

Calendar No. 469

109TH CONGRESS
2D SESSION**S. 3524**

To amend titles XVIII, XIX, and XXI of the Social Security Act to improve health care provided to Indians under the Medicare, Medicaid, and State Children's Health Insurance Programs, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 15, 2006

Mr. GRASSLEY, from the Committee on Finance, reported the following original bill; which was read twice and placed on the calendar

A BILL

To amend titles XVIII, XIX, and XXI of the Social Security Act to improve health care provided to Indians under the Medicare, Medicaid, and State Children's Health Insurance Programs, and for other purposes.

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

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

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Medicare, Medicaid, and SCHIP Indian Health Care Im-
6 provement Act of 2006”.

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

- Sec. 1. Short title; table of contents.
- Sec. 2. Expansion of payments under Medicare, Medicaid, and SCHIP for all covered services furnished by Indian health programs.
- Sec. 3. Increased outreach to Indians under Medicaid and SCHIP and improved cooperation in the provision of items and services to Indians under Social Security Act health benefit programs.
- Sec. 4. Additional provisions to increase outreach to, and enrollment of, Indians in SCHIP and Medicaid.
- Sec. 5. Premiums and cost sharing protections and eligibility determinations under Medicaid and SCHIP, and protection of certain Indian property from Medicaid estate recovery.
- Sec. 6. Nondiscrimination in qualifications for payment for services under Federal health care programs.
- Sec. 7. Consultation on Medicaid, SCHIP, and other health care programs funded under the Social Security Act involving Indian Health Programs and Urban Indian Organizations.
- Sec. 8. Exclusion waiver authority for affected Indian Health Programs and safe harbor transactions under the Social Security Act.
- Sec. 9. Rules applicable under Medicaid and SCHIP to managed care entities with respect to Indian enrollees and Indian health care providers and Indian managed care entities.
- Sec. 10. Annual report on Indians served by Social Security Act health benefit programs.
- Sec. 11. Effective Date.

3 **SEC. 2. EXPANSION OF PAYMENTS UNDER MEDICARE, MED-**
 4 **ICAID, AND SCHIP FOR ALL COVERED SERV-**
 5 **ICES FURNISHED BY INDIAN HEALTH PRO-**
 6 **GRAMS.**

7 (a) MEDICAID.—

8 (1) EXPANSION TO ALL COVERED SERVICES.—

9 Section 1911 of the Social Security Act (42 U.S.C.
 10 1396j) is amended—

11 (A) by amending the heading to read as
 12 follows:

1 **“SEC. 1911. INDIAN HEALTH PROGRAMS.”; and**

2 (B) by amending subsection (a) to read as
3 follows:

4 “(a) **ELIGIBILITY FOR PAYMENT FOR MEDICAL AS-**
5 **SISTANCE.**—The Indian Health Service and an Indian
6 Tribe, Tribal Organization, or an Urban Indian Organiza-
7 tion shall be eligible for payment for medical assistance
8 provided under a State plan or under waiver authority
9 with respect to items and services furnished by the Indian
10 Health Service, Indian Tribe, Tribal Organization, or
11 Urban Indian Organization if the furnishing of such serv-
12 ices meets all the conditions and requirements which are
13 applicable generally to the furnishing of items and services
14 under this title and under such plan or waiver authority.”.

15 (2) **COMPLIANCE WITH CONDITIONS AND RE-**
16 **QUIREMENTS.**—Subsection (b) of such section is
17 amended to read as follows:

18 “(b) **COMPLIANCE WITH CONDITIONS AND REQUIRE-**
19 **MENTS.**—A facility of the Indian Health Service or an In-
20 dian Tribe, Tribal Organization, or an Urban Indian Or-
21 ganization which is eligible for payment under subsection
22 (a) with respect to the furnishing of items and services,
23 but which does not meet all of the conditions and require-
24 ments of this title and under a State plan or waiver au-
25 thority which are applicable generally to such facility, shall
26 make such improvements as are necessary to achieve or

1 maintain compliance with such conditions and require-
 2 ments in accordance with a plan submitted to and accept-
 3 ed by the Secretary for achieving or maintaining compli-
 4 ance with such conditions and requirements, and shall be
 5 deemed to meet such conditions and requirements (and to
 6 be eligible for payment under this title), without regard
 7 to the extent of its actual compliance with such conditions
 8 and requirements, during the first 12 months after the
 9 month in which such plan is submitted.”.

10 (3) REVISION OF AUTHORITY TO ENTER INTO
 11 AGREEMENTS.—Subsection (c) of such section is
 12 amended to read as follows:

13 “(c) AUTHORITY TO ENTER INTO AGREEMENTS.—
 14 The Secretary may enter into an agreement with a State
 15 for the purpose of reimbursing the State for medical as-
 16 sistance provided by the Indian Health Service, an Indian
 17 Tribe, Tribal Organization, or an Urban Indian Organiza-
 18 tion (as so defined), directly, through referral, or under
 19 contracts or other arrangements between the Indian
 20 Health Service, an Indian Tribe, Tribal Organization, or
 21 an Urban Indian Organization and another health care
 22 provider to Indians who are eligible for medical assistance
 23 under the State plan or under waiver authority.”.

24 (4) CROSS-REFERENCES TO SPECIAL FUND FOR
 25 IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING

1 OPTION; DEFINITIONS.—Such section is further
 2 amended by striking subsection (d) and adding at
 3 the end the following new subsections:

4 “(d) SPECIAL FUND FOR IMPROVEMENT OF IHS FA-
 5 CILITIES.—For provisions relating to the authority of the
 6 Secretary to place payments to which a facility of the In-
 7 dian Health Service is eligible for payment under this title
 8 into a special fund established under section 401(c)(1) of
 9 the Indian Health Care Improvement Act, and the require-
 10 ment to use amounts paid from such fund for making im-
 11 provements in accordance with subsection (b), see sub-
 12 paragraphs (A) and (B) of section 401(c)(1) of such Act.

13 “(e) DIRECT BILLING.—For provisions relating to
 14 the authority of a Tribal Health Program or an Urban
 15 Indian Organization to elect to directly bill for, and receive
 16 payment for, health care items and services provided by
 17 such Program or Organization for which payment is made
 18 under this title, see section 401(d) of the Indian Health
 19 Care Improvement Act.

20 “(f) DEFINITIONS.—In this section, the terms ‘In-
 21 dian Health Program’, ‘Indian Tribe’, ‘Tribal Health Pro-
 22 gram’, ‘Tribal Organization’, and ‘Urban Indian Organi-
 23 zation’ have the meanings given those terms in section 4
 24 of the Indian Health Care Improvement Act.”.

25 (b) MEDICARE.—

1 (1) EXPANSION TO ALL COVERED SERVICES.—

2 Section 1880 of such Act (42 U.S.C. 1395qq) is
3 amended—

4 (A) by amending the heading to read as
5 follows:

6 **“SEC. 1880. INDIAN HEALTH PROGRAMS.”; and**

7 (B) by amending subsection (a) to read as
8 follows:

9 “(a) ELIGIBILITY FOR PAYMENTS.—Subject to sub-
10 section (e), the Indian Health Service and an Indian
11 Tribe, Tribal Organization, or an Urban Indian Organiza-
12 tion shall be eligible for payments under this title with
13 respect to items and services furnished by the Indian
14 Health Service, Indian Tribe, Tribal Organization, or
15 Urban Indian Organization if the furnishing of such serv-
16 ices meets all the conditions and requirements which are
17 applicable generally to the furnishing of items and services
18 under this title.”.

