges billed (or, if charges are not billed, the operational, administrative, and other expenses incurred) by the Secretary, an Indian Tribe, or Tribal Organization in providing health services, through the Service, an Indian Tribe, or Tribal Organization to any individual to the same extent that such individual, or any nongovernmental provider of such services, would be eligible to receive damages, reimbursement, or indemnification for such charges or expenses if—

"(1) such services had been provided by a nongovernmental provider; and

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

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

"(1) workers' compensation laws; or

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

"(c) NONAPPLICATION OF OTHER LAWS.—No law of any State, or of any political subdivision of a State and no provision of any contract, insurance or health maintenance organization policy, employee benefit plan, self-insurance plan, managed care plan, or other health care plan or program entered into or renewed after the date of the enactment of the Indian Health Care Amendments of 1988, shall prevent or hinder the right of recovery of the United States, an Indian Tribe, or Tribal Organization under subsection (a).

"(d) NO EFFECT ON PRIVATE RIGHTS OF ACTION.—No action taken by the United States, an Indian Tribe, or Tribal Organization to enforce the right of recovery provided under this section shall operate to deny to the injured

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

"(e) ENFORCEMENT.—

"(1) IN GENERAL.—The United States, an Indian Tribe, or Tribal Organization may enforce the right of recovery provided under subsection (a) by—

"(A) intervening or joining in any civil action or proceeding brought—

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

"(ii) by any representative or heirs of such individual, or

"(B) instituting a civil action, including a civil action for injunctive relief and other relief and including, with respect to a political subdivision or local governmental entity of a State, such an action against an official thereof.

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

"(f) LIMITATION.—Absent specific written authorization by the governing body of an Indian Tribe for the period

of such authorization (which may not be for a period of more than 1 year and which may be revoked at any time upon written notice by the governing body to the Service), the United States shall not have a right of recovery under this section if the injury, illness, or disability for which health services were provided is covered under a self-insurance plan funded by an Indian Tribe, Tribal Organization, or Urban Indian Organization. Where such authorization is provided, the Service may receive and expend such amounts for the provision of additional health services consistent with such authorization.

"(g) COSTS AND ATTORNEYS' FEES.—In any action brought to enforce the provisions of this section, a prevailing plaintiff shall be awarded its reasonable attorneys' fees and costs of litigation.

"(h) RIGHT OF ACTION AGAINST INSURERS, HMOS, EMPLOYEE BENEFIT PLANS, SELF-INSURANCE PLANS, AND OTHER HEALTH CARE PLANS OR PROGRAMS.—Where an insurance company, health maintenance organization, employee benefit plan, self-insurance plan, managed care plan, or other health care plan or program fails or refuses to pay the amount due under subsection (a) for services provided to an individual who is a beneficiary, participant, or insured of such company, organization, plan, or program, the United States, Indian Tribe, or Tribal Organization shall

have a right to assert and pursue all the claims and remedies against such company, organization, plan, or program and against the fiduciaries of such company, organization, plan, or program that the individual could assert or pursue under the terms of the contract, program, or plan or applicable Federal, State, or Tribal law.

"(i) NONAPPLICATION OF CLAIMS FILING REQUIREMENTS.—An insurance company, health maintenance organization, self-insurance plan, managed care plan, or other health care plan or program (under the Social Security Act or otherwise) may not deny a claim for benefits submitted by the Service or by an Indian Tribe or Tribal Organization based on the format in which the claim is submitted if such format complies with the format required for submission of claims under title XVIII of the Social Security Act or recognized under section 1175 of such Act.

"(j) APPLICATION TO URBAN INDIAN ORGANIZATIONS.—The previous provisions of this section shall apply to Urban Indian Organizations with respect to populations served by such Organizations in the same manner they apply to Indian Tribes and Tribal Organizations with respect to populations served by such Indian Tribes and Tribal Organizations.

"(k) STATUTE OF LIMITATIONS.—The provisions of section 2415 of title 28, United States Code, shall apply

to all actions commenced under this section, and the references therein to the United States are deemed to include Indian Tribes, Tribal Organizations, and Urban Indian Organizations.

"(l) SAVINGS.—Nothing in this section shall be construed to limit any right of recovery available to the United States, an Indian Tribe, or Tribal Organization under the provisions of any applicable, Federal, State, or Tribal law, including medical lien laws and the Federal Medical Care Recovery Act (42 U.S.C. 2651 et seq.).

"SEC. 404. CREDITING OF REIMBURSEMENTS.

"(a) USE OF AMOUNTS.—

"(1) RETENTION BY PROGRAM.—Except as provided in section 202(g) (relating to the Catastrophic Health Emergency Fund) and section 807 (relating to health services for ineligible persons), all reimbursements received or recovered under any of the programs described in paragraph (2), including under section 807, by reason of the provision of health services by the Service, by an Indian Tribe or Tribal Organization, or by an Urban Indian Organization, shall be credited to the Service, such Indian Tribe or Tribal Organization, or such Urban Indian Organization, respectively, and may be used as provided in section 401. In the case of such a service provided by

or through a Service Unit, such amounts shall be credited to such unit and used for such purposes.

"(2) PROGRAMS COVERED.—The programs referred to in paragraph (1) are the following:

"(A) Titles XVIII, XIX, and XXI of the Social Security Act.

"(B) This Act, including section 807.

"(C) Public Law 87–693.

"(D) Any other provision of law.

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

"SEC. 405. PURCHASING HEALTH CARE COVERAGE.

"(a) IN GENERAL.—Insofar as amounts are made available under law (including a provision of the Social Security Act, the Indian Self-Determination and Education Assistance Act, or other law, other than under section 402) to Indian Tribes, Tribal Organizations, and Urban Indian Organizations for health benefits for Service beneficiaries, Indian Tribes, Tribal Organizations, and Urban Indian Organizations may use such amounts to purchase health benefits coverage for such beneficiaries in any manner, including through—

"(1) a tribally owned and operated health care plan;

"(2) a State or locally authorized or licensed health care plan;

"(3) a health insurance provider or managed care organization; or

"(4) a self-insured plan.

The purchase of such coverage by an Indian Tribe, Tribal Organization, or Urban Indian Organization may be based on the financial needs of such beneficiaries (as determined by the Indian Tribe or Tribes being served based on a schedule of income levels developed or implemented by such Indian Tribe or Tribes).

"(b) EXPENSES FOR SELF-INSURED PLAN.—In the case of a self-insured plan under subsection (a)(4), the amounts may be used for expenses of operating the plan, including administration and insurance to limit the financial risks to the entity offering the plan.

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

"SEC. 406. SHARING ARRANGEMENTS WITH FEDERAL AGENCIES.

"(a) AUTHORITY.—

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

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

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

"(1) the priority access of any Indian to health care services provided through the Service and the eligibility of any Indian to receive health services through the Service;

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

"(3) the priority access of any veteran to health care services provided by the Department of Veterans Affairs;

"(4) the quality of health care services provided by the Department of Veterans Affairs or the Department of Defense; or

"(5) the eligibility of any Indian who is a veteran to receive health services through the Department of Veterans Affairs.

"(c) REIMBURSEMENT.—The Service, Indian Tribe, or Tribal Organization shall be reimbursed by the Department of Veterans Affairs or the Department of Defense (as the case may be) where services are provided through the Service, an Indian Tribe, or a Tribal Organization to beneficiaries eligible for services from either such Department, notwithstanding any other provision of law.

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

"SEC. 407. PAYOR OF LAST RESORT.

"Indian Health Programs and health care programs operated by Urban Indian Organizations shall be the payor of last resort for services provided to persons eligible for services from Indian Health Programs and Urban Indian Organizations, notwithstanding any Federal, State, or local law to the contrary.

"SEC. 408. NONDISCRIMINATION IN QUALIFICATIONS FOR REIMBURSEMENT FOR SERVICES.

"For purposes of determining the eligibility of an entity that is operated by the Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization to receive payment or reimbursement from any federally funded health care program for health care services it furnishes to an Indian, any requirement that the entity be licensed or recognized under State or local law to furnish such services shall be deemed to have been met if the entity meets all the applicable standards for such licensure, but the entity need not obtain a license. In determining whether the entity meets such standards, the absence of licensure of any staff member of the entity may not be taken into account.

"SEC. 409. CONSULTATION.

"(a) NATIONAL INDIAN TECHNICAL ADVISORY GROUP (TAG).—

"(1) ESTABLISHMENT AND MEMBERSHIP.—The Secretary shall establish within the Centers for Medicare & Medicaid Services a National Indian Technical Advisory Group (in this subsection referred to as the 'Advisory Group') which shall have no fewer than 14 members including at least 1 member designated by the Indian Tribes and Tribal Organizations in each Service Area, 1 Urban Indian Organization representative, and 1 member representing the

Service. The Secretary may appoint additional members upon the recommendation of the Advisory Group.

"(2) DUTIES.—

"(A) IDENTIFICATION OF ISSUES.—The Advisory Group shall assist the Secretary in identifying and addressing issues regarding the health care programs under the Social Security Act (including medicare, medicaid, and SCHIP) that have implications for Indian Health Programs or Urban Indian Organizations. The Advisory Group shall provide advice to the Secretary with respect to those issues and with respect to the need for the Secretary to engage in consultation with Indian Tribes, Tribal Organizations, and Urban Indian Organizations.

"(B) CONSTRUCTION.—Nothing in subparagraph (A) shall be construed as affecting any requirement under any applicable Executive order for the Secretary to consult with Indian Tribes in cases of health care policies that have implications for Indian Health Programs or Urban Indian Organizations.

"(3) NONAPPLICATION OF FEDERAL ADVISORY COMMITTEE ACT.—The Federal Advisory Committee

Act (5 U.S.C. App.) shall not apply to the Advisory Group.

"(4) MEETINGS.—The Secretary is authorized to convene meetings of the Advisory Group as often as needed to fulfill the responsibilities under this section.

"(b) SOLICITATION OF MEDICAID ADVICE.—

"(1) IN GENERAL.—As part of its plan for payment under title XIX of the Social Security Act to a State in which the Service operates or funds health care programs or in which 1 or more Indian Health Programs or Urban Indian Organizations provide health care in the State for which medical assistance is available under such title, the State may establish a process under which the State seeks advice on a regular, ongoing basis from designees of such Indian Health Programs and Urban Indian Organizations on matters relating to the application of such title to and having a direct effect on such Indian Health Programs and Urban Indian Organizations.

"(2) MANNER OF ADVICE.—The process described in paragraph (1) should include solicitation of advice prior to submission of any plan amendments, waiver requests, and proposals for demonstration projects. Such process may include appointment of an advisory committee and of a designee of such Indian

Health Programs and Urban Indian Organizations to the medical care advisory committee advising the State on its medicaid plan.

"(3) PAYMENT OF EXPENSES.—Expenses in carrying out this subsection shall be treated as reasonable administrative expenses for which reimbursement may be made under section 1903(a) of the Social Security Act.

"(c) CONSTRUCTION.—Nothing in this section shall be construed as superseding existing advisory committees, working groups, or other advisory procedures established by the Secretary or by any State.

"SEC. 410. STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP).

"Notwithstanding any other provision of law, insofar as the State health plan of a State under title XXI of the Social Security Act may provide (whether through its medicaid plan under title XIX of such Act or otherwise) child health assistance to individuals who are otherwise served by the Service or by an Indian Tribe or Tribal Organization, the Secretary may enter into an arrangement with the State and with the Service or 1 or more Indian Tribes and Tribal Organizations in the State under which a portion of the funds otherwise made available to the State under such title with respect to such individuals is provided

to the Service, Indian Tribe, or Tribal Organization, respectively, for the purpose of providing such assistance to such individuals consistent with the purposes of such title.

"SEC. 411. SOCIAL SECURITY ACT SANCTIONS.

"(a) REQUESTS FOR WAIVER OF SANCTIONS.—For purposes of applying any authority under a provision of title XI, XVIII, XIX, or XXI of the Social Security Act to seek a waiver of a sanction imposed against a health care provider insofar as that provider provides services to individuals through an Indian Health Program, any requirement that a State request such a waiver shall be deemed to be met if such Indian Health Program requests such a waiver.

"(b) SAFE HARBOR FOR TRANSACTIONS BETWEEN AND AMONG INDIAN HEALTH CARE PROGRAMS.—For purposes of applying section 1128B(b) of the Social Security Act, the exchange of anything of value between or among the following shall not be treated as remuneration if the exchange arises from or relates to any of the following health programs:

"(1) An exchange between or among the following:

"(A) Any Indian Health Program.

"(B) Any Urban Indian Organization.

"(2) An exchange between an Indian Tribe, Tribal Organization, or an Urban Indian Organization and any patient served or eligible for service from an Indian Tribe, Tribal Organization, or Urban Indian Organization, including patients served or eligible for service pursuant to section 807, but only if such exchange—

"(A) is for the purpose of transporting the patient for the provision of health care items or services;

"(B) is for the purpose of providing housing to the patient (including a pregnant patient) and immediate family members or an escort incidental to assuring the timely provision of health care items and services to the patient;

"(C) is for the purpose of paying premiums, copayments, deductibles, or other cost-sharing on behalf of patients; or

"(D) consists of an item or service of small value that is provided as a reasonable incentive to secure timely and necessary preventive and other items and services.

"(3) Other exchanges involving an Indian Health Program, an Urban Indian Organization, or an Indian Tribe or Tribal Organization that meet

such standards as the Secretary of Health and Human Services, in consultation with the Attorney General, determines is appropriate, taking into account the special circumstances of such Indian Health Programs, Urban Indian Organizations, Indian Tribes, and Tribal Organizations and of patients served by Indian Health Programs, Urban Indian Organizations, Indian Tribes, and Tribal Organizations.

"SEC. 412. COST SHARING.

"(a) COINSURANCE, COPAYMENTS, AND DEDUCTIBLES.—Notwithstanding any other provision of Federal or State law—

"(1) PROTECTION FOR ELIGIBLE INDIANS UNDER SOCIAL SECURITY ACT HEALTH PROGRAMS.—No Indian who is furnished an item or service for which payment may be made under title XIX or XXI of the Social Security Act may be charged a deductible, copayment, or coinsurance if the item or service is furnished by, or upon referral made by, the Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization.

"(2) PROTECTION FOR INDIANS.—No Indian who is furnished an item or service by the Service may be charged a deductible, copayment, or coinsurance.

"(3) NO REDUCTION IN AMOUNT OF PAYMENT TO INDIAN HEALTH PROVIDERS.—The payment or reimbursement due to the Service, Indian Tribe, Tribal Organization, or Urban Indian Organization under title XIX or XXI of the Social Security Act may not be reduced by the amount of the deductible, copayment, or coinsurance that would be due from the Indian but for the operation of this section.

"(b) EXEMPTION FROM MEDICAID AND SCHIP PREMIUMS.—Notwithstanding any other provision of Federal or State law, no Indian who is otherwise eligible for services under title XIX of the Social Security Act (relating to the medicaid program) or title XXI of such Act (relating to the State children's health insurance program) may be charged a premium as a condition of receiving benefits under the program under the respective title.

"(c) LIMITATION ON MEDICAL CHILD SUPPORT RECOVERY.—Notwithstanding any other provision of law, a parent (whether or not an Indian) of an Indian child shall not be responsible for reimbursing a State or the Federal Government under title XIX or XXI of the Social Security Act for the cost of medical services relating to the child (including childbirth and including, where such child is a minor parent, any child of such minor parent) under circumstances in which payment would have been made under

the contract health services program of an Indian Health Program but for the child's (or, in the case of medical services relating to childbirth, mother's, or grandchild's, as the case may be) eligibility under title XIX or XXI of the Social Security Act.

