

118TH CONGRESS
2D SESSION

H. R. 8956

To amend the Indian Health Care Improvement Act for the development and implementation of a centralized system to credential licensed health professionals who seek to provide health care services at any Indian Health Service unit.

IN THE HOUSE OF REPRESENTATIVES

JULY 9, 2024

Mr. NEWHOUSE (for himself and Mr. JOHNSON of South Dakota) introduced the following bill; which was referred to the Committee on Natural Resources, and in addition to the Committee on Energy and Commerce, 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

A BILL

To amend the Indian Health Care Improvement Act for the development and implementation of a centralized system to credential licensed health professionals who seek to provide health care services at any Indian Health Service unit.

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 “Uniform Credentials
5 for IHS Providers Act of 2024”.

1 **SEC. 2. MEDICAL CREDENTIALING SYSTEM.**

2 Title I of the Indian Health Care Improvement Act
3 (25 U.S.C. 1611 et seq.) is amended by adding at the end
4 the following:

5 **“SEC. 125. MEDICAL CREDENTIALING SYSTEM.**

6 “(a) IN GENERAL.—

7 “(1) DEVELOPMENT AND IMPLEMENTATION
8 TIMELINE.—Not later than 1 year after the date of
9 enactment of the Uniform Credentials for IHS Pro-
10 viders Act of 2024, the Secretary, acting through
11 the Service (referred to in this section as the ‘Sec-
12 retary’), in accordance with subsection (b), shall de-
13 velop and implement a Service-wide centralized
14 credentialing system (referred to in this section as
15 the ‘credentialing system’) to credential licensed
16 health professionals who seek to provide health care
17 services at any Service unit.

18 “(2) IMPLEMENTATION.—In implementing the
19 credentialing system, the Secretary—

20 “(A) shall not require re-credentialing of
21 licensed health professionals who were
22 credentialed using existing Service policy prior
23 to the date of enactment of the Uniform Cre-
24 dentials for IHS Providers Act of 2024; and

25 “(B) shall—

1 “(i) use the credentialing system
2 for—

3 “(I) all applications for
4 credentialing or re-credentialing of li-
5 censed health professionals submitted
6 on or after the date of enactment of
7 the Uniform Credentials for IHS Pro-
8 viders Act of 2024; and

9 “(II) the migration into the
10 credentialing system of credentials
11 data that existed prior to implementa-
12 tion of the credentialing system; and

13 “(ii) maintain the established timeline
14 for re-credentialing of licensed health pro-
15 fessionals who were credentialed prior to
16 implementation of the credentialing sys-
17 tem, as defined by Service policy.

18 “(b) REQUIREMENTS.—

19 “(1) IN GENERAL.—In developing the
20 credentialing system under subsection (a), the Sec-
21 retary shall ensure that—

22 “(A) credentialing procedures shall be uni-
23 form throughout the Service; and

24 “(B) with respect to each licensed health
25 professional who successfully completes the

1 credentialing procedures of the credentialing
2 system, the Secretary may authorize the li-
3 censed health professional to provide health
4 care services at any Service unit.

5 “(2) EXEMPTION.—The requirements described
6 in paragraph (1) shall not apply to licensed health
7 professionals who were credentialed using existing
8 Service policy prior to the date of enactment of the
9 Uniform Credentials for IHS Providers Act of 2024
10 until the date on which those licensed health profes-
11 sionals are required to be re-credentialed in accord-
12 ance with the credentialing system developed and
13 implemented under subsection (a).

14 “(c) CONSULTATION.—In developing the
15 credentialing system under subsection (a), the Secretary—

16 “(1) shall consult with Indian tribes; and

17 “(2) may consult with—

18 “(A) any public or private association of
19 medical providers;

20 “(B) any government agency; or

21 “(C) any other relevant expert, as deter-
22 mined by the Secretary.

23 “(d) APPLICATION.—

24 “(1) IN GENERAL.—Subject to paragraph (2), a
25 licensed health care professional may not provide

1 health care services at any Service unit, unless the
2 licensed health care professional successfully com-
3 pletes the credentialing procedures of the
4 credentialing system developed and implemented
5 under subsection (a).

6 “(2) EXEMPTION.—Paragraph (1) shall not
7 apply to licensed health professionals who were
8 credentialed using existing Service policy prior to the
9 date of enactment of the Uniform Credentials for
10 IHS Providers Act of 2024 until the date on which
11 those licensed health professionals are required to be
12 re-credentialed in accordance with the credentialing
13 system developed and implemented under subsection
14 (a).

15 “(e) NONDUPLICATION OF EFFORTS.—

16 “(1) IN GENERAL.—To the extent that prior to
17 the deadline described in subsection (a)(1), the Serv-
18 ice has begun implementing or has completed imple-
19 mentation of a medical credentialing system that
20 otherwise meets the requirements of this section, the
21 Service shall not be required to establish a new
22 credentialing system under this section.

23 “(2) AUTHORITY.—The Service may expand or
24 enhance an existing credentialing system to meet the
25 requirements of this section.

1 “(3) REVIEW.—

2 “(A) IN GENERAL.—Not less frequently
3 than once every 5 years, the Service shall—

4 “(i) undertake a formal review of the
5 credentialing system in effect on the date
6 of the review; and

7 “(ii) if necessary, take action to bring
8 the credentialing system into compliance
9 with the requirements of this section.

10 “(B) CONSULTATION.—Each formal review
11 conducted under subparagraph (A) shall be sub-
12 ject to the consultation requirements under sub-
13 section (c).

14 “(f) EFFECT.—Nothing in this section—

15 “(1) negatively impacts the right of an Indian
16 tribe to enter into a compact or contract under the
17 Indian Self-Determination and Education Assistance
18 Act (25 U.S.C. 5301 et seq.); or

19 “(2) applies to such a compact or contract un-
20 less expressly agreed to by the Indian tribe.”.

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