19 (2) COMPLIANCE WITH CONDITIONS AND RE-
20 QUIREMENTS.—Subsection (b) of such section is
21 amended to read as follows:

22 “(b) COMPLIANCE WITH CONDITIONS AND REQUIRE-
23 MENTS.—Subject to subsection (e), a facility of the Indian
24 Health Service or an Indian Tribe, Tribal Organization,
25 or an Urban Indian Organization which is eligible for pay-

1 ment under subsection (a) with respect to the furnishing
 2 of items and services, but which does not meet all of the
 3 conditions and requirements of this title which are applica-
 4 ble generally to such facility, shall make such improve-
 5 ments as are necessary to achieve or maintain compliance
 6 with such conditions and requirements in accordance with
 7 a plan submitted to and accepted by the Secretary for
 8 achieving or maintaining compliance with such conditions
 9 and requirements, and shall be deemed to meet such con-
 10 ditions and requirements (and to be eligible for payment
 11 under this title), without regard to the extent of its actual
 12 compliance with such conditions and requirements, during
 13 the first 12 months after the month in which such plan
 14 is submitted.”.

15 (3) CROSS-REFERENCES TO SPECIAL FUND FOR
 16 IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING
 17 OPTION; DEFINITIONS.—

18 (A) IN GENERAL.—Such section is further
 19 amended by striking subsections (c) and (d)
 20 and inserting the following new subsections:

21 “(c) SPECIAL FUND FOR IMPROVEMENT OF IHS FA-
 22 CILITIES.—For provisions relating to the authority of the
 23 Secretary to place payments to which a facility of the In-
 24 dian Health Service is eligible for payment under this title
 25 into a special fund established under section 401(c)(1) of

1 the Indian Health Care Improvement Act, and the require-
 2 ment to use amounts paid from such fund for making im-
 3 provements in accordance with subsection (b), see sub-
 4 paragraphs (A) and (B) of section 401(c)(1) of such Act.

5 “(d) DIRECT BILLING.—For provisions relating to
 6 the authority of a Tribal Health Program or an Urban
 7 Indian Organization to elect to directly bill for, and receive
 8 payment for, health care items and services provided by
 9 such Program or Organization for which payment is made
 10 under this title, see section 401(d) of the Indian Health
 11 Care Improvement Act.”.

12 (B) CONFORMING AMENDMENT.—Para-
 13 graph (3) of section 1880(e) of such Act (42
 14 U.S.C. 1395qq(e)) is amended by inserting
 15 “and section 401(c)(1) of the Indian Health
 16 Care Improvement Act” after “Subsection (c)”.

17 (4) DEFINITIONS.—Such section is further
 18 amended by amending subsection (f) to read as fol-
 19 lows:

20 “(f) DEFINITIONS.—In this section, the terms ‘In-
 21 dian Health Program’, ‘Indian Tribe’, ‘Service Unit’,
 22 ‘Tribal Health Program’, ‘Tribal Organization’, and
 23 ‘Urban Indian Organization’ have the meanings given
 24 those terms in section 4 of the Indian Health Care Im-
 25 provement Act.”.

1 (c) APPLICATION TO SCHIP.—Section 2107(e)(1) of
 2 the Social Security Act (42 U.S.C. 1397gg(e)(1)) is
 3 amended—

4 (1) by redesignating subparagraph (D) as sub-
 5 paragraph (E); and

6 (2) by inserting after subparagraph (C), the fol-
 7 lowing new subparagraph:

8 “(D) Section 1911 (relating to Indian
 9 Health Programs, other than subsection (d) of
 10 such section).”.

11 **SEC. 3. INCREASED OUTREACH TO INDIANS UNDER MED-**
 12 **ICAID AND SCHIP AND IMPROVED COOPERA-**
 13 **TION IN THE PROVISION OF ITEMS AND**
 14 **SERVICES TO INDIANS UNDER SOCIAL SECU-**
 15 **RITY ACT HEALTH BENEFIT PROGRAMS.**

16 Section 1139 of the Social Security Act (42 U.S.C.
 17 1320b–9) is amended to read as follows:

18 **“SEC. 1139. IMPROVED ACCESS TO, AND DELIVERY OF,**
 19 **HEALTH CARE FOR INDIANS UNDER TITLES**
 20 **XVIII, XIX, AND XXI.**

21 “(a) AGREEMENTS WITH STATES FOR MEDICAID
 22 AND SCHIP OUTREACH ON OR NEAR RESERVATIONS TO
 23 INCREASE THE ENROLLMENT OF INDIANS IN THOSE
 24 PROGRAMS.—

1 “(1) IN GENERAL.—In order to improve the ac-
2 cess of Indians residing on or near a reservation to
3 obtain benefits under the Medicaid and State chil-
4 dren’s health insurance programs established under
5 titles XIX and XXI, the Secretary shall encourage
6 the State to take steps to provide for enrollment on
7 or near the reservation. Such steps may include out-
8 reach efforts such as the outstationing of eligibility
9 workers, entering into agreements with the Indian
10 Health Service, Indian Tribes, Tribal Organizations,
11 and Urban Indian Organizations to provide out-
12 reach, education regarding eligibility and benefits,
13 enrollment, and translation services when such serv-
14 ices are appropriate.

15 “(2) CONSTRUCTION.—Nothing in subpara-
16 graph (A) shall be construed as affecting arrange-
17 ments entered into between States and the Indian
18 Health Service, Indian Tribes, Tribal Organizations,
19 or Urban Indian Organizations for such Service,
20 Tribes, or Organizations to conduct administrative
21 activities under such titles.

22 “(b) REQUIREMENT TO FACILITATE COOPERA-
23 TION.—The Secretary, acting through the Centers for
24 Medicare & Medicaid Services, shall take such steps as are
25 necessary to facilitate cooperation with, and agreements

1 between, States and the Indian Health Service, Indian
 2 Tribes, Tribal Organizations, or Urban Indian Organiza-
 3 tions with respect to the provision of health care items
 4 and services to Indians under the programs established
 5 under title XVIII, XIX, or XXI.

6 “(c) DEFINITION OF INDIAN TRIBE; INDIAN HEALTH
 7 PROGRAM; TRIBAL ORGANIZATION; URBAN INDIAN ORGA-
 8 NIZATION.—In this section, the terms ‘Indian Tribe’, ‘In-
 9 dian Health Program’, ‘Tribal Organization’, and ‘Urban
 10 Indian Organization’ have the meanings given those terms
 11 in section 4 of the Indian Health Care Improvement Act.”.