"(d) TREATMENT OF CERTAIN PROPERTY FOR MEDICAID ELIGIBILITY.—Notwithstanding any other provision of Federal or State law, the following property may not be included when determining eligibility for services under title XIX of the Social Security Act:

"(1) Property, including interests in real property currently or formerly held in trust by the Federal Government which is protected under applicable Federal, State, or Tribal law or custom from recourse and including public domain allotments.

"(2) Property that has unique religious or cultural significance or that supports subsistence or traditional lifestyle according to applicable Tribal law or custom.

"(e) CONTINUATION OF CURRENT LAW PROTECTIONS OF CERTAIN INDIAN PROPERTY FROM MEDICAID ESTATE RECOVERY.—Income, resources, and property that are exempt from medicaid estate recovery under title XIX of the Social Security Act as of April 1, 2003, under manual instructions issued to carry out section 1917(b)(3) of such Act

because of Federal responsibility for Indian Tribes and Alaska Native Villages shall remain so exempt. Nothing in this subsection shall be construed as preventing the Secretary from providing additional medicaid estate recovery exemptions for Indians.

"SEC. 413. TREATMENT UNDER MEDICAID MANAGED CARE.

"(a) PAYMENT FOR SERVICES FURNISHED TO INDIANS.—

"(1) IN GENERAL.—Subject to paragraph (2), in the case of an Indian who is enrolled with a managed care entity under section 1932 of the Social Security Act (or otherwise under a waiver under title XIX of such Act) and who receives services, covered by a managed care entity, from an Indian Health Program or an Urban Indian Organization, either—

"(A) the entity shall make payment to the Indian Health Program or Urban Indian Organization at a rate established by the entity for such services that is not less than the rate for preferred providers (or at such other rate as may be negotiated between the entity and such Indian Health Program or Urban Indian Organization) and shall not require submittal of a claim by the enrollee as a condition of payment to the Indian

Health Program or Urban Indian Organization; or

"(B) the State shall provide for payment to the Indian Health Program or Urban Indian Organization under its State plan under title XIX of such Act at the rate otherwise applicable and shall provide for an appropriate adjustment of the capitation payment made to the entity to take into account such payment.

"(2) PAYMENT STANDARDS.—The payment provisions shall meet the usual medicaid standards for economy, efficiency, and access to quality care.

"(b) OFFERING OF MANAGED CARE.—If—

"(1) a State elects under its State plan under title XIX of the Social Security Act to provide services through medicaid managed care organizations or through primary care case managers under section 1932 or under a waiver under such title; and

"(2) the Indian Health Program or Urban Indian Organization that is funded in whole or in part by the Service, or a consortium thereof, has established a medicaid managed care organization or a primary care case manager that meets quality standards equivalent to those required of such an organization or manager under such section or waiver,

the State shall enter into an agreement under such section with the Service, Indian Tribe, Tribal Organization, or Urban Indian Organization, or such consortium, to serve as a medicaid managed care organization or a primary care case manager, respectively with respect to Indians served by such entity. In carrying out this subsection, the Secretary and the State may waive requirements regarding enrollment, capitalization, and such other matters that might otherwise prevent the application of the previous sentence.

"SEC. 414. NAVAJO NATION MEDICAID AGENCY FEASIBILITY STUDY.

"(a) STUDY.—The Secretary shall conduct a study to determine the feasibility of treating the Navajo Nation as a State for the purposes of title XIX of the Social Security Act, to provide services to Indians living within the boundaries of the Navajo Nation through an entity established having the same authority and performing the same functions as single-State medicaid agencies responsible for the administration of the State plan under title XIX of the Social Security Act.

"(b) CONSIDERATIONS.—In conducting the study, the Secretary shall consider the feasibility of—

"(1) assigning and paying all expenditures for the provision of services and related administration

funds, under title XIX of the Social Security Act, to Indians living within the boundaries of the Navajo Nation that are currently paid to or would otherwise be paid to the State of Arizona, New Mexico, or Utah;

"(2) providing assistance to the Navajo Nation in the development and implementation of such entity for the administration, eligibility, payment, and delivery of medical assistance under title XIX of the Social Security Act;

"(3) providing an appropriate level of matching funds for Federal medical assistance with respect to amounts such entity expends for medical assistance for services and related administrative costs; and

"(4) authorizing the Secretary, at the option of the Navajo Nation, to treat the Navajo Nation as a State for the purposes of title XIX of the Social Security Act (relating to the State children's health insurance program) under terms equivalent to those described in paragraphs (2) through (4).

"(c) REPORT.—Not later then 3 years after the date of enactment of the Indian Health Act Improvement Act Amendments of 2004, the Secretary shall submit to the Committee of Indian Affairs and Committee on Finance of the Senate and the Committee on Resources and Committee

on Ways and Means on the House of Representatives a report that includes—

"(1) the results of the study under this section;

"(2) a summary of any consultation that occurred between the Secretary and the Navajo Nation, other Indian Tribes, the States of Arizona, New Mexico, and Utah, counties which include Navajo Lands, and other interested parties, in conducting this study;

"(3) projected costs or savings associated with establishment of such entity, and any estimated impact on services provided as described in this section in relation to probable costs or savings; and

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

"SEC. 415. AUTHORIZATION OF APPROPRIATIONS.

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

"TITLE V—HEALTH SERVICES FOR URBAN INDIANS

"SEC. 501. PURPOSE.

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

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

"Under authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, shall enter into contracts with, or make grants to, Urban Indian Organizations to assist such organizations in the establishment and administration, within Urban Centers, of programs which meet the requirements set forth in this title. Subject to section 506, the Secretary, acting through the Service, shall include such conditions as the Secretary considers necessary to effect the purpose of this title in any contract into which the Secretary enters with, or in any grant the Secretary makes to, any Urban Indian Organization pursuant to this title.

"SEC. 503. CONTRACTS AND GRANTS FOR THE PROVISION OF HEALTH CARE AND REFERRAL SERVICES.

"(a) REQUIREMENTS FOR GRANTS AND CONTRACTS.—Under authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, shall enter into contracts with, or make grants to, Urban Indian Organizations for the provision of health care and referral services for Urban Indians. Any such contract or grant shall include requirements that the Urban Indian Organization successfully undertake to—

"(1) estimate the population of Urban Indians residing in the Urban Center or centers that the organization proposes to serve who are or could be recipients of health care or referral services;

"(2) estimate the current health status of Urban Indians residing in such Urban Center or centers;

"(3) estimate the current health care needs of Urban Indians residing in such Urban Center or centers;

"(4) provide basic health education, including health promotion and disease prevention education, to Urban Indians;

"(5) make recommendations to the Secretary and Federal, State, local, and other resource agencies on methods of improving health service programs to meet the needs of Urban Indians; and

"(6) where necessary, provide, or enter into contracts for the provision of, health care services for Urban Indians.

"(b) CRITERIA.—The Secretary, acting through the Service, shall by regulation adopted pursuant to section 520 prescribe the criteria for selecting Urban Indian Organizations to enter into contracts or receive grants under this section. Such criteria shall, among other factors, include—

"(1) the extent of unmet health care needs of Urban Indians in the Urban Center or centers involved;

"(2) the size of the Urban Indian population in the Urban Center or centers involved;

"(3) the extent, if any, to which the activities set forth in subsection (a) would duplicate any project funded under this title;

"(4) the capability of an Urban Indian Organization to perform the activities set forth in subsection (a) and to enter into a contract with the Secretary or to meet the requirements for receiving a grant under this section;

"(5) the satisfactory performance and successful completion by an Urban Indian Organization of other contracts with the Secretary under this title;

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

"(7) the extent of existing or likely future participation in the activities set forth in subsection (a) by appropriate health and health-related Federal, State, local, and other agencies.

"(c) ACCESS TO HEALTH PROMOTION AND DISEASE PREVENTION PROGRAMS.—The Secretary, acting through

the Service, shall facilitate access to or provide health promotion and disease prevention services for Urban Indians through grants made to Urban Indian Organizations administering contracts entered into or receiving grants under subsection (a).

"(d) IMMUNIZATION SERVICES.—

"(1) ACCESS OR SERVICES PROVIDED.—The Secretary, acting through the Service, shall facilitate access to, or provide, immunization services for Urban Indians through grants made to Urban Indian Organizations administering contracts entered into or receiving grants under this section.

"(2) DEFINITION.—For purposes of this subsection, the term 'immunization services' means services to provide without charge immunizations against vaccine-preventable diseases.

"(e) BEHAVIORAL HEALTH SERVICES.—

"(1) ACCESS OR SERVICES PROVIDED.—The Secretary, acting through the Service, shall facilitate access to, or provide, behavioral health services for Urban Indians through grants made to Urban Indian Organizations administering contracts entered into or receiving grants under subsection (a).

"(2) ASSESSMENT REQUIRED.—Except as provided by paragraph (3)(A), a grant may not be made

under this subsection to an Urban Indian Organization until that organization has prepared, and the Service has approved, an assessment of the following:

"(A) The behavioral health needs of the Urban Indian population concerned.

"(B) The behavioral health services and other related resources available to that population.

"(C) The barriers to obtaining those services and resources.

"(D) The needs that are unmet by such services and resources.

"(3) PURPOSES OF GRANTS.—Grants may be made under this subsection for the following:

"(A) To prepare assessments required under paragraph (2).

"(B) To provide outreach, educational, and referral services to Urban Indians regarding the availability of direct behavioral health services, to educate Urban Indians about behavioral health issues and services, and effect coordination with existing behavioral health providers in order to improve services to Urban Indians.

"(C) To provide outpatient behavioral health services to Urban Indians, including the

identification and assessment of illness, therapeutic treatments, case management, support groups, family treatment, and other treatment.

"(D) To develop innovative behavioral health service delivery models which incorporate Indian cultural support systems and resources.

"(f) PREVENTION OF CHILD ABUSE.—

"(1) ACCESS OR SERVICES PROVIDED.—The Secretary, acting through the Service, shall facilitate access to or provide services for Urban Indians through grants to Urban Indian Organizations administering contracts entered into or receiving grants under subsection (a) to prevent and treat child abuse (including sexual abuse) among Urban Indians.

"(2) EVALUATION REQUIRED.—Except as provided by paragraph (3)(A), a grant may not be made under this subsection to an Urban Indian Organization until that organization has prepared, and the Service has approved, an assessment that documents the prevalence of child abuse in the Urban Indian population concerned and specifies the services and programs (which may not duplicate existing services and programs) for which the grant is requested.

"(3) PURPOSES OF GRANTS.—Grants may be made under this subsection for the following:

"(A) To prepare assessments required under paragraph (2).

"(B) For the development of prevention, training, and education programs for Urban Indians, including child education, parent education, provider training on identification and intervention, education on reporting requirements, prevention campaigns, and establishing service networks of all those involved in Indian child protection.

"(C) To provide direct outpatient treatment services (including individual treatment, family treatment, group therapy, and support groups) to Urban Indians who are child victims of abuse (including sexual abuse) or adult survivors of child sexual abuse, to the families of such child victims, and to Urban Indian perpetrators of child abuse (including sexual abuse).

"(4) CONSIDERATIONS WHEN MAKING GRANTS.—In making grants to carry out this subsection, the Secretary shall take into consideration—

"(A) the support for the Urban Indian Organization demonstrated by the child protection authorities in the area, including committees or other services funded under the Indian Child

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

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

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

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

"SEC. 504. CONTRACTS AND GRANTS FOR THE DETERMINATION OF UNMET HEALTH CARE NEEDS.

"(a) GRANTS AND CONTRACTS AUTHORIZED.—Under authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, may enter into contracts with or make grants to Urban Indian Organizations situated in Urban Centers for which contracts have not been entered into or grants have not been made under section 503.

"(b) PURPOSE.—The purpose of a contract or grant made under this section shall be the determination of the

matters described in subsection (c)(1) in order to assist the Secretary in assessing the health status and health care needs of Urban Indians in the Urban Center involved and determining whether the Secretary should enter into a contract or make a grant under section 503 with respect to the Urban Indian Organization which the Secretary has entered into a contract with, or made a grant to, under this section.

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

"(1) the Urban Indian Organization successfully undertakes to—

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

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

"(2) the Urban Indian Organization complete performance of the contract, or carry out the requirements of the grant, within 1 year after the date on which the Secretary and such organization enter into

such contract, or within 1 year after such organization receives such grant, whichever is applicable.

"(d) NO RENEWALS.—The Secretary may not renew any contract entered into or grant made under this section.

"SEC. 505. EVALUATIONS; RENEWALS.

"(a) PROCEDURES FOR EVALUATIONS.—The Secretary, acting through the Service, shall develop procedures to evaluate compliance with grant requirements and compliance with and performance of contracts entered into by Urban Indian Organizations under this title. Such procedures shall include provisions for carrying out the requirements of this section.

"(b) EVALUATIONS.—The Secretary, acting through the Service, shall evaluate the compliance of each Urban Indian Organization which has entered into a contract or received a grant under section 503 with the terms of such contract or grant. For purposes of this evaluation, in determining the capacity of an Urban Indian Organization to deliver quality patient care the Secretary shall—

"(1) acting through the Service, conduct an annual onsite evaluation of the organization; or

"(2) accept in lieu of such onsite evaluation evidence of the organization's provisional or full accreditation by a private independent entity recognized by the Secretary for purposes of conducting quality re-

views of providers participating in the Medicare program under title XVIII of the Social Security Act.

"(c) NONCOMPLIANCE; UNSATISFACTORY PERFORMANCE.—If, as a result of the evaluations conducted under this section, the Secretary determines that an Urban Indian Organization has not complied with the requirements of a grant or complied with or satisfactorily performed a contract under section 503, the Secretary shall, prior to renewing such contract or grant, attempt to resolve with the organization the areas of noncompliance or unsatisfactory performance and modify the contract or grant to prevent future occurrences of noncompliance or unsatisfactory performance. If the Secretary determines that the noncompliance or unsatisfactory performance cannot be resolved and prevented in the future, the Secretary shall not renew the contract or grant with the organization and is authorized to enter into a contract or make a grant under section 503 with another Urban Indian Organization which is situated in the same Urban Center as the Urban Indian Organization whose contract or grant is not renewed under this section.

"(d) CONSIDERATIONS FOR RENEWALS.—In determining whether to renew a contract or grant with an Urban Indian Organization under section 503 which has completed performance of a contract or grant under section 504,

the Secretary shall review the records of the Urban Indian Organization, the reports submitted under section 507, and shall consider the results of the onsite evaluations or accreditations under subsection (b).

"SEC. 506. OTHER CONTRACT AND GRANT REQUIREMENTS.

"(a) PROCUREMENT.—Contracts with Urban Indian Organizations entered into pursuant to this title shall be in accordance with all Federal contracting laws and regulations relating to procurement except that in the discretion of the Secretary, such contracts may be negotiated without advertising and need not conform to the provisions of sections 1304 and 3131 through 3133 of title 40, United States Code.

"(b) PAYMENTS UNDER CONTRACTS OR GRANTS.—Payments under any contracts or grants pursuant to this title shall, notwithstanding any term or condition of such contract or grant—

"(1) be made in their entirety by the Secretary to the Urban Indian Organization by no later than the end of the first 30 days of the funding period with respect to which the payments apply, unless the Secretary determines through an evaluation under section 505 that the organization is not capable of administering such payments in their entirety; and

"(2) if any portion thereof is unexpended by the Urban Indian Organization during the funding period with respect to which the payments initially apply, shall be carried forward for expenditure with respect to allowable or reimbursable costs incurred by the organization during 1 or more subsequent funding periods without additional justification or documentation by the organization as a condition of carrying forward the availability for expenditure of such funds.

