

115TH CONGRESS  
1ST SESSION

# H. R. 3704

To amend the Public Health Service Act to improve behavioral health outcomes for American Indians and Alaskan Natives, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 7, 2017

Mr. PALLONE (for himself and Mr. RUIZ) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Natural Resources, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend the Public Health Service Act to improve behavioral health outcomes for American Indians and Alaskan Natives, 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.**

4 This Act may be cited as the “Native Health Access  
5 Improvement Act of 2017”.

1 **SEC. 2. SPECIAL BEHAVIORAL HEALTH PROGRAM FOR IN-**  
2 **DIANS.**

3 Part A of title V of the Public Health Service Act  
4 (42 U.S.C. 290aa et seq.) is amended by adding at the  
5 end the following new section:

6 **“SEC. 506B. SPECIAL BEHAVIORAL HEALTH PROGRAM FOR**  
7 **INDIANS.**

8 “(a) **IN GENERAL.**—The Director of the Indian  
9 Health Service, in coordination with the Assistant Sec-  
10 retary for Mental Health and Substance Use, shall award  
11 grants for providing services in accordance with subsection  
12 (b) for the prevention and treatment of mental health and  
13 substance use disorders.

14 “(b) **SERVICES THROUGH INDIAN HEALTH FACILI-**  
15 **TIES.**—For purposes of subsection (a), services are pro-  
16 vided in accordance with this subsection if the services are  
17 provided through any of the following entities:

18 “(1) The Indian Health Service.

19 “(2) An Indian health program operated by an  
20 Indian tribe or tribal organization pursuant to a  
21 contract, grant, cooperative agreement, or compact  
22 with the Indian Health Service pursuant to the In-  
23 dian Self-Determination and Education Assistance  
24 Act (25 U.S.C. 5301 et seq.).

25 “(3) An urban Indian health program operated  
26 by an urban Indian organization pursuant to a grant

1 or contract with the Indian Health Service pursuant  
2 to title V of the Indian Health Care Improvement  
3 Act (25 U.S.C. 1651 et seq.).

4 “(c) REPORTS.—Each grantee under this section  
5 shall submit reports at such time, in such manner, and  
6 containing such information as the Director of the Indian  
7 Health Service may require.

8 “(d) TECHNICAL ASSISTANCE CENTER.—

9 “(1) ESTABLISHMENT.—The Director of the  
10 Indian Health Service, in coordination with the As-  
11 sistant Secretary for Mental Health and Substance  
12 Use, shall establish a technical assistance center (di-  
13 rectly or by contract or cooperative agreement)—

14 “(A) to provide technical assistance to  
15 grantees under this section; and

16 “(B) to collect and evaluate information on  
17 the program carried out under this section.

18 “(2) CONSULTATION.—The technical assistance  
19 center shall consult with grantees under this section  
20 for purposes of developing evaluation measures and  
21 data submission requirements for purposes of the  
22 collection and evaluation of information under para-  
23 graph (1)(B).

24 “(3) DATA SUBMISSION.—As a condition on re-  
25 ceipt of a grant under this section, an applicant

1 shall agree to submit data consistent with the data  
2 submission requirements developed under paragraph  
3 (2).

4 “(e) FUNDING.—

5 “(1) IN GENERAL.—For the purpose of making  
6 grants under this section, there is authorized to be  
7 appropriated, and there is appropriated, out of any  
8 money in the Treasury not otherwise appropriated,  
9 \$150,000,000 for each of fiscal years 2018 through  
10 2022.

11 “(2) TECHNICAL ASSISTANCE CENTER.—Of the  
12 amount made available to carry out this section for  
13 each of fiscal years 2018 through 2022, the Director  
14 of the Indian Health Service shall allocate a percent-  
15 age of such amount, to be determined by the Direc-  
16 tor in consultation with Indian tribes, for the tech-  
17 nical assistance center under subsection (d).

18 “(f) DEFINITIONS.—In this section:

19 “(1) INDIAN HEALTH PROGRAM.—The term  
20 ‘Indian health program’ has the meaning given that  
21 term in section 4 of the Indian Health Care Im-  
22 provement Act (25 U.S.C. 1603).

23 “(2) INDIAN TRIBE.—The term ‘Indian tribe’  
24 has the meaning given that term in section 4 of the

1 Indian Health Care Improvement Act (25 U.S.C.  
2 1603).

3 “(3) TRIBAL ORGANIZATION.—The term ‘tribal  
4 organization’ has the meaning given that term in  
5 section 4 of the Indian Self-Determination and Edu-  
6 cation Assistance Act (25 U.S.C. 5304).

7 “(4) URBAN INDIAN ORGANIZATION.—The term  
8 ‘urban Indian organization’ has the meaning given  
9 the term ‘Urban Indian organization’ in section 4 of  
10 the Indian Health Care Improvement Act (25 U.S.C.  
11 1603).”.