12 **SEC. 4. ADDITIONAL PROVISIONS TO INCREASE OUTREACH**
 13 **TO, AND ENROLLMENT OF, INDIANS IN SCHIP**
 14 **AND MEDICAID.**

15 (a) NONAPPLICATION OF 10 PERCENT LIMIT ON
 16 OUTREACH AND CERTAIN OTHER EXPENDITURES.—Sec-
 17 tion 2105(c)(2) of the Social Security Act (42 U.S.C.
 18 1397ee(c)(2)) is amended by adding at the end the fol-
 19 lowing new subparagraph:

20 “(C) NONAPPLICATION TO EXPENDITURES
 21 FOR OUTREACH TO INCREASE THE ENROLL-
 22 MENT OF INDIAN CHILDREN UNDER THIS TITLE
 23 AND TITLE XIX.—The limitation under sub-
 24 paragraph (A) on expenditures for items de-
 25 scribed in subsection (a)(1)(D) shall not apply

1 in the case of expenditures for outreach activi-
2 ties to families of Indian children likely to be el-
3 igible for child health assistance under the plan
4 or medical assistance under the State plan
5 under title XIX (or under a waiver of such
6 plan), to inform such families of the availability
7 of, and to assist them in enrolling their children
8 in, such plans, including such activities con-
9 ducted under grants, contracts, or agreements
10 entered into under section 1139(a).”.

11 (b) ASSURANCE OF PAYMENTS TO INDIAN HEALTH
12 CARE PROVIDERS FOR CHILD HEALTH ASSISTANCE.—
13 Section 2102(b)(3)(D) of such Act (42 U.S.C.
14 1397bb(b)(3)(D)) is amended by striking “(as defined in
15 section 4(c) of the Indian Health Care Improvement Act,
16 25 U.S.C. 1603(c))” and inserting “, including how the
17 State will ensure that payments are made to Indian
18 Health Programs and Urban Indian Organizations oper-
19 ating in the State for the provision of such assistance”.

20 (c) INCLUSION OF OTHER INDIAN FINANCED
21 HEALTH CARE PROGRAMS IN EXEMPTION FROM PROHI-
22 BITION ON CERTAIN PAYMENTS.—Section 2105(c)(6)(B)
23 of such Act (42 U.S.C. 1397ee(c)(6)(B)) is amended by
24 striking “insurance program, other than an insurance pro-
25 gram operated or financed by the Indian Health Service”

1 and inserting “program, other than a health care program
 2 operated or financed by the Indian Health Service or by
 3 an Indian Tribe, Tribal Organization, or Urban Indian
 4 Organization”.

5 (d) SATISFACTION OF MEDICAID DOCUMENTATION
 6 REQUIREMENTS.—

7 (1) IN GENERAL.—Section 1903(x)(3)(B) of the
 8 Social Security Act (42 U.S.C. 1396b(x)(3)(B)) is
 9 amended—

10 (A) by redesignating clause (v) as clause
 11 (vi); and

12 (B) by inserting after clause (iv), the fol-
 13 lowing new clause:

14 “(v)(I) Except as provided in subclause (II), a
 15 document issued by a federally-recognized Indian
 16 tribe evidencing membership or enrollment in, or af-
 17 filiation with, such tribe.

18 “(II) With respect to those federally-recognized
 19 Indian tribes located within States having an inter-
 20 national border whose membership includes individ-
 21 uals who are not citizens of the United States, the
 22 Secretary shall, after consulting with such tribes,
 23 issue regulations authorizing the presentation of
 24 such other forms of documentation (including tribal
 25 documentation, if appropriate) that the Secretary

determines to be satisfactory documentary evidence of citizenship or nationality for purposes of satisfying the requirement of this subsection.”.

(2) TRANSITION RULE.—During the period that begins on July 1, 2006, and ends on the effective date of final regulations issued under subclause (II) of section 1903(x)(3)(B)(v) of the Social Security Act (42 U.S.C. 1396b(x)(3)(B)(v)) (as added by paragraph (1)), an individual who is a member of a federally-recognized Indian tribe described in subclause (II) of that section who presents a document described in subclause (I) of such section that is issued by such Indian tribe, shall be deemed to have presented satisfactory evidence of citizenship or nationality for purposes of satisfying the requirement of subsection (x) of section 1903 of such Act.

(e) DEFINITIONS.—Section 2110(c) of such Act (42 U.S.C. 1397jj(c)) is amended by adding at the end the following new paragraph:

“(9) INDIAN; INDIAN HEALTH PROGRAM; INDIAN TRIBE; ETC.—The terms ‘Indian’, ‘Indian Health Program’, ‘Indian Tribe’, ‘Tribal Organization’, and ‘Urban Indian Organization’ have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.”.

1 **SEC. 5. PREMIUMS AND COST SHARING PROTECTIONS**
 2 **UNDER MEDICAID, ELIGIBILITY DETERMINA-**
 3 **TIONS UNDER MEDICAID AND SCHIP, AND**
 4 **PROTECTION OF CERTAIN INDIAN PROPERTY**
 5 **FROM MEDICAID ESTATE RECOVERY.**

6 (a) PREMIUMS AND COST SHARING PROTECTION
 7 UNDER MEDICAID.—

8 (1) IN GENERAL.—Section 1916 of the Social
 9 Security Act (42 U.S.C. 1396o) is amended—

10 (A) in subsection (a), in the matter pre-
 11 ceding paragraph (1), by striking “and (i)” and
 12 inserting “, (i), and (j)”; and

13 (B) by adding at the end the following new
 14 subsection:

15 “(j) NO PREMIUMS OR COST SHARING FOR INDIANS
 16 FURNISHED ITEMS OR SERVICES DIRECTLY BY INDIAN
 17 HEALTH PROGRAMS OR THROUGH REFERRAL UNDER
 18 THE CONTRACT HEALTH SERVICE.—

19 “(1) NO COST SHARING FOR ITEMS OR SERV-
 20 ICES FURNISHED TO INDIANS THROUGH INDIAN
 21 HEALTH PROGRAMS.—

22 “(A) IN GENERAL.—No enrollment fee,
 23 premium, or similar charge, and no deduction,
 24 copayment, cost sharing, or similar charge shall
 25 be imposed against an Indian who is furnished
 26 an item or service directly by the Indian Health

1 Service, an Indian Tribe, Tribal Organization,
2 or Urban Indian Organization or through refer-
3 ral under the contract health service for which
4 payment may be made under this title.

5 “(B) NO REDUCTION IN AMOUNT OF PAY-
6 MENT TO INDIAN HEALTH PROVIDERS.—Pay-
7 ment due under this title to the Indian Health
8 Service, an Indian Tribe, Tribal Organization,
9 or Urban Indian Organization, or a health care
10 provider through referral under the contract
11 health service for the furnishing of an item or
12 service to an Indian who is eligible for assist-
13 ance under such title, may not be reduced by
14 the amount of any enrollment fee, premium, or
15 similar charge, or any deduction, copayment,
16 cost sharing, or similar charge that would be
17 due from the Indian but for the operation of
18 subparagraph (A).

19 “(2) RULE OF CONSTRUCTION.—Nothing in
20 this subsection shall be construed as restricting the
21 application of any other limitations on the imposi-
22 tion of premiums or cost sharing that may apply to
23 an individual receiving medical assistance under this
24 title who is an Indian.