"(c) REVISION OR AMENDMENT OF CONTRACTS.—Notwithstanding any provision of law to the contrary, the Secretary may, at the request or consent of an Urban Indian Organization, revise or amend any contract entered into by the Secretary with such organization under this title as necessary to carry out the purposes of this title.

"(d) FAIR AND UNIFORM SERVICES AND ASSISTANCE.—Contracts with or grants to Urban Indian Organizations and regulations adopted pursuant to this title shall include provisions to assure the fair and uniform provision to Urban Indians of services and assistance under such contracts or grants by such organizations.

"SEC. 507. REPORTS AND RECORDS.

"(a) REPORTS.—For each fiscal year during which an Urban Indian Organization receives or expends funds pur-

suant to a contract entered into or a grant received pursuant to this title, such Urban Indian Organization shall submit to the Secretary not more frequently than every 6 months, a report that includes the following:

"(1) In the case of a contract or grant under section 503, recommendations pursuant to section 503(a)(5).

"(2) Information on activities conducted by the organization pursuant to the contract or grant.

"(3) An accounting of the amounts and purpose for which Federal funds were expended.

"(4) A minimum set of data, using uniformly defined elements, that is specified by the Secretary in consultation, consistent with section 514, with Urban Indian Organizations.

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

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

"(1) a certified public accountant; or

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

"SEC. 508. LIMITATION ON CONTRACT AUTHORITY.

"The authority of the Secretary to enter into contracts or to award grants under this title shall be to the extent, and in an amount, provided for in appropriation Acts.

"SEC. 509. FACILITIES.

"(a) GRANTS.—The Secretary, acting through the Service, may make grants to contractors or grant recipients under this title for the lease, purchase, renovation, construction, or expansion of facilities, including leased facilities, in order to assist such contractors or grant recipients in complying with applicable licensure or certification requirements.

"(b) LOANS.—The Secretary, acting through the Service or through the Health Resources and Services Administration, may provide to contractors or grant recipients under this title loans from the Urban Indian Health Care Facilities Revolving Loan Fund described in subsection (c), or guarantees for loans, for the construction, renovation, expansion, or purchase of health care facilities, subject to the following requirements:

"(1) The principal amount of a loan or loan guarantee may cover 100 percent of the costs (other than staffing) relating to the facility, including plan-

ning, design, financing, site land development, construction, rehabilitation, renovation, conversion, medical equipment, furnishings, and capital purchase.

"(2) The total of the principal of loans and loan guarantees, respectively, outstanding at any one time shall not exceed such limitations as may be specified in appropriation Acts.

"(3) The loan or loan guarantee may have a term of the shorter of the estimated useful life of the facility or 25 years.

"(4) An Urban Indian Organization may assign, and the Secretary may accept assignment of, the revenue of the Urban Indian Organization as security for a loan or loan guarantee under this subsection.

"(5) The Secretary shall not collect application, processing, or similar fees from Urban Indian Organizations applying for loans or loan guarantees under this subsection.

"(c) FUND.—

"(1) ESTABLISHMENT.—There is established in the Treasury of the United States a fund to be known as the Urban Indian Health Care Facilities Revolving Loan Fund (hereafter in this section referred to as the 'URLF'). The URLF shall consist of—

"(A) such amounts as may be appropriated to the URLF;

"(B) amounts received from Urban Indian Organizations in repayment of loans made to such organizations under paragraph (2); and

"(C) interest earned on amounts in the URLF under paragraph (3).

"(2) USE OF AMOUNT IN FUND.—Amounts in the URLF may be expended by the Secretary, acting through the Service or the Health Resources and Services Administration, to make loans available to Urban Indian Organizations receiving grants or contracts under this title for the purposes, and subject to the requirements, described in subsection (b). Amounts appropriated to the URLF, amounts received from Urban Indian Organizations in repayment of loans, and interest on amounts in the URLF shall remain available until expended.

"(3) INVESTMENT OF AMOUNTS IN FUND.—The Secretary of the Treasury shall invest such amounts of the URLF as such Secretary determines are not required to meet current withdrawals from the URLF. Such investments may be made only in interest-bearing obligations of the United States. For such purpose, such obligations may be acquired on original

issue at the issue price or by purchase of outstanding obligations at the market price. Any obligation acquired by the URLF may be sold by the Secretary of the Treasury at the market price.

"(4) INITIAL FUNDS.—There are authorized to be appropriated such sums as may be necessary to initiate the URLF. For each fiscal year after the initial year in which funds are appropriated to the URLF, there is authorized to be appropriated an amount equal to the sum of the amount collected by the URLF during the preceding fiscal year and all accrued interest.

"SEC. 510. OFFICE OF URBAN INDIAN HEALTH.

"There is hereby established within the Service an Office of Urban Indian Health, which shall be responsible for—

"(1) carrying out the provisions of this title;

"(2) providing central oversight of the programs and services authorized under this title; and

"(3) providing technical assistance to Urban Indian Organizations.

"SEC. 511. GRANTS FOR ALCOHOL AND SUBSTANCE ABUSE-RELATED SERVICES.

"(a) GRANTS AUTHORIZED.—The Secretary, acting through the Service, may make grants for the provision of

health-related services in prevention of, treatment of, rehabilitation of, or school- and community-based education regarding, alcohol and substance abuse in Urban Centers to those Urban Indian Organizations with which the Secretary has entered into a contract under this title or under section 201.

"(b) GOALS.—Each grant made pursuant to subsection (a) shall set forth the goals to be accomplished pursuant to the grant. The goals shall be specific to each grant as agreed to between the Secretary and the grantee.

"(c) CRITERIA.—The Secretary shall establish criteria for the grants made under subsection (a), including criteria relating to the following:

"(1) The size of the Urban Indian population.

"(2) Capability of the organization to adequately perform the activities required under the grant.

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

"(4) Identification of the need for services.

"(d) ALLOCATION OF GRANTS.—The Secretary shall develop a methodology for allocating grants made pursuant

to this section based on the criteria established pursuant to subsection (c).

"(e) GRANTS SUBJECT TO CRITERIA.—Any funds received by an Urban Indian Organization under this Act for substance abuse prevention, treatment, and rehabilitation shall be subject to the criteria set forth in subsection (c).

"SEC. 512. TREATMENT OF CERTAIN DEMONSTRATION PROJECTS.

"Notwithstanding any other provision of law, the Tulsa Clinic and Oklahoma City Clinic demonstration projects shall—

"(1) be permanent programs within the Service's direct care program;

"(2) continue to be treated as Service Units in the allocation of resources and coordination of care; and

"(3) continue to meet the requirements and definitions of an urban Indian organization in this Act, and shall not be subject to the provisions of the Indian Self-Determination and Education Assistance Act.

"SEC. 513. URBAN NIAAA TRANSFERRED PROGRAMS.

"(a) GRANTS AND CONTRACTS.—The Secretary, through the Office of Urban Indian Health, shall make

grants or enter into contracts with Urban Indian Organizations for the administration of Urban Indian alcohol programs that were originally established under the National Institute on Alcoholism and Alcohol Abuse (hereafter in this section referred to as 'NIAAA') and transferred to the Service. Such grants and contracts shall become effective no later than September 30, 2007.

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

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

"(d) REPORT.—The Secretary shall evaluate and report to Congress on the activities of programs funded under this section not less than every 5 years.

"SEC. 514. CONSULTATION WITH URBAN INDIAN ORGANIZATIONS.

"(a) IN GENERAL.—The Secretary shall ensure that the Service consults, to the greatest extent practicable, with Urban Indian Organizations.

"(b) DEFINITION OF CONSULTATION.—For purposes of subsection (a), consultation is the open and free exchange of information and opinions which leads to mutual understanding and comprehension and which emphasizes trust, respect, and shared responsibility.

"SEC. 515. FEDERAL TORT CLAIM ACT COVERAGE.

"(a) IN GENERAL.—With respect to claims resulting from the performance of functions during fiscal year 2004 and thereafter, or claims asserted after September 30, 2003, but resulting from the performance of functions prior to fiscal year 2004, under a contract, grant agreement, or any other agreement authorized under this title, an Urban Indian Organization is deemed hereafter to be part of the Service in the Department of Health and Human Services while carrying out any such contract or agreement and its employees are deemed employees of the Service while acting within the scope of their employment in carrying out the contract or agreement. After September 30, 2003, any civil action or proceeding involving such claims brought hereafter against any Urban Indian Organization or any employee of such Urban Indian Organization covered by this provision shall be deemed to be an action against the United States and will be defended by the Attorney General and be afforded the full protection and coverage of the Federal Tort Claims Act (28 U.S.C. 1346(b), 2671 et seq.).

"(b) CLAIMS RESULTING FROM PERFORMANCE OF CONTRACT OR GRANT.—Beginning with the fiscal year ending September 30, 2003, and thereafter, the Secretary shall request through annual appropriations funds sufficient to reimburse the Treasury for any claims paid in the prior fiscal year pursuant to the foregoing provisions.

"SEC. 516. URBAN YOUTH TREATMENT CENTER DEMONSTRATION.

"(a) CONSTRUCTION AND OPERATION.—The Secretary, acting through the Service, through grant or contract, is authorized to fund the construction and operation of at least 2 residential treatment centers in each State described in subsection (b) to demonstrate the provision of alcohol and substance abuse treatment services to Urban Indian youth in a culturally competent residential setting.

"(b) DEFINITION OF STATE.—A State described in this subsection is a State in which—

"(1) there resides Urban Indian youth with need for alcohol and substance abuse treatment services in a residential setting; and

"(2) there is a significant shortage of culturally competent residential treatment services for Urban Indian youth.

"SEC. 517. USE OF FEDERAL PROPERTY AND SUPPLIES.

"(a) AUTHORIZATION FOR USE.—The Secretary, acting through the Service, shall allow an Urban Indian Organization that has entered into a contract or received a grant pursuant to this title, in carrying out such contract or grant, to use existing facilities and all equipment therein or pertaining thereto and other real and personal property owned by the Federal Government within the Secretary's jurisdiction under such terms and conditions as may be agreed upon for their use and maintenance.

"(b) DONATIONS.—Subject to subsection (d), the Secretary may donate to an Urban Indian Organization that has entered into a contract or received a grant pursuant to this title any personal or real property determined to be excess to the needs of the Service or the General Services Administration for purposes of carrying out the contract or grant.

"(c) ACQUISITION OF PROPERTY FOR DONATION.—The Secretary may acquire excess or surplus government personal or real property for donation (subject to subsection (d)), to an Urban Indian Organization that has entered into a contract or received a grant pursuant to this title if the Secretary determines that the property is appropriate for use by the Urban Indian Organization for a purpose for which a contract or grant is authorized under this title.

"(d) PRIORITY.—In the event that the Secretary receives a request for donation of a specific item of personal or real property described in subsection (b) or (c) from both an Urban Indian Organization and from an Indian Tribe or Tribal Organization, the Secretary shall give priority to the request for donation of the Indian Tribe or Tribal Organization if the Secretary receives the request from the Indian Tribe or Tribal Organization before the date the Secretary transfers title to the property or, if earlier, the date the Secretary transfers the property physically to the Urban Indian Organization.

"(e) URBAN INDIAN ORGANIZATIONS DEEMED EXECUTIVE AGENCY FOR CERTAIN PURPOSES.—For purposes of section 501 of title 40, United States Code, (relating to Federal sources of supply, including lodging providers, airlines, and other transportation providers), an Urban Indian Organization that has entered into a contract or received a grant pursuant to this title shall be deemed an executive agency when carrying out such contract or grant, and the employees of the Urban Indian Organization shall be eligible to have access to such sources of supply on the same basis as employees of an executive agency have such access.

"SEC. 518. GRANTS FOR DIABETES PREVENTION, TREATMENT, AND CONTROL.

"(a) GRANTS AUTHORIZED.—The Secretary may make grants to those Urban Indian Organizations that have entered into a contract or have received a grant under this title for the provision of services for the prevention and treatment of, and control of the complications resulting from, diabetes among Urban Indians.

"(b) GOALS.—Each grant made pursuant to subsection (a) shall set forth the goals to be accomplished under the grant. The goals shall be specific to each grant as agreed to between the Secretary and the grantee.

"(c) ESTABLISHMENT OF CRITERIA.—The Secretary shall establish criteria for the grants made under subsection (a) relating to—

"(1) the size and location of the Urban Indian population to be served;

"(2) the need for prevention of and treatment of, and control of the complications resulting from, diabetes among the Urban Indian population to be served;

"(3) performance standards for the organization in meeting the goals set forth in such grant that are negotiated and agreed to by the Secretary and the grantee;

"(4) the capability of the organization to adequately perform the activities required under the grant; and

"(5) the willingness of the organization to collaborate with the registry, if any, established by the Secretary under section 204(e) in the Area Office of the Service in which the organization is located.

"(d) FUNDS SUBJECT TO CRITERIA.—Any funds received by an Urban Indian Organization under this Act for the prevention, treatment, and control of diabetes among Urban Indians shall be subject to the criteria developed by the Secretary under subsection (c).

"SEC. 519. COMMUNITY HEALTH REPRESENTATIVES.

"The Secretary, acting through the Service, may enter into contracts with, and make grants to, Urban Indian Organizations for the employment of Indians trained as health service providers through the Community Health Representatives Program under section 109 in the provision of health care, health promotion, and disease prevention services to Urban Indians.

"SEC. 520. REGULATIONS.

"(a) REQUIREMENTS FOR REGULATIONS.—The Secretary may promulgate regulations to implement the provisions of this title in accordance with the following:

"(1) Proposed regulations to implement this Act shall be published in the Federal Register by the Secretary no later than 9 months after the date of the enactment of this Act and shall have no less than a 4-month comment period.

"(2) The authority to promulgate regulations under this Act shall expire 18 months from the date of the enactment of this Act.

"(b) EFFECTIVE DATE OF TITLE.—The amendments to this title made by the Indian Health Care Improvement Act Amendments of 2004 shall be effective on the date of the enactment of such amendments, regardless of whether the Secretary has promulgated regulations implementing such amendments have been promulgated.

"SEC. 521. ELIGIBILITY FOR SERVICES.

"Urban Indians shall be eligible and the ultimate beneficiaries for health care or referral services provided pursuant to this title.

"SEC. 522. AUTHORIZATION OF APPROPRIATIONS.

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

"TITLE VI—ORGANIZATIONAL IMPROVEMENTS

"SEC. 601. ESTABLISHMENT OF THE INDIAN HEALTH SERVICE AS AN AGENCY OF THE PUBLIC HEALTH SERVICE.

"(a) ESTABLISHMENT.—

"(1) IN GENERAL.—In order to more effectively and efficiently carry out the responsibilities, authorities, and functions of the United States to provide health care services to Indians and Indian Tribes, as are or may be hereafter provided by Federal statute or treaties, there is established within the Public Health Service of the Department the Indian Health Service.

"(2) ASSISTANT SECRETARY OF INDIAN HEALTH.—The Service shall be administered by an Assistant Secretary of Indian Health, who shall be appointed by the President, by and with the advice and consent of the Senate. The Assistant Secretary shall report to the Secretary. Effective with respect to an individual appointed by the President, by and with the advice and consent of the Senate, after January 1, 2005, the term of service of the Assistant Secretary shall be 4 years. An Assistant Secretary may serve more than 1 term.