12 **SEC. 3. INDIAN DEFINED IN PPACA.**

13 (a) DEFINITION OF INDIAN.—Section 1304 of the  
14 Patient Protection and Affordable Care Act (42 U.S.C.  
15 18024) is amended by adding at the end the following new  
16 subsection:

17 “(f) INDIAN.—

18 “(1) IN GENERAL.—In this title, the term ‘In-  
19 dian’ means any individual—

20 “(A) described in paragraph (13) or (28)  
21 of section 4 of the Indian Health Care Improve-  
22 ment Act (25 U.S.C. 1603);

23 “(B) who is eligible for health services pro-  
24 vided by the Indian Health Service under sec-

1           tion 809 of the Indian Health Care Improve-  
2           ment Act (25 U.S.C. 1679);

3           “(C) who is of Indian descent and belongs  
4           to the Indian community served by the local fa-  
5           cilities and program of the Indian Health Serv-  
6           ice; or

7           “(D) who is described in paragraph (2).

8           “(2) INCLUDED INDIVIDUALS.—For purposes of  
9           this title, the following individuals shall be consid-  
10          ered to be an ‘Indian’:

11          “(A) A member of a federally recognized  
12          Indian tribe.

13          “(B) A resident of an urban center who  
14          meets one or more of the following four criteria:

15                  “(i) Membership in a Tribe, band, or  
16                  other organized group of Indians, including  
17                  those Tribes, bands, or groups terminated  
18                  since 1940 and those recognized as of the  
19                  date of the enactment of the Health Eq-  
20                  uity and Accountability Act of 2016 or  
21                  later by the State in which they reside, or  
22                  being a descendant, in the first or second  
23                  degree, of any such member.

24                  “(ii) Is an Eskimo or Aleut or other  
25                  Alaska Native.

1                   “(iii) Is considered by the Secretary of  
2                   the Interior to be an Indian for any pur-  
3                   pose.

4                   “(iv) Is determined to be an Indian  
5                   under regulations promulgated by the Sec-  
6                   retary.

7                   “(C) An individual who is considered by  
8                   the Secretary of the Interior to be an Indian for  
9                   any purpose.

10                  “(D) An individual who is considered by  
11                  the Secretary to be an Indian for purposes of  
12                  eligibility for Indian health care services, includ-  
13                  ing as a California Indian, Eskimo, Aleut, or  
14                  other Alaska Native.”.

15                  (b) TECHNICAL AMENDMENTS.—Section 4 of the In-  
16                  dian Health Care Improvement Act (25 U.S.C. 1603) is  
17                  amended—

18                   (1) in paragraph (13), by striking “as defined  
19                   in subsection (d) hereof” and inserting “as defined  
20                   in paragraph (14)”; and

21                   (2) in paragraph (28)—

22                   (A) by striking “as defined in subsection  
23                   (g) hereof” and inserting “as defined in para-  
24                   graph (27)”; and

1 (B) by striking “subsection (c)(1) through  
2 (4)” and inserting “subparagraphs (A) through  
3 (D) of paragraph (13)”.

4 (c) CONFORMING AMENDMENTS.—

5 (1) AFFORDABLE CHOICES HEALTH BENEFIT  
6 PLANS.—Section 1311(c)(6)(D) of the Patient Pro-  
7 tection and Affordable Care Act (42 U.S.C.  
8 18031(c)(6)(D)) is amended by striking “section 4  
9 of the Indian Health Care Improvement Act” and  
10 inserting “section 1304(f)”.

11 (2) REDUCED COST-SHARING FOR INDIVIDUALS  
12 ENROLLING IN QUALIFIED HEALTH PLANS.—Section  
13 1402(d) of the Patient Protection and Affordable  
14 Care Act (42 U.S.C. 18071(d)) is amended—

15 (A) in paragraph (1), in the matter pre-  
16 ceeding subparagraph (A), by striking “section  
17 4(d) of the Indian Self-Determination and Edu-  
18 cation Assistance Act (25 U.S.C. 450b(d))” and  
19 inserting “section 1304(f)”; and

20 (B) in paragraph (2), in the matter pre-  
21 ceeding subparagraph (A), by striking “(as so  
22 defined)” and inserting “(as defined in section  
23 1304(f))”.

24 (3) EXEMPTION FROM PENALTY FOR NOT  
25 MAINTAINING MINIMUM ESSENTIAL COVERAGE.—



1 Section 5000A(e) of the Internal Revenue Code of  
2 1986 is amended by striking paragraph (3) and in-  
3 serting the following new paragraph:

4 “(3) INDIANS.—Any applicable individual who  
5 is an Indian (as defined in section 1304(f) of the  
6 Patient Protection and Affordable Care Act).”.

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