1 “(3) DEFINITIONS.—In this subsection, the
 2 terms ‘contract health service’, ‘Indian’, ‘Indian
 3 Tribe’, ‘Tribal Organization’, and ‘Urban Indian Or-
 4 ganization’ have the meanings given those terms in
 5 section 4 of the Indian Health Care Improvement
 6 Act.”.

7 (2) CONFORMING AMENDMENT.—Section
 8 1916A (a)(1) of such Act (42 U.S.C. 1396o–1(a)(1))
 9 is amended by striking “section 1916(g)” and in-
 10 serting “subsections (g), (i), or (j) of section 1916”.

11 (b) TREATMENT OF CERTAIN PROPERTY FOR MED-
 12 ICAID AND SCHIP ELIGIBILITY.—

13 (1) MEDICAID.—Section 1902(e) of the Social
 14 Security Act (42 U.S.C. 1396a) is amended by add-
 15 ing at the end the following new paragraph:

16 “(13) Notwithstanding any other requirement
 17 of this title or any other provision of Federal or
 18 State law, a State shall disregard the following prop-
 19 erty for purposes of determining eligibility for med-
 20 ical assistance under this title:

21 “(A) Property, including real property and
 22 improvements, located on a reservation, includ-
 23 ing any federally recognized Indian Tribe’s res-
 24 ervation, pueblo, or colony, including former
 25 reservations in Oklahoma, Alaska Native re-

1 gions established by the Alaska Native Claims
2 Settlement Act, and Indian allotments on or
3 near a reservation as designated and approved
4 by the Bureau of Indian Affairs of the Depart-
5 ment of the Interior.

6 “(B) For any federally recognized Tribe
7 not described in subparagraph (A), property lo-
8 cated within the most recent boundaries of a
9 prior Federal reservation.

10 “(C) Ownership interests in rents, leases,
11 royalties, or usage rights related to natural re-
12 sources (including extraction of natural re-
13 sources or harvesting of timber, other plants
14 and plant products, animals, fish, and shellfish)
15 resulting from the exercise of federally pro-
16 tected rights.

17 “(D) Ownership interests in or usage
18 rights to items not covered by subparagraphs
19 (A) through (C) that have unique religious,
20 spiritual, traditional, or cultural significance or
21 rights that support subsistence or a traditional
22 lifestyle according to applicable tribal law or
23 custom.”.

1 (2) APPLICATION TO SCHIP.—Section
 2 2107(e)(1) of such Act (42 U.S.C. 1397gg(e)(1)) is
 3 amended—

4 (A) by redesignating subparagraphs (B)
 5 through (E), as subparagraphs (C) through
 6 (F), respectively; and

7 (B) by inserting after subparagraph (A),
 8 the following new subparagraph:

9 “(B) Section 1902(e)(13) (relating to dis-
 10 regard of certain property for purposes of mak-
 11 ing eligibility determinations).”.

12 (c) CONTINUATION OF CURRENT LAW PROTECTIONS
 13 OF CERTAIN INDIAN PROPERTY FROM MEDICAID ESTATE
 14 RECOVERY.—Section 1917(b)(3) of the Social Security
 15 Act (42 U.S.C. 1396p(b)(3)) is amended—

16 (1) by inserting “(A)” after “(3)”; and

17 (2) by adding at the end the following new sub-
 18 paragraph:

19 “(B) The standards specified by the Sec-
 20 retary under subparagraph (A) shall require
 21 that the procedures established by the State
 22 agency under subparagraph (A) exempt income,
 23 resources, and property that are exempt from
 24 the application of this subsection as of April 1,
 25 2003, under manual instructions issued to carry

out this subsection (as in effect on such date) because of the Federal responsibility for Indian Tribes and Alaska Native Villages. Nothing in this subparagraph shall be construed as preventing the Secretary from providing additional estate recovery exemptions under this title for Indians.”.

**SEC. 6. NONDISCRIMINATION IN QUALIFICATIONS FOR
PAYMENT FOR SERVICES UNDER FEDERAL
HEALTH CARE PROGRAMS.**

Section 1139 of the Social Security Act (42 U.S.C. 1320b–9), as amended by section 3, is amended by redesignating subsection (c) as subsection (d), and inserting after subsection (b) the following new subsection:

“(c) NONDISCRIMINATION IN QUALIFICATIONS FOR
PAYMENT FOR SERVICES UNDER FEDERAL HEALTH
CARE PROGRAMS.—

“(1) REQUIREMENT TO SATISFY GENERALLY
APPLICABLE PARTICIPATION REQUIREMENTS.—

“(A) IN GENERAL.—A Federal health care program must accept an entity that is operated by the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization as a provider eligible to receive payment under the program for health care services fur-

1 nished to an Indian on the same basis as any
2 other provider qualified to participate as a pro-
3 vider of health care services under the program
4 if the entity meets generally applicable State or
5 other requirements for participation as a pro-
6 vider of health care services under the program.

7 “(B) SATISFACTION OF STATE OR LOCAL
8 LICENSURE OR RECOGNITION REQUIRE-
9 MENTS.—Any requirement for participation as
10 a provider of health care services under a Fed-
11 eral health care program that an entity be li-
12 censed or recognized under the State or local
13 law where the entity is located to furnish health
14 care services shall be deemed to have been met
15 in the case of an entity operated by the Indian
16 Health Service, an Indian Tribe, Tribal Organi-
17 zation, or Urban Indian Organization if the en-
18 tity meets all the applicable standards for such
19 licensure or recognition, regardless of whether
20 the entity obtains a license or other documenta-
21 tion under such State or local law. In accord-
22 ance with section 221 of the Indian Health
23 Care Improvement Act, the absence of the licen-
24 sure of a health care professional employed by
25 such an entity under the State or local law

1 where the entity is located shall not be taken
2 into account for purposes of determining wheth-
3 er the entity meets such standards, if the pro-
4 fessional is licensed in another State.

5 “(2) PROHIBITION ON FEDERAL PAYMENTS TO
6 ENTITIES OR INDIVIDUALS EXCLUDED FROM PAR-
7 TICIPATION IN FEDERAL HEALTH CARE PROGRAMS
8 OR WHOSE STATE LICENSES ARE UNDER SUSPEN-
9 SION OR HAVE BEEN REVOKED.—

10 “(A) EXCLUDED ENTITIES.—No entity op-
11 erated by the Indian Health Service, an Indian
12 Tribe, Tribal Organization, or Urban Indian
13 Organization that has been excluded from par-
14 ticipation in any Federal health care program
15 or for which a license is under suspension or
16 has been revoked by the State where the entity
17 is located shall be eligible to receive payment
18 under any such program for health care serv-
19 ices furnished to an Indian.

20 “(B) EXCLUDED INDIVIDUALS.—No indi-
21 vidual who has been excluded from participation
22 in any Federal health care program or whose
23 State license is under suspension or has been
24 revoked shall be eligible to receive payment
25 under any such program for health care serv-

ices furnished by that individual, directly or through an entity that is otherwise eligible to receive payment for health care services, to an Indian.