"(3) INCUMBENT.—The individual serving in the position of Director of the Indian Health Service on the day before the date of enactment of the Indian Health Care Improvement Act Amendments of 2004 shall serve as Assistant Secretary.

"(4) ADVOCACY AND CONSULTATION.—The position of Assistant Secretary is established to, in a manner consistent with the government-to-government relationship between the United States and Indian Tribes—

"(A) facilitate advocacy for the development of appropriate Indian health policy; and

"(B) promote consultation on matters relating to Indian health.

"(b) AGENCY.—The Service shall be an agency within the Public Health Service of the Department, and shall not be an office, component, or unit of any other agency of the Department.

"(c) DUTIES.—The Assistant Secretary of Indian Health shall—

"(1) perform all functions that were, on the day before the date of enactment of the Indian Health Care Improvement Act Amendments of 2004, carried out by or under the direction of the individual serving as Director of the Service on that day;

"(2) perform all functions of the Secretary relating to the maintenance and operation of hospital and health facilities for Indians and the planning for, and provision and utilization of, health services for Indians;

"(3) administer all health programs under which health care is provided to Indians based upon their status as Indians which are administered by the Secretary, including programs under—

"(A) this Act;

"(B) the Act of November 2, 1921 (25 U.S.C. 13);

"(C) the Act of August 5, 1954 (42 U.S.C. 2001 et seq.);

"(D) the Act of August 16, 1957 (42 U.S.C. 2005 et seq.); and

"(E) the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.);

"(4) administer all scholarship and loan functions carried out under title I;

"(5) report directly to the Secretary concerning all policy- and budget-related matters affecting Indian health;

"(6) collaborate with the Assistant Secretary for Health concerning appropriate matters of Indian health that affect the agencies of the Public Health Service;

"(7) advise each Assistant Secretary of the Department concerning matters of Indian health with respect to which that Assistant Secretary has authority and responsibility;

"(8) advise the heads of other agencies and programs of the Department concerning matters of Indian health with respect to which those heads have authority and responsibility;

"(9) coordinate the activities of the Department concerning matters of Indian health; and

"(10) perform such other functions as the Secretary may designate.

"(d) AUTHORITY.—

"(1) IN GENERAL.—The Secretary, acting through the Assistant Secretary, shall have the authority—

"(A) except to the extent provided for in paragraph (2), to appoint and compensate employees for the Service in accordance with title 5, United States Code;

"(B) to enter into contracts for the procurement of goods and services to carry out the functions of the Service; and

"(C) to manage, expend, and obligate all funds appropriated for the Service.

"(2) PERSONNEL ACTIONS.—Notwithstanding any other provision of law, the provisions of section 12 of the Act of June 18, 1934 (48 Stat. 986; 25 U.S.C. 472), shall apply to all personnel actions taken with respect to new positions created within the Service as a result of its establishment under subsection (a).

"(e) REFERENCES.—Any reference to the Director of the Indian Health Service in any Federal law, Executive order, rule, regulation, or delegation of authority, or in any document of or relating to the Director of the Indian Health Service, shall be deemed to refer to the Assistant Secretary.

"SEC. 602. AUTOMATED MANAGEMENT INFORMATION SYSTEM.

"(a) ESTABLISHMENT.—

"(1) IN GENERAL.—The Secretary shall establish an automated management information system for the Service.

"(2) REQUIREMENTS OF SYSTEM.—The information system established under paragraph (1) shall include—

"(A) a financial management system;

"(B) a patient care information system for each area served by the Service;

"(C) a privacy component that protects the privacy of patient information held by, or on behalf of, the Service;

"(D) a services-based cost accounting component that provides estimates of the costs associated with the provision of specific medical treatments or services in each Area office of the Service;

"(E) an interface mechanism for patient billing and accounts receivable system; and

"(F) a training component.

"(b) PROVISION OF SYSTEMS TO TRIBES AND ORGANIZATIONS.—The Secretary shall provide each Tribal Health Program automated management information systems which—

"(1) meet the management information needs of such Tribal Health Program with respect to the treatment by the Tribal Health Program of patients of the Service; and

"(2) meet the management information needs of the Service.

"(c) ACCESS TO RECORDS.—Notwithstanding any other provision of law, each patient shall have reasonable access to the medical or health records of such patient which are held by, or on behalf of, the Service.

"(d) AUTHORITY TO ENHANCE INFORMATION TECHNOLOGY.—The Secretary, acting through the Assistant Secretary, shall have the authority to enter into contracts, agreements, or joint ventures with other Federal agencies, States, private and nonprofit organizations, for the purpose of enhancing information technology in Indian health programs and facilities.

"SEC. 603. AUTHORIZATION OF APPROPRIATIONS.

"There is authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2015 to carry out this title.

"TITLE VII—BEHAVIORAL HEALTH PROGRAMS

"SEC. 701. BEHAVIORAL HEALTH PREVENTION AND TREATMENT SERVICES.

"(a) PURPOSES.—The purposes of this section are as follows:

"(1) To authorize and direct the Secretary, acting through the Service, Indian Tribes, Tribal Orga-

nizations, and Urban Indian Organizations, to develop a comprehensive behavioral health prevention and treatment program which emphasizes collaboration among alcohol and substance abuse, social services, and mental health programs.

"(2) To provide information, direction, and guidance relating to mental illness and dysfunction and self-destructive behavior, including child abuse and family violence, to those Federal, tribal, State, and local agencies responsible for programs in Indian communities in areas of health care, education, social services, child and family welfare, alcohol and substance abuse, law enforcement, and judicial services.

"(3) To assist Indian Tribes to identify services and resources available to address mental illness and dysfunctional and self-destructive behavior.

"(4) To provide authority and opportunities for Indian Tribes and Tribal Organizations to develop, implement, and coordinate with community-based programs which include identification, prevention, education, referral, and treatment services, including through multidisciplinary resource teams.

"(5) To ensure that Indians, as citizens of the United States and of the States in which they reside,

have the same access to behavioral health services to which all citizens have access.

"(6) To modify or supplement existing programs and authorities in the areas identified in paragraph (2).

"(b) PLANS.—

"(1) DEVELOPMENT.—The Secretary, acting through the Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations, shall encourage Indian Tribes and Tribal Organizations to develop tribal plans, and Urban Indian Organizations to develop local plans, and for all such groups to participate in developing areawide plans for Indian Behavioral Health Services. The plans shall include, to the extent feasible, the following components:

"(A) An assessment of the scope of alcohol or other substance abuse, mental illness, and dysfunctional and self-destructive behavior, including suicide, child abuse, and family violence, among Indians, including—

"(i) the number of Indians served who are directly or indirectly affected by such illness or behavior; or

"(ii) an estimate of the financial and human cost attributable to such illness or behavior.

"(B) An assessment of the existing and additional resources necessary for the prevention and treatment of such illness and behavior, including an assessment of the progress toward achieving the availability of the full continuum of care described in subsection (c).

"(C) An estimate of the additional funding needed by the Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations to meet their responsibilities under the plans.

"(2) NATIONAL CLEARINGHOUSE.—The Secretary, acting through the Service, shall establish a national clearinghouse of plans and reports on the outcomes of such plans developed by Indian Tribes, Tribal Organizations, Urban Indian Organizations, and Service Areas relating to behavioral health. The Secretary shall ensure access to these plans and outcomes by any Indian Tribe, Tribal Organization, Urban Indian Organization, or the Service.

"(3) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to Indian Tribes, Tribal Organizations, and Urban Indian Organiza-

tions in preparation of plans under this section and in developing standards of care that may be used and adopted locally.

"(c) PROGRAMS.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall provide, to the extent feasible and if funding is available, programs including the following:

"(1) COMPREHENSIVE CARE.—A comprehensive continuum of behavioral health care which provides—

"(A) community-based prevention, intervention, outpatient, and behavioral health aftercare;

"(B) detoxification (social and medical);

"(C) acute hospitalization;

"(D) intensive outpatient/day treatment;

"(E) residential treatment;

"(F) transitional living for those needing a temporary, stable living environment that is supportive of treatment and recovery goals;

"(G) emergency shelter;

"(H) intensive case management;

"(I) Traditional Health Care Practices; and

"(J) diagnostic services.

"(2) CHILD CARE.—Behavioral health services for Indians from birth through age 17, including—

"(A) preschool and school age fetal alcohol disorder services, including assessment and behavioral intervention;

"(B) mental health and substance abuse services (emotional, organic, alcohol, drug, inhalant, and tobacco);

"(C) identification and treatment of co-occurring disorders and comorbidity;

"(D) prevention of alcohol, drug, inhalant, and tobacco use;

"(E) early intervention, treatment, and aftercare;

"(F) promotion of healthy choices and lifestyle (related to sexually transmitted diseases, domestic violence, sexual abuse, suicide, teen pregnancy, obesity, and other risk/safety issues); and

"(G) identification and treatment of neglect and physical, mental, and sexual abuse.

"(3) ADULT CARE.—Behavioral health services for Indians from age 18 through 55, including—

"(A) early intervention, treatment, and aftercare;

"(B) mental health and substance abuse services (emotional, alcohol, drug, inhalant, and tobacco), including gender specific services;

"(C) identification and treatment of co-occurring disorders (dual diagnosis) and comorbidity;

"(D) promotion of gender specific healthy choices and lifestyle (related to parenting, partners, domestic violence, sexual abuse, suicide, obesity, and other risk-related behavior);

"(E) treatment services for women at risk of giving birth to a child with a fetal alcohol disorder; and

"(F) gender specific treatment for sexual assault and domestic violence.

"(4) FAMILY CARE.—Behavioral health services for families, including—

"(A) early intervention, treatment, and aftercare for affected families;

"(B) treatment for sexual assault and domestic violence; and

"(C) promotion of healthy choices and lifestyle (related to parenting, partners, domestic violence, and other abuse issues).

"(5) ELDER CARE.—Behavioral health services for Indians 56 years of age and older, including—

"(A) early intervention, treatment, and aftercare;

"(B) mental health and substance abuse services (emotional, alcohol, drug, inhalant, and tobacco), including gender specific services;

"(C) identification and treatment of co-occurring disorders (dual diagnosis) and comorbidity;

"(D) promotion of healthy choices and lifestyle (managing conditions related to aging);

"(E) gender specific treatment for sexual assault, domestic violence, neglect, physical and mental abuse and exploitation; and

"(F) identification and treatment of dementias regardless of cause.

"(d) COMMUNITY BEHAVIORAL HEALTH PLAN.—

"(1) ESTABLISHMENT.—The governing body of any Indian Tribe, Tribal Organization, or Urban Indian Organization may adopt a resolution for the establishment of a community behavioral health plan providing for the identification and coordination of available resources and programs to identify, prevent, or treat substance abuse, mental illness, or dysfunc-

tional and self-destructive behavior, including child abuse and family violence, among its members or its service population. This plan should include behavioral health services, social services, intensive outpatient services, and continuing aftercare.

"(2) TECHNICAL ASSISTANCE.—At the request of an Indian Tribe, Tribal Organization, or Urban Indian Organization, the Bureau of Indian Affairs and the Service shall cooperate with and provide technical assistance to the Indian Tribe, Tribal Organization, or Urban Indian Organization in the development and implementation of such plan.

"(3) FUNDING.—The Secretary, acting through the Service, may make funding available to Indian Tribes and Tribal Organizations which adopt a resolution pursuant to paragraph (1) to obtain technical assistance for the development of a community behavioral health plan and to provide administrative support in the implementation of such plan.

"(e) COORDINATION FOR AVAILABILITY OF SERVICES.—The Secretary, acting through the Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations, shall coordinate behavioral health planning, to the extent feasible, with other Federal agencies and with State

agencies, to encourage comprehensive behavioral health services for Indians regardless of their place of residence.

"(f) MENTAL HEALTH CARE NEED ASSESSMENT.—Not later than 1 year after the date of the enactment of the Indian Health Care Improvement Act Amendments of 2004, the Secretary, acting through the Service, shall make an assessment of the need for inpatient mental health care among Indians and the availability and cost of inpatient mental health facilities which can meet such need. In making such assessment, the Secretary shall consider the possible conversion of existing, underused Service hospital beds into psychiatric units to meet such need.

"SEC. 702. MEMORANDA OF AGREEMENT WITH THE DEPARTMENT OF THE INTERIOR.

"(a) CONTENTS.—Not later than 12 months after the date of the enactment of the Indian Health Care Improvement Act Amendments of 2004, the Secretary, acting through the Service, and the Secretary of the Interior shall develop and enter into a memoranda of agreement, or review and update any existing memoranda of agreement, as required by section 4205 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2411) under which the Secretaries address the following:

"(1) The scope and nature of mental illness and dysfunctional and self-destructive behavior, including child abuse and family violence, among Indians.

"(2) The existing Federal, tribal, State, local, and private services, resources, and programs available to provide behavioral health services for Indians.

"(3) The unmet need for additional services, resources, and programs necessary to meet the needs identified pursuant to paragraph (1).

"(4)(A) The right of Indians, as citizens of the United States and of the States in which they reside, to have access to behavioral health services to which all citizens have access.

"(B) The right of Indians to participate in, and receive the benefit of, such services.

"(C) The actions necessary to protect the exercise of such right.

"(5) The responsibilities of the Bureau of Indian Affairs and the Service, including mental illness identification, prevention, education, referral, and treatment services (including services through multidisciplinary resource teams), at the central, area, and agency and Service Unit, Service Area, and headquarters levels to address the problems identified in paragraph (1).

"(6) A strategy for the comprehensive coordination of the behavioral health services provided by the Bureau of Indian Affairs and the Service to meet the problems identified pursuant to paragraph (1), including—

"(A) the coordination of alcohol and substance abuse programs of the Service, the Bureau of Indian Affairs, and Indian Tribes and Tribal Organizations (developed under the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986) with behavioral health initiatives pursuant to this Act, particularly with respect to the referral and treatment of dually diagnosed individuals requiring behavioral health and substance abuse treatment; and

"(B) ensuring that the Bureau of Indian Affairs and Service programs and services (including multidisciplinary resource teams) addressing child abuse and family violence are coordinated with such non-Federal programs and services.

"(7) Directing appropriate officials of the Bureau of Indian Affairs and the Service, particularly at the agency and Service Unit levels, to cooperate fully with tribal requests made pursuant to commu-

nity behavioral health plans adopted under section 701(c) and section 4206 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2412).

"(8) Providing for an annual review of such agreement by the Secretaries which shall be provided to Congress and Indian Tribes and Tribal Organizations.

"(b) SPECIFIC PROVISIONS REQUIRED.—The memoranda of agreement updated or entered into pursuant to subsection (a) shall include specific provisions pursuant to which the Service shall assume responsibility for—

"(1) the determination of the scope of the problem of alcohol and substance abuse among Indians, including the number of Indians within the jurisdiction of the Service who are directly or indirectly affected by alcohol and substance abuse and the financial and human cost;

"(2) an assessment of the existing and needed resources necessary for the prevention of alcohol and substance abuse and the treatment of Indians affected by alcohol and substance abuse; and

"(3) an estimate of the funding necessary to adequately support a program of prevention of alcohol

and substance abuse and treatment of Indians affected by alcohol and substance abuse.

"(c) CONSULTATION.—The Secretary, acting through the Service, and the Secretary of the Interior shall, in developing the memoranda of agreement under subsection (a), consult with and solicit the comments from—

"(1) Indian Tribes and Tribal Organizations;

"(2) Indians;

"(3) Urban Indian Organizations and other Indian organizations; and

"(4) behavioral health service providers.

"(d) PUBLICATION.—Each memorandum of agreement entered into or renewed (and amendments or modifications thereto) under subsection (a) shall be published in the Federal Register. At the same time as publication in the Federal Register, the Secretary shall provide a copy of such memoranda, amendment, or modification to each Indian Tribe, Tribal Organization, and Urban Indian Organization.

"SEC. 703. COMPREHENSIVE BEHAVIORAL HEALTH PREVENTION AND TREATMENT PROGRAM.

"(a) ESTABLISHMENT.—

"(1) IN GENERAL.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall provide a program of comprehensive

behavioral health, prevention, treatment, and aftercare, including Traditional Health Care Practices, which shall include—

"(A) prevention, through educational intervention, in Indian communities;

"(B) acute detoxification, psychiatric hospitalization, residential, and intensive outpatient treatment;

"(C) community-based rehabilitation and aftercare;

"(D) community education and involvement, including extensive training of health care, educational, and community-based personnel;

"(E) specialized residential treatment programs for high-risk populations, including but not limited to pregnant and postpartum women and their children; and

"(F) diagnostic services.

"(2) TARGET POPULATIONS.—The target population of such programs shall be members of Indian Tribes. Efforts to train and educate key members of the Indian community shall also target employees of health, education, judicial, law enforcement, legal, and social service programs.

"(b) CONTRACT HEALTH SERVICES.—

"(1) IN GENERAL.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, may enter into contracts with public or private providers of behavioral health treatment services for the purpose of carrying out the program required under subsection (a).

"(2) PROVISION OF ASSISTANCE.—In carrying out this subsection, the Secretary shall provide assistance to Indian Tribes and Tribal Organizations to develop criteria for the certification of behavioral health service providers and accreditation of service facilities which meet minimum standards for such services and facilities.

"SEC. 704. MENTAL HEALTH TECHNICIAN PROGRAM.

"(a) IN GENERAL.—Under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary shall establish and maintain a mental health technician program within the Service which—

"(1) provides for the training of Indians as mental health technicians; and

"(2) employs such technicians in the provision of community-based mental health care that includes identification, prevention, education, referral, and treatment services.

"(b) PARAPROFESSIONAL TRAINING.—In carrying out subsection (a), the Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall provide high-standard paraprofessional training in mental health care necessary to provide quality care to the Indian communities to be served. Such training shall be based upon a curriculum developed or approved by the Secretary which combines education in the theory of mental health care with supervised practical experience in the provision of such care.

"(c) SUPERVISION AND EVALUATION OF TECHNICIANS.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall supervise and evaluate the mental health technicians in the training program.

"(d) TRADITIONAL HEALTH CARE PRACTICES.—The Secretary, acting through the Service, shall ensure that the program established pursuant to this subsection involves the use and promotion of the Traditional Health Care Practices of the Indian Tribes to be served.

"SEC. 705. LICENSING REQUIREMENT FOR MENTAL HEALTH CARE WORKERS.

"Subject to the provisions of section 221, any person employed as a psychologist, social worker, or marriage and family therapist for the purpose of providing mental health

care services to Indians in a clinical setting under this Act or through a Funding Agreement shall be licensed as a clinical psychologist, social worker, or marriage and family therapist, respectively, or working under the direct supervision of a licensed clinical psychologist, social worker, or marriage and family therapist, respectively.

"SEC. 706. INDIAN WOMEN TREATMENT PROGRAMS.

"(a) FUNDING.—The Secretary, consistent with section 701, shall make funds available to Indian Tribes, Tribal Organizations, and Urban Indian Organizations to develop and implement a comprehensive behavioral health program of prevention, intervention, treatment, and relapse prevention services that specifically addresses the spiritual, cultural, historical, social, and child care needs of Indian women, regardless of age.

"(b) USE OF FUNDS.—Funds made available pursuant to this section may be used to—

"(1) develop and provide community training, education, and prevention programs for Indian women relating to behavioral health issues, including fetal alcohol disorders;

"(2) identify and provide psychological services, counseling, advocacy, support, and relapse prevention to Indian women and their families; and

"(3) develop prevention and intervention models for Indian women which incorporate Traditional Health Care Practices, cultural values, and community and family involvement.

"(c) CRITERIA.—The Secretary, in consultation with Indian Tribes and Tribal Organizations, shall establish criteria for the review and approval of applications and proposals for funding under this section.

"(d) EARMARK OF CERTAIN FUNDS.—Twenty percent of the funds appropriated pursuant to this section shall be used to make grants to Urban Indian Organizations.

"SEC. 707. INDIAN YOUTH PROGRAM.

"(a) DETOXIFICATION AND REHABILITATION.—The Secretary, acting through the Service, consistent with section 701, shall develop and implement a program for acute detoxification and treatment for Indian youths, including behavioral health services. The program shall include regional treatment centers designed to include detoxification and rehabilitation for both sexes on a referral basis and programs developed and implemented by Indian Tribes or Tribal Organizations at the local level under the Indian Self-Determination and Education Assistance Act. Regional centers shall be integrated with the intake and rehabilitation programs based in the referring Indian community.

"(b) ALCOHOL AND SUBSTANCE ABUSE TREATMENT CENTERS OR FACILITIES.—

"(1) ESTABLISHMENT.—

"(A) IN GENERAL.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall construct, renovate, or, as necessary, purchase, and appropriately staff and operate, at least 1 youth regional treatment center or treatment network in each area under the jurisdiction of an Area Office.

"(B) AREA OFFICE IN CALIFORNIA.—For the purposes of this subsection, the Area Office in California shall be considered to be 2 Area Offices, 1 office whose jurisdiction shall be considered to encompass the northern area of the State of California, and 1 office whose jurisdiction shall be considered to encompass the remainder of the State of California for the purpose of implementing California treatment networks.

"(2) FUNDING.—For the purpose of staffing and operating such centers or facilities, funding shall be pursuant to the Act of November 2, 1921 (25 U.S.C. 13).

"(3) LOCATION.—A youth treatment center constructed or purchased under this subsection shall be

constructed or purchased at a location within the area described in paragraph (1) agreed upon (by appropriate tribal resolution) by a majority of the Indian Tribes to be served by such center.

"(4) SPECIFIC PROVISION OF FUNDS.—

"(A) IN GENERAL.—Notwithstanding any other provision of this title, the Secretary may, from amounts authorized to be appropriated for the purposes of carrying out this section, make funds available to—

"(i) the Tanana Chiefs Conference, Incorporated, for the purpose of leasing, constructing, renovating, operating, and maintaining a residential youth treatment facility in Fairbanks, Alaska; and

"(ii) the Southeast Alaska Regional Health Corporation to staff and operate a residential youth treatment facility without regard to the proviso set forth in section 4(l) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b(l)).

"(B) PROVISION OF SERVICES TO ELIGIBLE YOUTHS.—Until additional residential youth treatment facilities are established in Alaska pursuant to this section, the facilities specified

in subparagraph (A) shall make every effort to provide services to all eligible Indian youths residing in Alaska.

"(c) INTERMEDIATE ADOLESCENT BEHAVIORAL HEALTH SERVICES.—

"(1) IN GENERAL.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, may provide intermediate behavioral health services, which may incorporate Traditional Health Care Practices, to Indian children and adolescents, including—

"(A) pretreatment assistance;

"(B) inpatient, outpatient, and aftercare services;

"(C) emergency care;

"(D) suicide prevention and crisis intervention; and

"(E) prevention and treatment of mental illness and dysfunctional and self-destructive behavior, including child abuse and family violence.

"(2) USE OF FUNDS.—Funds provided under this subsection may be used—

"(A) to construct or renovate an existing health facility to provide intermediate behavioral health services;

"(B) to hire behavioral health professionals;

"(C) to staff, operate, and maintain an intermediate mental health facility, group home, sober housing, transitional housing or similar facilities, or youth shelter where intermediate behavioral health services are being provided;

"(D) to make renovations and hire appropriate staff to convert existing hospital beds into adolescent psychiatric units; and

"(E) for intensive home- and community-based services.

"(3) CRITERIA.—The Secretary, acting through the Service, shall, in consultation with Indian Tribes and Tribal Organizations, establish criteria for the review and approval of applications or proposals for funding made available pursuant to this subsection.

"(d) FEDERALLY OWNED STRUCTURES.—

"(1) IN GENERAL.—The Secretary, in consultation with Indian Tribes and Tribal Organizations, shall—

"(A) identify and use, where appropriate, federally owned structures suitable for local resi-

dential or regional behavioral health treatment for Indian youths; and

"(B) establish guidelines, in consultation with Indian Tribes and Tribal Organizations, for determining the suitability of any such federally owned structure to be used for local residential or regional behavioral health treatment for Indian youths.

"(2) TERMS AND CONDITIONS FOR USE OF STRUCTURE.—Any structure described in paragraph (1) may be used under such terms and conditions as may be agreed upon by the Secretary and the agency having responsibility for the structure and any Indian Tribe or Tribal Organization operating the program.

"(e) REHABILITATION AND AFTERCARE SERVICES.—

"(1) IN GENERAL.—The Secretary, Indian Tribes, or Tribal Organizations, in cooperation with the Secretary of the Interior, shall develop and implement within each Service Unit, community-based rehabilitation and follow-up services for Indian youths who are having significant behavioral health problems, and require long-term treatment, community reintegration, and monitoring to support the Indian youths after their return to their home community.

"(2) ADMINISTRATION.—Services under paragraph (1) shall be provided by trained staff within the community who can assist the Indian youths in their continuing development of self-image, positive problem-solving skills, and nonalcohol or substance abusing behaviors. Such staff may include alcohol and substance abuse counselors, mental health professionals, and other health professionals and paraprofessionals, including community health representatives.

"(f) INCLUSION OF FAMILY IN YOUTH TREATMENT PROGRAM.—In providing the treatment and other services to Indian youths authorized by this section, the Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall provide for the inclusion of family members of such youths in the treatment programs or other services as may be appropriate. Not less than 10 percent of the funds appropriated for the purposes of carrying out subsection (e) shall be used for outpatient care of adult family members related to the treatment of an Indian youth under that subsection.

"(g) MULTIDRUG ABUSE PROGRAM.—The Secretary, acting through the Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations, shall provide, consistent with section 701, programs and services to prevent

and treat the abuse of multiple forms of substances, including, but not limited to, alcohol, drugs, inhalants, and tobacco, among Indian youths residing in Indian communities, on or near reservations, and in urban areas and provide appropriate mental health services to address the incidence of mental illness among such youths.

"SEC. 708. INPATIENT AND COMMUNITY-BASED MENTAL HEALTH FACILITIES DESIGN, CONSTRUCTION, AND STAFFING.

"Not later than 1 year after the date of the enactment of the Indian Health Care Improvement Act Amendments of 2004, the Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, may provide, in each area of the Service, not less than 1 inpatient mental health care facility, or the equivalent, for Indians with behavioral health problems. For the purposes of this subsection, California shall be considered to be 2 Area Offices, 1 office whose location shall be considered to encompass the northern area of the State of California and 1 office whose jurisdiction shall be considered to encompass the remainder of the State of California. The Secretary shall consider the possible conversion of existing, underused Service hospital beds into psychiatric units to meet such need.

"SEC. 709. TRAINING AND COMMUNITY EDUCATION.

"(a) PROGRAM.—The Secretary, in cooperation with the Secretary of the Interior, shall develop and implement or provide funding for Indian Tribes and Tribal Organizations to develop and implement, within each Service Unit or tribal program, a program of community education and involvement which shall be designed to provide concise and timely information to the community leadership of each tribal community. Such program shall include education about behavioral health issues to political leaders, Tribal judges, law enforcement personnel, members of tribal health and education boards, health care providers including traditional practitioners, and other critical members of each tribal community. Community-based training (oriented toward local capacity development) shall also include tribal community provider training (designed for adult learners from the communities receiving services for prevention, intervention, treatment, and aftercare).

"(b) INSTRUCTION.—The Secretary, acting through the Service, shall, either directly or through Indian Tribes and Tribal Organizations, provide instruction in the area of behavioral health issues, including instruction in crisis intervention and family relations in the context of alcohol and substance abuse, child sexual abuse, youth alcohol and substance abuse, and the causes and effects of fetal alcohol disorders to appropriate employees of the Bureau of Indian

Affairs and the Service, and to personnel in schools or programs operated under any contract with the Bureau of Indian Affairs or the Service, including supervisors of emergency shelters and halfway houses described in section 4213 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2433).

"(c) TRAINING MODELS.—In carrying out the education and training programs required by this section, the Secretary, in consultation with Indian Tribes, Tribal Organizations, Indian behavioral health experts, and Indian alcohol and substance abuse prevention experts, shall develop and provide community-based training models. Such models shall address—

"(1) the elevated risk of alcohol and behavioral health problems faced by children of alcoholics;

"(2) the cultural, spiritual, and multigenerational aspects of behavioral health problem prevention and recovery; and

"(3) community-based and multidisciplinary strategies for preventing and treating behavioral health problems.

"SEC. 710. BEHAVIORAL HEALTH PROGRAM.

"(a) INNOVATIVE PROGRAMS.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, consistent with section 701, may plan, develop, im-

plement, and carry out programs to deliver innovative community-based behavioral health services to Indians.

"(b) FUNDING; CRITERIA.—The Secretary may award such funding for a project under subsection (a) to an Indian Tribe or Tribal Organization and may consider the following criteria:

"(1) The project will address significant unmet behavioral health needs among Indians.

"(2) The project will serve a significant number of Indians.

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

"(4) The Indian Tribe or Tribal Organization has the administrative and financial capability to administer the project.

"(5) The project may deliver services in a manner consistent with Traditional Health Care Practices.

"(6) The project is coordinated with, and avoids duplication of, existing services.

"(c) EQUITABLE TREATMENT.—For purposes of this subsection, the Secretary shall, in evaluating applications or proposals for funding for projects to be operated under any Funding Agreement, use the same criteria that the Sec-

retary uses in evaluating any other application or proposal for such funding.

"SEC. 711. FETAL ALCOHOL DISORDER FUNDING.

"(a) PROGRAMS.—

"(1) ESTABLISHMENT.—The Secretary, consistent with section 701, acting through the Service, Indian Tribes, and Tribal Organizations, shall establish and operate fetal alcohol disorder programs as provided in this section for the purposes of meeting the health status objectives specified in section 3.

"(2) USE OF FUNDS.—Funding provided pursuant to this section shall be used for the following:

"(A) To develop and provide for Indians community and in school training, education, and prevention programs relating to fetal alcohol disorders.

"(B) To identify and provide behavioral health treatment to high-risk Indian women and high-risk women pregnant with an Indian's child.

"(C) To identify and provide appropriate psychological services, educational and vocational support, counseling, advocacy, and information to fetal alcohol disorder affected Indians and their families or caretakers.

"(D) To develop and implement counseling and support programs in schools for fetal alcohol disorder affected Indian children.

"(E) To develop prevention and intervention models which incorporate practitioners of Traditional Health Care Practices, cultural and spiritual values, and community involvement.

"(F) To develop, print, and disseminate education and prevention materials on fetal alcohol disorder.

"(G) To develop and implement, through the tribal consultation process, culturally sensitive assessment and diagnostic tools including dysmorphology clinics and multidisciplinary fetal alcohol disorder clinics for use in Indian communities and Urban Centers.