“(C) FEDERAL HEALTH CARE PROGRAM DEFINED.—In this subsection, the term, ‘Federal health care program’ has the meaning given that term in section 1128B(f), except that, for purposes of this subsection, such term shall include the health insurance program under chapter 89 of title 5, United States Code.”.

SEC. 7. CONSULTATION ON MEDICAID, SCHIP, AND OTHER HEALTH CARE PROGRAMS FUNDED UNDER THE SOCIAL SECURITY ACT INVOLVING INDIAN HEALTH PROGRAMS AND URBAN INDIAN ORGANIZATIONS.

(a) IN GENERAL.—Section 1139 of the Social Security Act (42 U.S.C. 1320b–9), as amended by sections 3 and 6, is amended by redesignating subsection (d) as subsection (e), and inserting after subsection (c) the following new subsection:

“(d) CONSULTATION WITH TRIBAL TECHNICAL ADVISORY GROUP (TTAG).—The Secretary shall maintain within the Centers for Medicaid & Medicare Services

1 (CMS) a Tribal Technical Advisory Group, established in
 2 accordance with requirements of the charter dated Sep-
 3 tember 30, 2003, and in such group shall include a rep-
 4 resentative of the Urban Indian Organizations and the
 5 Service. The representative of the Urban Indian Organiza-
 6 tion shall be deemed to be an elected officer of a tribal
 7 government for purposes of applying section 204(b) of the
 8 Unfunded Mandates Reform Act of 1995 (2 U.S.C.
 9 1534(b)).”.

10 (b) SOLICITATION OF ADVICE UNDER MEDICAID AND
 11 SCHIP.—

12 (1) MEDICAID STATE PLAN AMENDMENT.—Sec-
 13 tion 1902(a) of the Social Security Act (42 U.S.C.
 14 1396a(a)) is amended—

15 (A) in paragraph (69), by striking “and”
 16 at the end;

17 (B) in paragraph (70)(B)(iv), by striking
 18 the period at the end and inserting “; and”;
 19 and

20 (C) by inserting after paragraph
 21 (70)(B)(iv), the following new paragraph:

22 “(71) in the case of any State in which the In-
 23 dian Health Service operates or funds health care
 24 programs, or in which 1 or more Indian Health Pro-
 25 grams or Urban Indian Organizations (as such

1 terms are defined in section 4 of the Indian Health
 2 Care Improvement Act) provide health care in the
 3 State for which medical assistance is available under
 4 such title, provide for a process under which the
 5 State seeks advice on a regular, ongoing basis from
 6 designees of such Indian Health Programs and
 7 Urban Indian Organizations on matters relating to
 8 the application of this title that are likely to have a
 9 direct effect on such Indian Health Programs and
 10 Urban Indian Organizations and that—

11 “(A) shall include solicitation of advice
 12 prior to submission of any plan amendments,
 13 waiver requests, and proposals for demonstra-
 14 tion projects likely to have a direct effect on In-
 15 dians, Indian Health Programs, or Urban In-
 16 dian Organizations; and

17 “(B) may include appointment of an advi-
 18 sory committee and of a designee of such In-
 19 dian Health Programs and Urban Indian Orga-
 20 nizations to the medical care advisory com-
 21 mittee advising the State on its State plan
 22 under this title.”.

23 (2) APPLICATION TO SCHIP.—Section
 24 2107(e)(1) of such Act (42 U.S.C. 1397gg(e)(1)), as
 25 amended by section 5(b)(2), is amended—

1 (A) by redesignating subparagraphs (B)
 2 through (F) as subparagraphs (C) through (G),
 3 respectively; and

4 (B) by inserting after subparagraph (A),
 5 the following new subparagraph:

6 “(B) Section 1902(a)(71) (relating to the
 7 option of certain States to seek advice from
 8 designees of Indian Health Programs and
 9 Urban Indian Organizations).”.

10 (c) RULE OF CONSTRUCTION.—Nothing in the
 11 amendments made by this section shall be construed as
 12 superseding existing advisory committees, working groups,
 13 guidance, or other advisory procedures established by the
 14 Secretary of Health and Human Services or by any State
 15 with respect to the provision of health care to Indians.

16 **SEC. 8. EXCLUSION WAIVER AUTHORITY FOR AFFECTED IN-**
 17 **DIAN HEALTH PROGRAMS AND SAFE HARBOR**
 18 **TRANSACTIONS UNDER THE SOCIAL SECU-**
 19 **RITY ACT.**

20 (a) EXCLUSION WAIVER AUTHORITY.—Section 1128
 21 of the Social Security Act (42 U.S.C. 1320a–7) is amend-
 22 ed by adding at the end the following new subsection:

23 “(k) ADDITIONAL EXCLUSION WAIVER AUTHORITY
 24 FOR AFFECTED INDIAN HEALTH PROGRAMS.—In addi-
 25 tion to the authority granted the Secretary under sub-

1 sections (c)(3)(B) and (d)(3)(B) to waive an exclusion
 2 under subsection (a)(1), (a)(3), (a)(4), or (b), the Sec-
 3 retary may, in the case of an Indian Health Program,
 4 waive such an exclusion upon the request of the adminis-
 5 trator of an affected Indian Health Program (as defined
 6 in section 4 of the Indian Health Care Improvement Act)
 7 who determines that the exclusion would impose a hard-
 8 ship on individuals entitled to benefits under or enrolled
 9 in a Federal health care program.”.

10 (b) CERTAIN TRANSACTIONS INVOLVING INDIAN
 11 HEALTH CARE PROGRAMS DEEMED TO BE IN SAFE HAR-
 12 BORS.—Section 1128B(b) of the Social Security Act (42
 13 U.S.C. 1320a–7b(b)) is amended by adding at the end the
 14 following new paragraph:

15 “(4) Subject to such conditions as the Secretary may
 16 promulgate from time to time as necessary to prevent
 17 fraud and abuse, for purposes of paragraphs (1) and (2)
 18 and section 1128A(a), the following transfers shall not be
 19 treated as remuneration:

20 “(A) TRANSFERS BETWEEN INDIAN HEALTH
 21 PROGRAMS, INDIAN TRIBES, TRIBAL ORGANIZATIONS,
 22 AND URBAN INDIAN ORGANIZATIONS.—Transfers of
 23 anything of value between or among an Indian
 24 Health Program, Indian Tribe, Tribal Organization,
 25 or Urban Indian Organization, that are made for the

1 purpose of providing necessary health care items and
 2 services to any patient served by such Program,
 3 Tribe, or Organization and that consist of—

4 “(i) services in connection with the collec-
 5 tion, transport, analysis, or interpretation of di-
 6 agnostic specimens or test data;

7 “(ii) inventory or supplies;

8 “(iii) staff; or

9 “(iv) a waiver of all or part of premiums
 10 or cost sharing.

11 “(B) TRANSFERS BETWEEN INDIAN HEALTH
 12 PROGRAMS, INDIAN TRIBES, TRIBAL ORGANIZATIONS,
 13 OR URBAN INDIAN ORGANIZATIONS AND PA-
 14 TIENTS.—Transfers of anything of value between an
 15 Indian Health Program, Indian Tribe, Tribal Orga-
 16 nization, or Urban Indian Organization and any pa-
 17 tient served or eligible for service from an Indian
 18 Health Program, Indian Tribe, Tribal Organization,
 19 or Urban Indian Organization, including any patient
 20 served or eligible for service pursuant to section 807
 21 of the Indian Health Care Improvement Act, but
 22 only if such transfers—

23 “(i) consist of expenditures related to pro-
 24 viding transportation for the patient for the
 25 provision of necessary health care items or serv-

1 ices, provided that the provision of such trans-
2 portation is not advertised, nor an incentive of
3 which the value is disproportionately large in
4 relationship to the value of the health care item
5 or service (with respect to the value of the item
6 or service itself or, for preventative items or
7 services, the future health care costs reasonably
8 expected to be avoided);

9 “(ii) consist of expenditures related to pro-
10 viding housing to the patient (including a preg-
11 nant patient) and immediate family members or
12 an escort necessary to assuring the timely pro-
13 vision of health care items and services to the
14 patient, provided that the provision of such
15 housing is not advertised nor an incentive of
16 which the value is disproportionately large in
17 relationship to the value of the health care item
18 or service (with respect to the value of the item
19 or service itself or, for preventative items or
20 services, the future health care costs reasonably
21 expected to be avoided); or

22 “(iii) are for the purpose of paying pre-
23 miums or cost sharing on behalf of such a pa-
24 tient, provided that the making of such pay-
25 ment is not subject to conditions other than

1 conditions agreed to under a contract for the
2 delivery of contract health services.

3 “(C) CONTRACT HEALTH SERVICES.—A trans-
4 fer of anything of value negotiated as part of a con-
5 tract entered into between an Indian Health Pro-
6 gram, Indian Tribe, Tribal Organization, Urban In-
7 dian Organization, or the Indian Health Service and
8 a contract care provider for the delivery of contract
9 health services authorized by the Indian Health
10 Service, provided that—

11 “(i) such a transfer is not tied to volume
12 or value of referrals or other business generated
13 by the parties; and

14 “(ii) any such transfer is limited to the fair
15 market value of the health care items or serv-
16 ices provided or, in the case of a transfer of
17 items or services related to preventative care,
18 the value of the future health care costs reason-
19 ably expected to be avoided.

20 “(D) OTHER TRANSFERS.—Any other transfer
21 of anything of value involving an Indian Health Pro-
22 gram, Indian Tribe, Tribal Organization, or Urban
23 Indian Organization, or a patient served or eligible
24 for service from an Indian Health Program, Indian
25 Tribe, Tribal Organization, or Urban Indian Organi-

1 zation, that the Secretary, in consultation with the
 2 Attorney General, determines is appropriate, taking
 3 into account the special circumstances of such In-
 4 dian Health Programs, Indian Tribes, Tribal Orga-
 5 nizations, and Urban Indian Organizations, and of
 6 patients served by such Programs, Tribes, and Orga-
 7 nizations.”.

8 **SEC. 9. RULES APPLICABLE UNDER MEDICAID AND SCHIP**
 9 **TO MANAGED CARE ENTITIES WITH RESPECT**
 10 **TO INDIAN ENROLLEES AND INDIAN HEALTH**
 11 **CARE PROVIDERS AND INDIAN MANAGED**
 12 **CARE ENTITIES.**

13 (a) IN GENERAL.—Section 1932 of the Social Secu-
 14 rity Act (42 U.S.C. 1396u–2) is amended by adding at
 15 the end the following new subsection:

16 “(h) SPECIAL RULES WITH RESPECT TO INDIAN EN-
 17 ROLLEES, INDIAN HEALTH CARE PROVIDERS, AND IN-
 18 DIAN MANAGED CARE ENTITIES.—

19 “(1) ENROLLEE OPTION TO SELECT AN INDIAN
 20 HEALTH CARE PROVIDER AS PRIMARY CARE PRO-
 21 VIDER.—In the case of a non-Indian Medicaid man-
 22 aged care entity that—

23 “(A) has an Indian enrolled with the enti-
 24 ty; and

1 “(B) has an Indian health care provider
 2 that is participating as a primary care provider
 3 within the network of the entity,
 4 insofar as the Indian is otherwise eligible to receive
 5 services from such Indian health care provider and
 6 the Indian health care provider has the capacity to
 7 provide primary care services to such Indian, the
 8 contract with the entity under section 1903(m) or
 9 under section 1905(t)(3) shall require, as a condi-
 10 tion of receiving payment under such contract, that
 11 the Indian shall be allowed to choose such Indian
 12 health care provider as the Indian’s primary care
 13 provider under the entity.

14 “(2) ASSURANCE OF PAYMENT TO INDIAN
 15 HEALTH CARE PROVIDERS FOR PROVISION OF COV-
 16 ERED SERVICES.—Each contract with a managed
 17 care entity under section 1903(m) or under section
 18 1905(t)(3) shall require any such entity that has a
 19 significant percentage of Indian enrollees (as deter-
 20 mined by the Secretary), as a condition of receiving
 21 payment under such contract to satisfy the following
 22 requirements:

23 “(A) DEMONSTRATION OF PARTICIPATING
 24 INDIAN HEALTH CARE PROVIDERS OR APPLICA-

1 TION OF ALTERNATIVE PAYMENT ARRANGE-
2 MENTS.—Subject to subparagraph (E), to—

3 “(i) demonstrate that the number of
4 Indian health care providers that are par-
5 ticipating providers with respect to such
6 entity are sufficient to ensure timely access
7 to covered Medicaid managed care services
8 for those enrollees who are eligible to re-
9 ceive services from such providers; or

10 “(ii) agree to pay Indian health care
11 providers who are not participating pro-
12 viders with the entity for covered Medicaid
13 managed care services provided to those
14 enrollees who are eligible to receive services
15 from such providers at a rate equal to the
16 rate negotiated between such entity and
17 the provider involved or, if such a rate has
18 not been negotiated, at a rate that is not
19 less than the level and amount of payment
20 which the entity would make for the serv-
21 ices if the services were furnished by a par-
22 ticipating provider which is not an Indian
23 health care provider.

24 “(B) PROMPT PAYMENT.—To agree to
25 make prompt payment (in accordance with

rules applicable to managed care entities) to Indian health care providers that are participating providers with respect to such entity or, in the case of an entity to which subparagraph (A)(ii) or (E) applies, that the entity is required to pay in accordance with that subparagraph.

“(C) SATISFACTION OF CLAIM REQUIREMENT.—To deem any requirement for the submission of a claim or other documentation for services covered under subparagraph (A) by the enrollee to be satisfied through the submission of a claim or other documentation by an Indian health care provider that is consistent with section 403(h) of the Indian Health Care Improvement Act.

“(D) COMPLIANCE WITH GENERALLY APPLICABLE REQUIREMENTS.—

“(i) IN GENERAL.—Subject to clause (ii), as a condition of payment under subparagraph (A), an Indian health care provider shall comply with the generally applicable requirements of this title, the State plan, and such entity with respect to covered Medicaid managed care services provided by the Indian health care provider to

1 the same extent that non-Indian providers
2 participating with the entity must comply
3 with such requirements.