"(H) To develop early childhood intervention projects from birth on to mitigate the effects of fetal alcohol disorder among Indians.

"(I) To develop and fund community-based adult fetal alcohol disorder housing and support services for Indians and for women pregnant with an Indian's child.

"(3) CRITERIA FOR APPLICATIONS.—The Secretary shall establish criteria for the review and approval of applications for funding under this section.

"(b) SERVICES.—The Secretary, acting through the Service and Indian Tribes, Tribal Organizations, and Urban Indian Organizations, shall—

"(1) develop and provide services for the prevention, intervention, treatment, and aftercare for those affected by fetal alcohol disorder in Indian communities; and

"(2) provide supportive services, directly or through an Indian Tribe, Tribal Organization, or Urban Indian Organization, including services to meet the special educational, vocational, school-to-work transition, and independent living needs of adolescent and adult Indians with fetal alcohol disorder.

"(c) TASK FORCE.—The Secretary shall establish a task force to be known as the Fetal Alcohol Disorder Task Force to advise the Secretary in carrying out subsection (b). Such task force shall be composed of representatives from the following:

"(1) The National Institute on Drug Abuse.

"(2) The National Institute on Alcohol and Alcoholism.

"(3) The Office of Substance Abuse Prevention.

"(4) The National Institute of Mental Health.

"(5) The Service.

"(6) The Office of Minority Health of the Department of Health and Human Services.

"(7) The Administration for Native Americans.

"(8) The National Institute of Child Health and Human Development (NICHD).

"(9) The Centers for Disease Control and Prevention.

"(10) The Bureau of Indian Affairs.

"(11) Indian Tribes.

"(12) Tribal Organizations.

"(13) Urban Indian Organizations.

"(14) Indian fetal alcohol disorder experts.

"(d) APPLIED RESEARCH PROJECTS.—The Secretary, acting through the Substance Abuse and Mental Health Services Administration, shall make funding available to Indian Tribes, Tribal Organizations, and Urban Indian Organizations for applied research projects which propose to elevate the understanding of methods to prevent, intervene, treat, or provide rehabilitation and behavioral health aftercare for Indians and Urban Indians affected by fetal alcohol disorder.

"(e) FUNDING FOR URBAN INDIAN ORGANIZATIONS.—Ten percent of the funds appropriated pursuant to this sec-

tion shall be used to make grants to Urban Indian Organizations funded under title V.

"SEC. 712. CHILD SEXUAL ABUSE AND PREVENTION TREATMENT PROGRAMS.

"(a) ESTABLISHMENT.—The Secretary, acting through the Service, and the Secretary of the Interior, Indian Tribes, and Tribal Organizations shall establish, consistent with section 701, in every Service Area, programs involving treatment for—

"(1) victims of sexual abuse who are Indian children or children in an Indian household; and

"(2) perpetrators of child sexual abuse who are Indian or members of an Indian household.

"(b) USE OF FUNDS.—Funding provided pursuant to this section shall be used for the following:

"(1) To develop and provide community education and prevention programs related to sexual abuse of Indian children or children in an Indian household.

"(2) To identify and provide behavioral health treatment to victims of sexual abuse who are Indian children or children in an Indian household, and to their family members who are affected by sexual abuse.

"(3) To develop prevention and intervention models which incorporate Traditional Health Care Practices, cultural and spiritual values, and community involvement.

"(4) To develop and implement, through the tribal consultation process, culturally sensitive assessment and diagnostic tools for use in Indian communities and Urban Centers.

"(5) To identify and provide behavioral health treatment to Indian perpetrators and perpetrators who are members of an Indian household—

"(A) making efforts to begin offender and behavioral health treatment while the perpetrator is incarcerated or at the earliest possible date if the perpetrator is not incarcerated; and

"(B) providing treatment after the perpetrator is released, until it is determined that the perpetrator is not a threat to children.

"SEC. 713. BEHAVIORAL HEALTH RESEARCH.

"The Secretary, in consultation with appropriate Federal agencies, shall provide funding to Indian Tribes, Tribal Organizations, and Urban Indian Organizations or enter into contracts with, or make grants to appropriate institutions for, the conduct of research on the incidence and prevalence of behavioral health problems among Indians

served by the Service, Indian Tribes, or Tribal Organizations and among Indians in urban areas. Research priorities under this section shall include—

"(1) the interrelationship and interdependence of behavioral health problems with alcoholism and other substance abuse, suicide, homicides, other injuries, and the incidence of family violence; and

"(2) the development of models of prevention techniques.

The effect of the interrelationships and interdependencies referred to in paragraph (1) on children, and the development of prevention techniques under paragraph (2) applicable to children, shall be emphasized.

"SEC. 714. DEFINITIONS.

"For the purpose of this title, the following definitions shall apply:

"(1) ASSESSMENT.—The term 'assessment' means the systematic collection, analysis, and dissemination of information on health status, health needs, and health problems.

"(2) ALCOHOL-RELATED NEURODEVELOPMENTAL DISORDERS OR ARND.—The term 'alcohol-related neurodevelopmental disorders' or 'ARND' means a central nervous system or behavioral disorder, fol-

lowing a maternal history of alcohol consumption during pregnancy, that may involve—

"(A) physical manifestations such as development delay, intellectual deficit, neurologic abnormalities, or failure to thrive as infants; or

"(B) behavioral manifestations such as irritability, or for older children, hyperactivity, attention deficit, language dysfunction, or perceptual or judgment difficulties.

"(3) BEHAVIORAL HEALTH AFTERCARE.—The term 'behavioral health aftercare' includes those activities and resources used to support recovery following inpatient, residential, intensive substance abuse, or mental health outpatient or outpatient treatment. The purpose is to help prevent or deal with relapse by ensuring that by the time a client or patient is discharged from a level of care, such as outpatient treatment, an aftercare plan has been developed with the client. An aftercare plan may use such resources as a community-based therapeutic group, transitional living facilities, a 12-step sponsor, a local 12-step or other related support group, and other community-based providers (mental health professionals, traditional health care practitioners, commu-

nity health aides, community health representatives, mental health technicians, ministers, etc.)

"(4) DUAL DIAGNOSIS.—The term 'dual diagnosis' means coexisting substance abuse and mental illness conditions or diagnosis. Such clients are sometimes referred to as mentally ill chemical abusers (MICAs).

"(5) FETAL ALCOHOL DISORDERS.—The term 'fetal alcohol disorders' means fetal alcohol syndrome, partial fetal alcohol syndrome and alcohol related neurodevelopmental disorder (ARND).

"(6) FETAL ALCOHOL SYNDROME OR FAS.—The term 'fetal alcohol syndrome' or 'FAS' means a syndrome in which, with a history of maternal alcohol consumption during pregnancy, the following criteria are met:

"(A) Central nervous system involvement such as developmental delay, intellectual deficit, microencephaly, or neurologic abnormalities.

"(B) Craniofacial abnormalities with at least 2 of the following: microophthalmia, short palpebral fissures, poorly developed philtrum, thin upper lip, flat nasal bridge, and short upturned nose.

"(C) Prenatal or postnatal growth delay.

"(7) PARTIAL FAS.—The term 'partial FAS' means, with a history of maternal alcohol consumption during pregnancy, having most of the criteria of FAS, though not meeting a minimum of at least 2 of the following: microophthalmia, short palpebral fissures, poorly developed philtrum, thin upper lip, flat nasal bridge, and short upturned nose.

"(8) REHABILITATION.—The term 'rehabilitation' means to restore the ability or capacity to engage in usual and customary life activities through education and therapy.

"(9) SUBSTANCE ABUSE.—The term 'substance abuse' includes inhalant abuse.

"SEC. 715. AUTHORIZATION OF APPROPRIATIONS.

"There is authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2015 to carry out the provisions of this title.

"TITLE VIII—MISCELLANEOUS

"SEC. 801. REPORTS.

"The President shall, at the time the budget is submitted under section 1105 of title 31, United States Code, for each fiscal year transmit to Congress a report containing the following:

"(1) A report on the progress made in meeting the objectives of this Act, including a review of pro-

grams established or assisted pursuant to this Act and assessments and recommendations of additional programs or additional assistance necessary to, at a minimum, provide health services to Indians and ensure a health status for Indians, which are at a parity with the health services available to and the health status of the general population, including specific comparisons of appropriations provided and those required for such parity.

"(2) A report on whether, and to what extent, new national health care programs, benefits, initiatives, or financing systems have had an impact on the purposes of this Act and any steps that the Secretary may have taken to consult with Indian Tribes, Tribal Organizations, and Urban Indian Organizations to address such impact, including a report on proposed changes in allocation of funding pursuant to section 808.

"(3) A report on the use of health services by Indians—

"(A) on a national and area or other relevant geographical basis;

"(B) by gender and age;

"(C) by source of payment and type of service;

"(D) comparing such rates of use with rates of use among comparable non-Indian populations; and

"(E) provided under Funding Agreements.

"(4) A report of contractors to the Secretary on Health Care Educational Loan Repayments every 6 months required by section 110.

"(5) A general audit report of the Secretary on the Health Care Educational Loan Repayment Program as required by section 110(n).

"(6) A report of the findings and conclusions of demonstration programs on development of educational curricula for substance abuse counseling as required in section 126(f).

"(7) A separate statement which specifies the amount of funds requested to carry out the provisions of section 201.

"(8) A report of the evaluations of health promotion and disease prevention as required in section 203(c).

"(9) A biennial report to Congress on infectious diseases as required by section 212.

"(10) A report on environmental and nuclear health hazards as required by section 215.

"(11) An annual report on the status of all health care facilities needs as required by section 301(c)(2) and 301(d).

"(12) Reports on safe water and sanitary waste disposal facilities as required by section 302(h).

"(13) An annual report on the expenditure of nonservice funds for renovation as required by sections 304(b)(2).

"(14) A report identifying the backlog of maintenance and repair required at Service and tribal facilities required by section 313(a).

"(15) A report providing an accounting of reimbursement funds made available to the Secretary under titles XVIII, XIX, and XXI of the Social Security Act.

"(16) A report on any arrangements for the sharing of medical facilities or services between the Service, Indian Tribes, and Tribal Organizations, and the Department of Veterans Affairs and the Department of Defense, as authorized by section 406.

"(17) A report on evaluation and renewal of Urban Indian programs under section 505.

"(18) A report on the evaluation of programs as required by section 513(d).

"(19) A report on alcohol and substance abuse as required by section 701(f).

"SEC. 802. REGULATIONS.

"(a) DEADLINES.—

"(1) PROCEDURES.—Not later than 90 days after the date of the enactment of the Indian Health Care Improvement Act Amendments of 2004, the Secretary shall initiate procedures under subchapter III of chapter 5 of title 5, United States Code, to negotiate and promulgate such regulations or amendments thereto that are necessary to carry out titles I, II, III, and VII and section 817. The Secretary may promulgate regulations to carry out sections 105, 115, 117, and titles IV and V, using the procedures required by chapter V of title 5, United States Code (commonly known as the 'Administrative Procedure Act'. The Secretary shall issue no regulations to carry out titles VI and VIII, except as necessary to carry out section 817.

"(2) PROPOSED REGULATIONS.—Proposed regulations to implement this Act shall be published in the Federal Register by the Secretary no later than 270 days after the date of the enactment of the Indian Health Care Improvement Act Amendments of 2004

and shall have no less than a 120-day comment period.

"(3) EXPIRATION OF AUTHORITY.—The authority to promulgate regulations under this Act shall expire 18 months from the date of the enactment of this Act.

"(b) COMMITTEE.—A negotiated rulemaking committee established pursuant to section 565 of title 5, United States Code, to carry out this section shall have as its members only representatives of the Federal Government and representatives of Indian Tribes and Tribal Organizations, a majority of whom shall be nominated by and be representatives of Indian Tribes, Tribal Organizations, and Urban Indian Organizations from each Service Area.

"(c) ADAPTATION OF PROCEDURES.—The Secretary shall adapt the negotiated rulemaking procedures to the unique context of self-governance and the government-to-government relationship between the United States and Indian Tribes.

"(d) LACK OF REGULATIONS.—The lack of promulgated regulations shall not limit the effect of this Act.

"(e) INCONSISTENT REGULATIONS.—The provisions of this Act shall supersede any conflicting provisions of law in effect on the day before the date of the enactment of the Indian Health Care Improvement Act Amendments of 2004,

and the Secretary is authorized to repeal any regulation inconsistent with the provisions of this Act.

"SEC. 803. PLAN OF IMPLEMENTATION.

"Not later than 8 months after the date of the enactment of the Indian Health Care Improvement Act Amendments of 2004, the Secretary in consultation with Indian Tribes, Tribal Organizations, and Urban Indian Organizations, shall submit to Congress a plan explaining the manner and schedule (including a schedule of appropriation requests), by title and section, by which the Secretary will implement the provisions of this Act.

"SEC. 804. AVAILABILITY OF FUNDS.

"The funds appropriated pursuant to this Act shall remain available until expended.

"SEC. 805. LIMITATION ON USE OF FUNDS APPROPRIATED TO THE INDIAN HEALTH SERVICE.

"Any limitation on the use of funds contained in an Act providing appropriations for the Department for a period with respect to the performance of abortions shall apply for that period with respect to the performance of abortions using funds contained in an Act providing appropriations for the Service.

"SEC. 806. ELIGIBILITY OF CALIFORNIA INDIANS.

"(a) IN GENERAL.—The following California Indians shall be eligible for health services provided by the Service:

"(1) Any member of a federally recognized Indian Tribe.

"(2) Any descendant of an Indian who was residing in California on June 1, 1852, if such descendant—

"(A) is a member of the Indian community served by a local program of the Service; and

"(B) is regarded as an Indian by the community in which such descendant lives.

"(3) Any Indian who holds trust interests in public domain, national forest, or reservation allotments in California.

"(4) Any Indian in California who is listed on the plans for distribution of the assets of rancherias and reservations located within the State of California under the Act of August 18, 1958 (72 Stat. 619), and any descendant of such an Indian.

"(b) CLARIFICATION.—Nothing in this section may be construed as expanding the eligibility of California Indians for health services provided by the Service beyond the scope of eligibility for such health services that applied on May 1, 1986.

"SEC. 807. HEALTH SERVICES FOR INELIGIBLE PERSONS.

"(a) CHILDREN.—Any individual who—

"(1) has not attained 19 years of age;

"(2) is the natural or adopted child, stepchild, foster child, legal ward, or orphan of an eligible Indian; and

"(3) is not otherwise eligible for health services provided by the Service,

shall be eligible for all health services provided by the Service on the same basis and subject to the same rules that apply to eligible Indians until such individual attains 19 years of age. The existing and potential health needs of all such individuals shall be taken into consideration by the Service in determining the need for, or the allocation of, the health resources of the Service. If such an individual has been determined to be legally incompetent prior to attaining 19 years of age, such individual shall remain eligible for such services until 1 year after the date of a determination of competency.

"(b) SPOUSES.—Any spouse of an eligible Indian who is not an Indian, or who is of Indian descent but not otherwise eligible for the health services provided by the Service, shall be eligible for such health services if all such spouses or spouses who are married to members of the Indian Tribe(s) being served are made eligible, as a class, by an appropriate resolution of the governing body of the Indian Tribe or Tribal Organization providing such services. The health needs of persons made eligible under this paragraph

shall not be taken into consideration by the Service in determining the need for, or allocation of, its health resources.