4 “(ii) LIMITATIONS ON COMPLIANCE
5 WITH MANAGED CARE ENTITY GENERALLY
6 APPLICABLE REQUIREMENTS.—An Indian
7 health care provider—

8 “(I) shall not be required to com-
9 ply with a generally applicable re-
10 quirement of a managed care entity
11 described in clause (i) as a condition
12 of payment under subparagraph (A) if
13 such compliance would conflict with
14 any other statutory or regulatory re-
15 quirements applicable to the Indian
16 health care provider; and

17 “(II) shall only need to comply
18 with those generally applicable re-
19 quirements of a managed care entity
20 described in clause (i) as a condition
21 of payment under subparagraph (A)
22 that are necessary for the entity’s
23 compliance with the State plan, such
24 as those related to care management,

1 quality assurance, and utilization
2 management.

3 “(E) APPLICATION OF SPECIAL PAYMENT
4 REQUIREMENTS FOR FEDERALLY-QUALIFIED
5 HEALTH CENTERS AND ENCOUNTER RATE FOR
6 SERVICES PROVIDED BY CERTAIN INDIAN
7 HEALTH CARE PROVIDERS.—

8 “(i) FEDERALLY-QUALIFIED HEALTH
9 CENTERS.—

10 “(I) MANAGED CARE ENTITY
11 PAYMENT REQUIREMENT.—To agree
12 to pay any Indian health care provider
13 that is a federally-qualified health
14 center but not a participating provider
15 with respect to the entity, for the pro-
16 vision of covered Medicaid managed
17 care services by such provider to an
18 Indian enrollee of the entity at a rate
19 equal to the amount of payment that
20 the entity would pay a federally-quali-
21 fied health center that is a partici-
22 pating provider with respect to the en-
23 tity but is not an Indian health care
24 provider for such services.

1 “(II) CONTINUED APPLICATION
2 OF STATE REQUIREMENT TO MAKE
3 SUPPLEMENTAL PAYMENT.—Nothing
4 in subclause (I) or subparagraph (A)
5 or (B) shall be construed as waiving
6 the application of section 1902(bb)(5)
7 regarding the State plan requirement
8 to make any supplemental payment
9 due under such section to a federally-
10 qualified health center for services
11 furnished by such center to an en-
12 rollee of a managed care entity (re-
13 gardless of whether the federally-
14 qualified health center is or is not a
15 participating provider with the entity).

16 “(ii) CONTINUED APPLICATION OF
17 ENCOUNTER RATE FOR SERVICES PRO-
18 VIDED BY CERTAIN INDIAN HEALTH CARE
19 PROVIDERS.—If the amount paid by a
20 managed care entity to an Indian health
21 care provider that is not a federally-quali-
22 fied health center and that has elected to
23 receive payment under this title as an In-
24 dian Health Service provider under the
25 July 11, 1996, Memorandum of Agreement

1 between the Health Care Financing Ad-
 2 ministration (now the Centers for Medicare
 3 & Medicaid Services) and the Indian
 4 Health Service for services provided by
 5 such provider to an Indian enrollee with
 6 the managed care entity is less than the
 7 encounter rate that applies to the provision
 8 of such services under such memorandum,
 9 the State plan shall provide for payment to
 10 the Indian health care provider of the dif-
 11 ference between the applicable encounter
 12 rate under such memorandum and the
 13 amount paid by the managed care entity to
 14 the provider for such services.

15 “(F) CONSTRUCTION.—Nothing in this
 16 paragraph shall be construed as waiving the ap-
 17 plication of section 1902(a)(30)(A) (relating to
 18 application of standards to assure that pay-
 19 ments are consistent with efficiency, economy,
 20 and quality of care).

21 “(3) OFFERING OF MANAGED CARE THROUGH
 22 INDIAN MEDICAID MANAGED CARE ENTITIES.—If—

23 “(A) a State elects to provide services
 24 through Medicaid managed care entities under
 25 its Medicaid managed care program; and

1 “(B) an Indian health care provider that is
2 funded in whole or in part by the Indian Health
3 Service, or a consortium composed of 1 or more
4 Tribes, Tribal Organizations, or Urban Indian
5 Organizations, and which also may include the
6 Indian Health Service, has established an In-
7 dian Medicaid managed care entity in the State
8 that meets generally applicable standards re-
9 quired of such an entity under such Medicaid
10 managed care program,
11 the State shall offer to enter into an agreement with
12 the entity to serve as a Medicaid managed care enti-
13 ty with respect to eligible Indians served by such en-
14 tity under such program.

15 “(4) SPECIAL RULES FOR INDIAN MANAGED
16 CARE ENTITIES.—The following are special rules re-
17 garding the application of a Medicaid managed care
18 program to Indian Medicaid managed care entities:

19 “(A) ENROLLMENT.—

20 “(i) LIMITATION TO INDIANS.—An In-
21 dian Medicaid managed care entity may re-
22 strict enrollment under such program to
23 Indians and to members of specific Tribes
24 in the same manner as Indian Health Pro-

grams may restrict the delivery of services to such Indians and tribal members.

“(ii) NO LESS CHOICE OF PLANS.—

Under such program the State may not limit the choice of an Indian among Medicaid managed care entities only to Indian Medicaid managed care entities or to be more restrictive than the choice of managed care entities offered to individuals who are not Indians.

“(iii) DEFAULT ENROLLMENT.—

“(I) IN GENERAL.—If such program of a State requires the enrollment of Indians in a Medicaid managed care entity in order to receive benefits, the State, taking into consideration the criteria specified in subsection (a)(4)(D)(ii)(I), shall provide for the enrollment of Indians described in subclause (II) who are not otherwise enrolled with such an entity in an Indian Medicaid managed care entity described in such clause.

“(II) INDIAN DESCRIBED.—An Indian described in this subclause,

1 with respect to an Indian Medicaid
2 managed care entity, is an Indian
3 who, based upon the service area and
4 capacity of the entity, is eligible to be
5 enrolled with the entity consistent
6 with subparagraph (A).

7 “(iv) EXCEPTION TO STATE LOCK-
8 IN.—A request by an Indian who is en-
9 rolled under such program with a non-In-
10 dian Medicaid managed care entity to
11 change enrollment with that entity to en-
12 rollment with an Indian Medicaid managed
13 care entity shall be considered cause for
14 granting such request under procedures
15 specified by the Secretary.

16 “(B) FLEXIBILITY IN APPLICATION OF
17 SOLVENCY.—In applying section 1903(m)(1) to
18 an Indian Medicaid managed care entity—

19 “(i) any reference to a ‘State’ in sub-
20 paragraph (A)(ii) of that section shall be
21 deemed to be a reference to the ‘Sec-
22 retary’; and

23 “(ii) the entity shall be deemed to be
24 a public entity described in subparagraph
25 (C)(ii) of that section.

1 “(C) EXCEPTIONS TO ADVANCE DIREC-
 2 TIVES.—The Secretary may modify or waive the
 3 requirements of section 1902(w) (relating to
 4 provision of written materials on advance direc-
 5 tives) insofar as the Secretary finds that the re-
 6 quirements otherwise imposed are not an appro-
 7 priate or effective way of communicating the in-
 8 formation to Indians.

9 “(D) FLEXIBILITY IN INFORMATION AND
 10 MARKETING.—

11 “(i) MATERIALS.—The Secretary may
 12 modify requirements under subsection
 13 (a)(5) to ensure that information described
 14 in that subsection is provided to enrollees
 15 and potential enrollees of Indian Medicaid
 16 managed care entities in a culturally ap-
 17 propriate and understandable manner that
 18 clearly communicates to such enrollees and
 19 potential enrollees their rights, protections,
 20 and benefits.

21 “(ii) DISTRIBUTION OF MARKETING
 22 MATERIALS.—The provisions of subsection
 23 (d)(2)(B) requiring the distribution of
 24 marketing materials to an entire service
 25 area shall be deemed satisfied in the case

1 of an Indian Medicaid managed care entity
 2 that distributes appropriate materials only
 3 to those Indians who are potentially eligi-
 4 ble to enroll with the entity in the service
 5 area.

6 “(5) MALPRACTICE INSURANCE.—Insofar as,
 7 under a Medicaid managed care program, a health
 8 care provider is required to have medical malpractice
 9 insurance coverage as a condition of contracting as
 10 a provider with a Medicaid managed care entity, an
 11 Indian health care provider that is—

12 “(A) a federally-qualified health center
 13 that is covered under the Federal Tort Claims
 14 Act (28 U.S.C. 1346(b), 2671 et seq.);

15 “(B) providing health care services pursu-
 16 ant to a contract or compact under the Indian
 17 Self-Determination and Education Assistance
 18 Act (25 U.S.C. 450 et seq.) that are covered
 19 under the Federal Tort Claims Act (28 U.S.C.
 20 1346(b), 2671 et seq.); or

21 “(C) the Indian Health Service providing
 22 health care services that are covered under the
 23 Federal Tort Claims Act (28 U.S.C. 1346(b),
 24 2671 et seq.);

25 are deemed to satisfy such requirement.

1 “(6) DEFINITIONS.—For purposes of this sub-
2 section:

3 “(A) INDIAN HEALTH CARE PROVIDER.—
4 The term ‘Indian health care provider’ means
5 an Indian Health Program or an Urban Indian
6 Organization.

7 “(B) INDIAN; INDIAN HEALTH PROGRAM;
8 SERVICE; TRIBE, TRIBAL ORGANIZATION; URBAN
9 INDIAN ORGANIZATION.—The terms ‘Indian’,
10 ‘Indian Health Program’, ‘Service’, ‘Tribe’,
11 ‘tribal organization’, ‘Urban Indian Organiza-
12 tion’ have the meanings given such terms in
13 section 4 of the Indian Health Care Improve-
14 ment Act.

15 “(C) INDIAN MEDICAID MANAGED CARE
16 ENTITY.—The term ‘Indian Medicaid managed
17 care entity’ means a managed care entity that
18 is controlled (within the meaning of the last
19 sentence of section 1903(m)(1)(C)) by the In-
20 dian Health Service, a Tribe, Tribal Organiza-
21 tion, or Urban Indian Organization, or a con-
22 sortium, which may be composed of 1 or more
23 Tribes, Tribal Organizations, or Urban Indian
24 Organizations, and which also may include the
25 Service.

1 “(D) NON-INDIAN MEDICAID MANAGED
2 CARE ENTITY.—The term ‘non-Indian Medicaid
3 managed care entity’ means a managed care en-
4 tity that is not an Indian Medicaid managed
5 care entity.

6 “(E) COVERED MEDICAID MANAGED CARE
7 SERVICES.—The term ‘covered Medicaid man-
8 aged care services’ means, with respect to an
9 individual enrolled with a managed care entity,
10 items and services that are within the scope of
11 items and services for which benefits are avail-
12 able with respect to the individual under the
13 contract between the entity and the State in-
14 volved.

15 “(F) MEDICAID MANAGED CARE PRO-
16 GRAM.—The term ‘Medicaid managed care pro-
17 gram’ means a program under sections
18 1903(m) and 1932 and includes a managed
19 care program operating under a waiver under
20 section 1915(b) or 1115 or otherwise.”.

21 (b) APPLICATION TO SCHIP.—Section 2107(e)(1) of
22 such Act (42 U.S.C. 1397gg(1)), as amended by section
23 7(b)(2), is amended by adding at the end the following
24 new subparagraph:

1 “(H) Subsections (a)(2)(C) and (h) of sec-
2 tion 1932.”.

3 **SEC. 10. ANNUAL REPORT ON INDIANS SERVED BY SOCIAL**
4 **SECURITY ACT HEALTH BENEFIT PROGRAMS.**

5 Section 1139 of the Social Security Act (42 U.S.C.
6 1320b–9), as amended by the sections 3, 6, and 7, is
7 amended by redesignating subsection (e) as subsection (f),
8 and inserting after subsection (d) the following new sub-
9 section:

10 “(e) ANNUAL REPORT ON INDIANS SERVED BY
11 HEALTH BENEFIT PROGRAMS FUNDED UNDER THIS
12 ACT.—Beginning January 1, 2007, and annually there-
13 after, the Secretary, acting through the Administrator of
14 the Centers for Medicare & Medicaid Services and the Di-
15 rector of the Indian Health Service, shall submit a report
16 to Congress regarding the enrollment and health status
17 of Indians receiving items or services under health benefit
18 programs funded under this Act during the preceding
19 year. Each such report shall include the following:

20 “(1) The total number of Indians enrolled in, or
21 receiving items or services under, such programs,
22 disaggregated with respect to each such program.

23 “(2) The number of Indians described in para-
24 graph (1) that also received health benefits under
25 programs funded by the Indian Health Service.

1 “(3) General information regarding the health
2 status of the Indians described in paragraph (1),
3 disaggregated with respect to specific diseases or
4 conditions and presented in a manner that is con-
5 sistent with protections for privacy of individually
6 identifiable health information under section 264(c)
7 of the Health Insurance Portability and Account-
8 ability Act of 1996.

9 “(4) A detailed statement of the status of facili-
10 ties of the Indian Health Service or an Indian Tribe,
11 Tribal Organization, or an Urban Indian Organiza-
12 tion with respect to such facilities’ compliance with
13 the applicable conditions and requirements of titles
14 XVIII, XIX, and XXI, and, in the case of title XIX
15 or XXI, under a State plan under such title or
16 under waiver authority, and of the progress being
17 made by such facilities (under plans submitted
18 under section 1880(b), 1911(b) or otherwise) toward
19 the achievement and maintenance of such compli-
20 ance.

21 “(5) Such other information as the Secretary
22 determines is appropriate.”.

1 **SEC. 11. EFFECTIVE DATE.**

2 The amendments made by this Act take effect on the
3 effective date of the amendments made by the Indian
4 Health Care Improvement Act Amendments of 2006.

Calendar No. 469

109TH CONGRESS
2^D Session
S. 3524

A BILL

To amend titles XVIII, XIX, and XXI of the Social Security Act to improve health care provided to Indians under the Medicare, Medicaid, and State Children's Health Insurance Programs, and for other purposes.

JUNE 15, 2006

Read twice and placed on the calendar