"(c) PROVISION OF SERVICES TO OTHER INDIVIDUALS.—

"(1) IN GENERAL.—The Secretary is authorized to provide health services under this subsection through health programs operated directly by the Service to individuals who reside within the Service Unit and who are not otherwise eligible for such health services if—

"(A) the Indian Tribes served by such Service Unit request such provision of health services to such individuals; and

"(B) the Secretary and the served Indian Tribes have jointly determined that—

"(i) the provision of such health services will not result in a denial or diminution of health services to eligible Indians; and

"(ii) there is no reasonable alternative health facilities or services, within or without the Service Unit, available to meet the health needs of such individuals.

"(2) ISDEAA PROGRAMS.—In the case of a Tribal Health Program, the governing body of the In-

dian Tribe or Tribal Organization providing health services under such Tribal Health Program is authorized to determine whether health services should be provided under its Funding Agreement to individuals who are not otherwise eligible for such services. In making such determination, the governing body shall take into account the considerations described in clauses (i) and (ii) of paragraph (1)(B).

"(3) PAYMENT FOR SERVICES.—

"(A) IN GENERAL.—Persons receiving health services provided by the Service under this subsection shall be liable for payment of such health services under a schedule of charges prescribed by the Secretary which, in the judgment of the Secretary, results in reimbursement in an amount not less than the actual cost of providing the health services. Notwithstanding section 404 of this Act or any other provision of law, amounts collected under this subsection, including medicare, medicaid, or SCHIP reimbursements under titles XVIII, XIX, and XXI of the Social Security Act, shall be credited to the account of the program providing the service and shall be used for the purposes listed in section 401(d)(2) and amounts collected under this sub-

section shall be available for expenditure within such program.

"(B) INDIGENT PEOPLE.—Health services may be provided by the Secretary through the Service under this subsection to an indigent individual who would not be otherwise eligible for such health services but for the provisions of paragraph (1) only if an agreement has been entered into with a State or local government under which the State or local government agrees to reimburse the Service for the expenses incurred by the Service in providing such health services to such indigent individual.

"(4) REVOCATION OF CONSENT FOR SERVICES.—

"(A) SINGLE TRIBE SERVICE AREA.—In the case of a Service Area which serves only 1 Indian Tribe, the authority of the Secretary to provide health services under paragraph (1) shall terminate at the end of the fiscal year succeeding the fiscal year in which the governing body of the Indian Tribe revokes its concurrence to the provision of such health services.

"(B) MULTITRIBAL SERVICE AREA.—In the case of a multitribal Service Area, the authority of the Secretary to provide health services under

paragraph (1) shall terminate at the end of the fiscal year succeeding the fiscal year in which at least 51 percent of the number of Indian Tribes in the Service Area revoke their concurrence to the provisions of such health services.

"(d) OTHER SERVICES.—The Service may provide health services under this subsection to individuals who are not eligible for health services provided by the Service under any other provision of law in order to—

"(1) achieve stability in a medical emergency;

"(2) prevent the spread of a communicable disease or otherwise deal with a public health hazard;

"(3) provide care to non-Indian women pregnant with an eligible Indian's child for the duration of the pregnancy through postpartum; or

"(4) provide care to immediate family members of an eligible individual if such care is directly related to the treatment of the eligible individual.

"(e) HOSPITAL PRIVILEGES FOR PRACTITIONERS.—Hospital privileges in health facilities operated and maintained by the Service or operated under a Funding Agreement may be extended to non-Service health care practitioners who provide services to individuals described in subsection (a), (b), (c), or (d). Such non-Service health care practitioners may, as part of the privileging process, be des-

ignated as employees of the Federal Government for purposes of section 1346(b) and chapter 171 of title 28, United States Code (relating to Federal tort claims) only with respect to acts or omissions which occur in the course of providing services to eligible individuals as a part of the conditions under which such hospital privileges are extended.

"(f) ELIGIBLE INDIAN.—For purposes of this section, the term 'eligible Indian' means any Indian who is eligible for health services provided by the Service without regard to the provisions of this section.

"SEC. 808. REALLOCATION OF BASE RESOURCES.

"(a) REPORT REQUIRED.—Notwithstanding any other provision of law, any allocation of Service funds for a fiscal year that reduces by 5 percent or more from the previous fiscal year the funding for any recurring program, project, or activity of a Service Unit may be implemented only after the Secretary has submitted to the President, for inclusion in the report required to be transmitted to Congress under section 801, a report on the proposed change in allocation of funding, including the reasons for the change and its likely effects.

"(b) EXCEPTION.—Subsection (a) shall not apply if the total amount appropriated to the Service for a fiscal year is at least 5 percent less than the amount appropriated to the Service for the previous fiscal year.

"SEC. 809. RESULTS OF DEMONSTRATION PROJECTS.

"The Secretary shall provide for the dissemination to Indian Tribes, Tribal Organizations, and Urban Indian Organizations of the findings and results of demonstration projects conducted under this Act.

"SEC. 810. PROVISION OF SERVICES IN MONTANA.

"(a) CONSISTENT WITH COURT DECISION.—The Secretary, acting through the Service, shall provide services and benefits for Indians in Montana in a manner consistent with the decision of the United States Court of Appeals for the Ninth Circuit in McNabb for McNabb v. Bowen, 829 F.2d 787 (9th Cir. 1987).

"(b) CLARIFICATION.—The provisions of subsection (a) shall not be construed to be an expression of the sense of Congress on the application of the decision described in subsection (a) with respect to the provision of services or benefits for Indians living in any State other than Montana.

"SEC. 811. MORATORIUM.

"During the period of the moratorium imposed on implementation of the final rule published in the Federal Register on September 16, 1987, by the Health Resources and Services Administration of the Public Health Service, relating to eligibility for the health care services of the Indian Health Service, the Indian Health Service shall provide services pursuant to the criteria for eligibility for such services that were in effect on September 15, 1987, subject to

the provisions of sections 806 and 807 until such time as new criteria governing eligibility for services are developed in accordance with section 802.

"SEC. 812. TRIBAL EMPLOYMENT.

"For purposes of section 2(2) of the Act of July 5, 1935 (49 Stat. 450, chapter 372), an Indian Tribe or Tribal Organization carrying out a Funding Agreement shall not be considered an 'employer'.

"SEC. 813. PRIME VENDOR.

"(a) EXECUTIVE AGENCY STATUS.—For purposes of section 201(a) of the Federal Property and Administrative Services Act (40 U.S.C. 481(a)) (relating to Federal sources of supply, including lodging providers, airlines, and other transportation providers), a Tribal Health Program shall be deemed an executive agency when carrying out a contract, grant, cooperative agreement, or Funding Agreement with the Service and shall have access to the Federal Supply Schedule and any other Federal source of supply to which executive agencies have access.

"(b) IHS STATUS.—For purposes of section 4 of Public Law 102–585 (38 U.S.C. 8126), a Tribal Health Program shall have the status of the Indian Health Service and shall have direct access to the Veterans Administration prime vendor provided for in section 4 of Public Law 102–585.

"(c) EMPLOYEE STATUS.—The employees of such Tribal Health Programs may order supplies under such respective programs on the same basis as employees of the Service.

"SEC. 814. SEVERABILITY PROVISIONS.

"If any provision of this Act, any amendment made by the Act, or the application of such provision or amendment to any person or circumstances is held to be invalid, the remainder of this Act, the remaining amendments made by this Act, and the application of such provisions to persons or circumstances other than those to which it is held invalid, shall not be affected thereby.

"SEC. 815. ESTABLISHMENT OF NATIONAL BIPARTISAN COMMISSION ON INDIAN HEALTH CARE ENTITLEMENT.

"(a) ESTABLISHMENT.—There is hereby established the National Bipartisan Indian Health Care Entitlement Commission (the 'Commission').

"(b) DUTIES OF COMMISSION.—The duties of the Commission are the following:

"(1) To establish a study committee composed of those members of the Commission appointed by the Director and at least 4 members of Congress from among the members of the Commission, the duties of which shall be the following:

"(A) To the extent necessary to carry out its duties, collect and compile data necessary to understand the extent of Indian needs with regard to the provision of health services, regardless of the location of Indians, including holding hearings and soliciting the views of Indians, Indian Tribes, Tribal Organizations, and Urban Indian Organizations, which may include authorizing and making funds available for feasibility studies of various models for providing and funding health services for all Indian beneficiaries, including those who live outside of a reservation, temporarily or permanently.

"(B) To make recommendations to the Commission for legislation that will provide for the delivery of health services for Indians as an entitlement, which will address, among other things, issues of eligibility, benefits to be provided, including recommendations regarding from whom such health services are to be provided and the cost, including mechanisms for making funds available for the health services to be provided.

"(C) To determine the effect of the enactment of such recommendations on (i) the existing

system of delivery of health services for Indians, and (ii) the sovereign status of Indian Tribes.

"(D) Not later than 12 months after the appointment of all members of the Commission, to submit a written report of its findings and recommendations to the full Commission. The report shall include a statement of the minority and majority position of the Committee and shall be disseminated, at a minimum, to every Indian Tribe, Tribal Organization, and Urban Indian Organization for comment to the Commission.

"(E) To report regularly to the full Commission regarding the findings and recommendations developed by the study committee in the course of carrying out its duties under this section.

"(2) To review and analyze the recommendations of the report of the study committee.

"(3) To make recommendations to Congress for providing health services for Indians as an entitlement, giving due regard to the effects of such a program on existing health care delivery systems for Indians and the effect of such a program on the sovereign status of Indian Tribes.

"(4) Not later than 18 months following the date of appointment of all members of the Commission, submit a written report to Congress containing a recommendation of policies and legislation to implement a policy that would establish a health care system for Indians based on delivery of health services as an entitlement, together with a determination of the implications of such an entitlement system on existing health care delivery systems for Indians and on the sovereign status of Indian Tribes.

"(c) MEMBERS.—

"(1) APPOINTMENT.—The Commission shall be composed of 25 members, appointed as follows:

"(A) Ten members of Congress, including 3 from the House of Representatives and 2 from the Senate, appointed by their respective majority leaders, and 3 from the House of Representatives and 2 from the Senate, appointed by their respective minority leaders, and who shall be members of the standing committees of Congress that consider legislation affecting health care to Indians.

"(B) Twelve persons chosen by the congressional members of the Commission, 1 from each Service Area as currently designated by the Di-

rector to be chosen from among 3 nominees from each Service Area put forward by the Indian Tribes within the area, with due regard being given to the experience and expertise of the nominees in the provision of health care to Indians and to a reasonable representation on the commission of members who are familiar with various health care delivery modes and who represent Indian Tribes of various size populations.

"(C) Three persons appointed by the Director who are knowledgeable about the provision of health care to Indians, at least 1 of whom shall be appointed from among 3 nominees put forward by those programs whose funds are provided in whole or in part by the Service primarily or exclusively for the benefit of Urban Indians.

"(D) All those persons chosen by the congressional members of the Commission and by the Director shall be members of federally recognized Indian Tribes.

"(2) CHAIR; VICE CHAIR.—The Chair and Vice Chair of the Commission shall be selected by the congressional members of the Commission.

"(3) TERMS.—The terms of members of the Commission shall be for the life of the Commission.

"(4) DEADLINE FOR APPOINTMENTS.—Congressional members of the Commission shall be appointed not later than 90 days after the date of the enactment of the Indian Health Care Improvement Act Amendments of 2004, and the remaining members of the Commission shall be appointed not later than 60 days following the appointment of the congressional members.

"(5) VACANCY.—A vacancy in the Commission shall be filled in the manner in which the original appointment was made.

"(d) COMPENSATION.—

"(1) CONGRESSIONAL MEMBERS.—Each congressional member of the Commission shall receive no additional pay, allowances, or benefits by reason of their service on the Commission and shall receive travel expenses and per diem in lieu of subsistence in accordance with sections 5702 and 5703 of title 5, United States Code.

"(2) OTHER MEMBERS.—Remaining members of the Commission, while serving on the business of the Commission (including travel time), shall be entitled to receive compensation at the per diem equivalent of

the rate provided for level IV of the Executive Schedule under section 5315 of title 5, United States Code, and while so serving away from home and the member's regular place of business, a member may be allowed travel expenses, as authorized by the Chairman of the Commission. For purpose of pay (other than pay of members of the Commission) and employment benefits, rights, and privileges, all personnel of the Commission shall be treated as if they were employees of the United States Senate.

"(e) MEETINGS.—The Commission shall meet at the call of the Chair.

"(f) QUORUM.—A quorum of the Commission shall consist of not less than 15 members, provided that no less than 6 of the members of Congress who are Commission members are present and no less than 9 of the members who are Indians are present.

"(g) EXECUTIVE DIRECTOR; STAFF; FACILITIES.—

"(1) APPOINTMENT; PAY.—The Commission shall appoint an executive director of the Commission. The executive director shall be paid the rate of basic pay for level V of the Executive Schedule.

"(2) STAFF APPOINTMENT.—With the approval of the Commission, the executive director may ap-

point such personnel as the executive director deems appropriate.

"(3) STAFF PAY.—The staff of the Commission shall be appointed without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and shall be paid without regard to the provisions of chapter 51 and subchapter III of chapter 53 of such title (relating to classification and General Schedule pay rates).

"(4) TEMPORARY SERVICES.—With the approval of the Commission, the executive director may procure temporary and intermittent services under section 3109(b) of title 5, United States Code.

"(5) FACILITIES.—The Administrator of General Services shall locate suitable office space for the operation of the Commission. The facilities shall serve as the headquarters of the Commission and shall include all necessary equipment and incidentals required for the proper functioning of the Commission.

"(h) HEARINGS.—(1) For the purpose of carrying out its duties, the Commission may hold such hearings and undertake such other activities as the Commission determines to be necessary to carry out its duties, provided that at least 6 regional hearings are held in different areas of the United States in which large numbers of Indians are present. Such

hearings are to be held to solicit the views of Indians regarding the delivery of health care services to them. To constitute a hearing under this subsection, at least 5 members of the Commission, including at least 1 member of Congress, must be present. Hearings held by the study committee established in this section may count toward the number of regional hearings required by this subsection.

"(2) Upon request of the Commission, the Comptroller General shall conduct such studies or investigations as the Commission determines to be necessary to carry out its duties.

"(3)(A) The Director of the Congressional Budget Office or the Chief Actuary of the Centers for Medicare & Medicaid Services, or both, shall provide to the Commission, upon the request of the Commission, such cost estimates as the Commission determines to be necessary to carry out its duties.

"(B) The Commission shall reimburse the Director of the Congressional Budget Office for expenses relating to the employment in the office of the Director of such additional staff as may be necessary for the Director to comply with requests by the Commission under subparagraph (A).

"(4) Upon the request of the Commission, the head of any Federal agency is authorized to detail, without reimbursement, any of the personnel of such agency to the Com-

mission to assist the Commission in carrying out its duties. Any such detail shall not interrupt or otherwise affect the civil service status or privileges of the Federal employee.

"(5) Upon the request of the Commission, the head of a Federal agency shall provide such technical assistance to the Commission as the Commission determines to be necessary to carry out its duties.

"(6) The Commission may use the United States mails in the same manner and under the same conditions as Federal agencies and shall, for purposes of the frank, be considered a commission of Congress as described in section 3215 of title 39, United States Code.

"(7) The Commission may secure directly from any Federal agency information necessary to enable it to carry out its duties, if the information may be disclosed under section 552 of title 4, United States Code. Upon request of the Chairman of the Commission, the head of such agency shall furnish such information to the Commission.

"(8) Upon the request of the Commission, the Administrator of General Services shall provide to the Commission on a reimbursable basis such administrative support services as the Commission may request.

"(9) For purposes of costs relating to printing and binding, including the cost of personnel detailed from the

Government Printing Office, the Commission shall be deemed to be a committee of Congress.

"(i) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated $4,000,000 to carry out the provisions of this section, which sum shall not be deducted from or affect any other appropriation for health care for Indian persons.

"(j) FACA.—The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the Commission.

"SEC. 816. APPROPRIATIONS; AVAILABILITY.

"Any new spending authority (described in subsection (c)(2)(A) or (B) of section 401 of the Congressional Budget Act of 1974) which is provided under this Act shall be effective for any fiscal year only to such extent or in such amounts as are provided in appropriation Acts.

"SEC. 817. CONFIDENTIALITY OF MEDICAL QUALITY ASSURANCE RECORDS: QUALIFIED IMMUNITY FOR PARTICIPANTS.

"(a) CONFIDENTIALITY OF RECORDS.—Medical quality assurance records created by or for any Indian Health Program or a health program of an Urban Indian Organization as part of a medical quality assurance program are confidential and privileged. Such records may not be disclosed to any person or entity, except as provided in subsection (c).

"(b) PROHIBITION ON DISCLOSURE AND TESTIMONY.—

"(1) No part of any medical quality assurance record described in subsection (a) may be subject to discovery or admitted into evidence in any judicial or administrative proceeding, except as provided in subsection (c).

"(2) A person who reviews or creates medical quality assurance records for any Indian health program or Urban Indian Organization who participates in any proceeding that reviews or creates such records may not be permitted or required to testify in any judicial or administrative proceeding with respect to such records or with respect to any finding, recommendation, evaluation, opinion, or action taken by such person or body in connection with such records except as provided in this section.

"(c) AUTHORIZED DISCLOSURE AND TESTIMONY.—

"(1) Subject to paragraph (2), a medical quality assurance record described in subsection (a) may be disclosed, and a person referred to in subsection (b) may give testimony in connection with such a record, only as follows:

"(A) To a Federal executive agency or private organization, if such medical quality assur-

ance record or testimony is needed by such agency or organization to perform licensing or accreditation functions related to any Indian Health Program or to a health program of an Urban Indian Organization to perform monitoring, required by law, of such program or organization.

"(B) To an administrative or judicial proceeding commenced by a present or former Indian Health Program or Urban Indian Organization provider concerning the termination, suspension, or limitation of clinical privileges of such health care provider.

"(C) To a governmental board or agency or to a professional health care society or organization, if such medical quality assurance record or testimony is needed by such board, agency, society, or organization to perform licensing, credentialing, or the monitoring of professional standards with respect to any health care provider who is or was an employee of any Indian Health Program or Urban Indian Organization.

"(D) To a hospital, medical center, or other institution that provides health care services, if such medical quality assurance record or testi-

mony is needed by such institution to assess the professional qualifications of any health care provider who is or was an employee of any Indian Health Program or Urban Indian Organization and who has applied for or been granted authority or employment to provide health care services in or on behalf of such program or organization.

"(E) To an officer, employee, or contractor of the Indian Health Program or Urban Indian Organization that created the records or for which the records were created. If that officer, employee, or contractor has a need for such record or testimony to perform official duties.

"(F) To a criminal or civil law enforcement agency or instrumentality charged under applicable law with the protection of the public health or safety, if a qualified representative of such agency or instrumentality makes a written request that such record or testimony be provided for a purpose authorized by law.

"(G) In an administrative or judicial proceeding commenced by a criminal or civil law enforcement agency or instrumentality referred

to in subparagraph (F), but only with respect to the subject of such proceeding.

"(2) With the exception of the subject of a quality assurance action, the identity of any person receiving health care services from any Indian Health Program or Urban Indian Organization or the identity of any other person associated with such program or organization for purposes of a medical quality assurance program that is disclosed in a medical quality assurance record described in subsection (a) shall be deleted from that record or document before any disclosure of such record is made outside such program or organization. Such requirement does not apply to the release of information pursuant to section 552a of title 5.

"(d) DISCLOSURE FOR CERTAIN PURPOSES.—

"(1) Nothing in this section shall be construed as authorizing or requiring the withholding from any person or entity aggregate statistical information regarding the results of any Indian Health Program or Urban Indian Organizations's medical quality assurance programs.

"(2) Nothing in this section shall be construed as authority to withhold any medical quality assurance record from a committee of either House of Congress,

any joint committee of Congress, or the Government Accountability Office if such record pertains to any matter within their respective jurisdictions.

"(e) PROHIBITION ON DISCLOSURE OF RECORD OR TESTIMONY.—A person or entity having possession of or access to a record or testimony described by this section may not disclose the contents of such record or testimony in any manner or for any purpose except as provided in this section.

"(f) EXEMPTION FROM FREEDOM OF INFORMATION ACT.—Medical quality assurance records described in subsection (a) may not be made available to any person under section 552 of title 5.

"(g) LIMITATION ON CIVIL LIABILITY.—A person who participates in or provides information to a person or body that reviews or creates medical quality assurance records described in subsection (a) shall not be civilly liable for such participation or for providing such information if the participation or provision of information was in good faith based on prevailing professional standards at the time the medical quality assurance program activity took place.

"(h) APPLICATION TO INFORMATION IN CERTAIN OTHER RECORDS.—Nothing in this section shall be construed as limiting access to the information in a record created and maintained outside a medical quality assurance

program, including a patient's medical records, on the grounds that the information was presented during meetings of a review body that are part of a medical quality assurance program.

"(i) REGULATIONS.—The Secretary, acting through the Service, shall promulgate regulations pursuant to section 802 of this title.

"(j) DEFINITIONS.—In this section:

"(1) The term 'medical quality assurance program' means any activity carried out before, on, or after the date of enactment of this Act by or for any Indian Health Program or Urban Indian Organization to assess the quality of medical care, including activities conducted by or on behalf of individuals, Indian Health Program or Urban Indian Organization medical or dental treatment review committees, or other review bodies responsible for quality assurance, credentials, infection control, patient care assessment (including treatment procedures, blood, drugs, and therapeutics), medical records, health resources management review and identification and prevention of medical or dental incidents and risks.

"(2) The term 'medical quality assurance record' means the proceedings, records, minutes, and reports that emanate from quality assurance program activi-

ties described in paragraph (1) and are produced or compiled by or for an Indian Health Program or Urban Indian Organization as part of a medical quality assurance program.

"(3) The term 'health care provider' means any health care professional, including community health aides and practitioners certified under section 121, who are granted clinical practice privileges or employed to provide health care services in an Indian Health Program or health program of an Urban Indian Organization, who is licensed or certified to perform health care services by a governmental board or agency or professional health care society or organization.

"SEC. 818. AUTHORIZATION OF APPROPRIATIONS.

"(a) IN GENERAL.—There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2015 to carry out this title.".

(b) RATE OF PAY.—

(1) POSITIONS AT LEVEL IV.—Section 5315 of title 5, United States Code, is amended by striking "Assistant Secretaries of Health and Human Services (6)." and inserting "Assistant Secretaries of Health and Human Services (7)".

(2) POSITIONS AT LEVEL V.—Section 5316 of title 5, United States Code, is amended by striking "Director, Indian Health Service, Department of Health and Human Services".

(c) THREE AFFILIATED TRIBES HEALTH FACILITY COMPENSATION.—

(1) FINDINGS.—Congress finds that—

(A) in 1949, the United States assumed jurisdiction over more than 150,000 prime acres on the Fort Berthold Indian Reservation, North Dakota, for the construction of the Garrison Dam and Reservoir;

(B) the reservoir flooded and destroyed vital infrastructure on the reservation, including a hospital of the Indian Health Service;

(C) the United States made a commitment to the Three Affiliated Tribes of the Fort Berthold Indian Reservation to replace the lost infrastructure;

(D) on May 10, 1985, the Secretary of the Interior established the Garrison Unit Joint Tribal Advisory Committee to examine the effects of the Garrison Dam and Reservoir on the Fort Berthold Indian Reservation;

(E) the final report of the Committee issued on May 23, 1986, acknowledged the obligation of the Federal Government to replace the infrastructure destroyed by the Federal action;

(F) the Committee on Indian Affairs of the Senate—

(i) acknowledged the recommendations of the final report of the Committee in Senate Report No. 102–250; and

(ii) stated that every effort should be made by the Administration and Congress to provide additional Federal funding to replace the lost infrastructure; and

(G) on August 30, 2001, the Chairman of the Three Affiliated Tribes testified before the Committee on Indian Affairs of the Senate that the promise to replace the lost infrastructure, particularly the hospital, still had not been kept.

(2) RURAL HEALTH CARE FACILITY, FORT BERTHOLD INDIAN RESERVATION, NORTH DAKOTA.—The Three Affiliated Tribes and Standing Rock Sioux Tribe Equitable Compensation Act is amended—

(A) in section 3504 (106 Stat. 4732), by adding at the end the following:

"(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as are necessary to carry out this section."; and

(B) by striking section 3511 (106 Stat. 4739) and inserting the following:

"SEC. 3511. RURAL HEALTH CARE FACILITY, FORT BERTHOLD INDIAN RESERVATION, NORTH DAKOTA.

"There are authorized to be appropriated to the Secretary of Health and Human Services $20,000,000 for the construction of, and such sums as are necessary for other expenses relating to, a rural health care facility on the Fort Berthold Indian Reservation of the Three Affiliated Tribes, North Dakota.".

(c) AMENDMENTS TO OTHER PROVISIONS OF LAW.—

(1) Section 3307(b)(1)(C) of the Children's Health Act of 2000 (25 U.S.C. 1671 note; Public Law 106–310) is amended by striking "Director of the Indian Health Service" and inserting "Assistant Secretary for Indian Health".

(2) The Indian Lands Open Dump Cleanup Act of 1994 is amended—

(A) in section 3 (25 U.S.C. 3902)—

(i) by striking paragraph (2);

(ii) by redesignating paragraphs (1), (3), (4), (5), and (6) as paragraphs (4), (5), (2), (6), and (1), respectively, and moving those paragraphs so as to appear in numerical order; and

(iii) by inserting before paragraph (4) (as redesignated by subclause (II)) the following:

"(3) ASSISTANT SECRETARY.—The term 'Assistant Secretary' means the Assistant Secretary for Indian Health.";

(B) in section 5 (25 U.S.C. 3904), by striking the section heading and inserting the following:

"SEC. 5. AUTHORITY OF ASSISTANT SECRETARY FOR INDIAN HEALTH.";

(C) in section 6(a) (25 U.S.C. 3905(a)), in the subsection heading, by striking "DIRECTOR" and inserting "ASSISTANT SECRETARY";

(D) in section 9(a) (25 U.S.C. 3908(a)), in the subsection heading, by striking "DIRECTOR" and inserting "ASSISTANT SECRETARY"; and

(E) by striking "Director" each place it appears and inserting "Assistant Secretary".

(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".

(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".

(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".

(6) Section 317M(b) of the Public Health Service Act (42 U.S.C. 247b–14(b)) is amended—

(A) by striking "Director of the Indian Health Service" each place it appears and inserting "Assistant Secretary for Indian Health"; and

(B) in paragraph (2)(A), by striking "the Directors referred to in such paragraph" and inserting "the Director of the Centers for Disease

Control and Prevention and the Assistant Secretary for Indian Health".

(7) Section 417C(b) of the Public Health Service Act (42 U.S.C. 285–9(b)) is amended by striking "Director of the Indian Health Service" and inserting "Assistant Secretary for Indian Health".

(8) Section 1452(i) of the Safe Drinking Water Act (42 U.S.C. 300j–12(i)) is amended by striking "Director of the Indian Health Service" each place it appears and inserting "Assistant Secretary for Indian Health".

(9) Section 803B(d)(1) of the Native American Programs Act of 1974 (42 U.S.C. 2991b–2(d)(1)) is amended in the last sentence by striking "Director of the Indian Health Service" and inserting "Assistant Secretary for Indian Health".

(10) Section 203(b) of the Michigan Indian Land Claims Settlement Act (Public Law 105–143; 111 Stat. 2666) is amended by striking "Director of the Indian Health Service" and inserting "Assistant Secretary for Indian Health".

SEC. 3. SOBOBA SANITATION FACILITIES.

The Act of December 17, 1970 (84 Stat. 1465), is amended by adding at the end the following new section:

"SEC. 9. Nothing in this Act shall preclude the Soboba Band of Mission Indians and the Soboba Indian Reservation from being provided with sanitation facilities and services under the authority of section 7 of the Act of August 5, 1954 (68 Stat. 674), as amended by the Act of July 31, 1959 (73 Stat. 267).".

SEC. 4. AMENDMENTS TO THE MEDICAID AND STATE CHILDREN'S HEALTH INSURANCE PROGRAMS.

(a) EXPANSION OF MEDICAID PAYMENT FOR ALL COVERED SERVICES FURNISHED BY INDIAN HEALTH PROGRAMS.—

(1) EXPANSION TO ALL COVERED SERVICES.—Section 1911 of the Social Security Act (42 U.S.C. 1396j) is amended—

(A) by amending the heading to read as follows:

"INDIAN HEALTH PROGRAMS"; and

(B) by amending subsection (a) to read as follows:

"(a) ELIGIBILITY FOR REIMBURSEMENT FOR MEDICAL ASSISTANCE.—The Indian Health Service and an Indian Tribe, Tribal Organization, or an urban Indian Organization (as such terms are defined in section 4 of the Indian Health Care Improvement Act) shall be eligible for reimbursement for medical assistance provided under a State plan or under waiver authority with respect to items and

services furnished by the Indian Health Service, Indian Tribe, Tribal Organization, or Urban Indian Organization if the furnishing of such services meets all the conditions and requirements which are applicable generally to the furnishing of items and services under this title and under such plan or waiver authority.".

(2) ELIMINATION OF TEMPORARY DEEMING PROVISION.—Such section is amended by striking subsection (b).

(3) REVISION OF AUTHORITY TO ENTER INTO AGREEMENTS.—Subsection (c) of such section is redesignated as subsection (b) and is amended to read as follows:

"(b) AUTHORITY TO ENTER INTO AGREEMENTS.—The Secretary may enter into an agreement with a State for the purpose of reimbursing the State for medical assistance provided by the Indian Health Service, an Indian Tribe, Tribal Organizations, or an Urban Indian Organization (as so defined), directly, through referral, or under contracts or other arrangements between the Indian Health Service, an Indian Tribe, Tribal Organization, or an Urban Indian Organization and another health care provider to Indians who are eligible for medical assistance under the State plan or under waiver authority.".

(4) REFERENCE CORRECTION.—Subsection (d) of such section is redesignated as subsection (c) and is amended—

(A) by striking "For" and inserting "DIRECT BILLING.—For"; and

(B) by striking "section 405" and inserting "section 401(d)".

(b) SCHIP TREATMENT OF INDIAN TRIBES, TRIBAL ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS.—Section 2105(c)(6)(B) of such Act (42 U.S.C. 1397ee(c)(6)(B)) is amended by striking "other than an insurance program operated or financed by the Indian Health Service," and inserting "other than a health program operated or financed by the Indian Health Service or by an Indian Tribe, Tribal Organization, or Urban Indian Organization (as such terms are defined in section 4 of the Indian Health Care Improvement Act)".

Calendar No. 802

108TH CONGRESS
2D SESSION

S. 556

[Report No. 108–411]

A BILL

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

NOVEMBER 16, 2004

Reported with an amendment