STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DURBIN (for himself, Mr. SMITH, and Mr. OBAMA):

S. 1190. A bill to promote the deployment and adoption of telecommunications services and information technologies, and for other purposes; to ask the Committee on Commerce, Science, and Transportation:

Mr. DURBIN. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

SEC. 3. ENCOURAGING STATE INITIATIVES TO IMPROVE BROADBAND.

(a) Purposes.—The purposes of any grant under subsection (b) are—

(1) to ensure that all citizens and businesses in a State have access to affordable and reliable broadband service;

(2) to achieve improved technology literacy, increased computer ownership, and home broadband use among such citizens and businesses;

(3) to establish and empower local grassroots technology teams in each State to plan for improved technology use across multiple community sectors; and

(4) to establish and sustain an environment ripe for broadband services and information technology investment.

(b) ESTABLISHMENT OF STATE BROADBAND DATA AND DEVELOPMENT GRANT PROGRAM.—

(1) IN GENERAL.—The Secretary of Commerce shall award grants, taking into account the peer review process under subsection (d), to eligible entities for the development and implementation of statewide initiatives to identify and track the availability and adoption of broadband services within each State.

(2) COMPETITIVE BASIS.—Any grant under subsection (b) shall be awarded on a competitive basis.

(c) ELIGIBILITY.—To be eligible to receive a grant under subsection (b), an eligible entity shall—

(1) submit an application to the Secretary of Commerce, at such time, in such manner, and containing such information as the Secretary may require; and

(2) contribute non-Federal funds in an amount equal to not less than 20 percent of the total amount of the grant.

(d) PREP Review.—

(1) IN GENERAL.—The Secretary shall by regulation require an appropriate technical and scientific peer review of applications made for grants under this section.

(2) REVIEW PROCEDURES.—The regulations required under this section shall be submitted for the approval of the Committee on Commerce, Science, and Transportation within 90 days of the date of enactment of this Act.

(e) USE OF FUNDS.—A grant awarded to an eligible entity under subsection (b) shall be used—

(1) to provide a baseline assessment of broadband service deployment in each State;

(2) to identify and track the—

(A) areas in each State that have low levels of broadband service deployment;

(B) the rate at which residential and business adopt broadband service and other related technology services, including whether or not—

(i) the demand for such services is absent;

(ii) the supply for such services is capable of meeting the demand for such services;

(3) to identify barriers to the adoption by individuals and businesses of broadband services and related technology services, including whether or not—

(A) the demand for such services is absent; and

(B) the supply for such services is capable of meeting the demand for such services;

(4) to create and facilitate in each county or designated region in a State a local technology planning team—

(A) with members representing a cross section of the community, including representatives of public schools, businesses, community-based organizations, public and private libraries, universities, colleges, libraries, higher education, community-based organizations, local government, tourism, parks and recreation, and agriculture; and

(B) which shall—

(i) benchmark technology use across relevant community sectors;

(ii) set goals for improved technology use within each sector; and

(iii) develop a tactical business plan for achieving its goals, with specific recommendations for online application development and demand creation;

(iv) work collaboratively with broadband service providers and information technology companies to encourage deployment and use, especially in underserved and underserved areas, through the use of local demand aggregation, mapping analysis, and other data-gathering strategies to improve the business case for providers to deploy;

(v) to establish programs to improve computer ownership and Internet access for unserved and underserved populations;

(vi) to collect and analyze detailed market data concerning the local demand for broadband service and related information technology services;

(vii) to facilitate information exchange regarding the use and adoption of broadband services between public and private sectors; and

(viii) to create within each State a geographic inventory map of broadband service, which shall—

(A) identify gaps in such service through a method of geographic information system mapping of service availability at the census block level; and

(B) provide a baseline assessment of state-wide broadband deployment in terms of households with high-speed availability;

(f) PARTICIPATION LIMIT.—For each State, an eligible entity may not receive a new grant under this section to fund the activities described in subsection (d) within such State if such organization obtained prior grant awards under this section to fund the same activities in that State in each of the previous 4 consecutive fiscal years.

(g) REPORT.—Each recipient of a grant under subsection (b) shall submit an report to the Secretary of Commerce.

(h) DEFINITIONS.—In this section:

(1) ELIGIBLE ENTITY.—The term “eligible entity” means a non-profit organization that is selected by a State to work in partnership with State agencies and private sector partners in identifying and tracking the availability and adoption of broadband services in each State.

(2) NONPROFIT ORGANIZATION.—The term “nonprofit organization” means an organization described in section 501(c)(3) of the Internal Revenue Code of 1986 and exempt from tax under section 501(a) of such Code.

(3) PROVIDER.—The term “provider” means a public or private entity established or affiliated with the Federal Government or any State, local government or any public or private entity to accomplish widespread deployment and adoption of broadband services and information technology and contain a board of directors of which is not comprised of a majority of individuals who are also employed by, or otherwise associated with, any Federal, State, or local government or any public or private entity.

(4) BROADBAND SERVICE.—The term “broadband service” means any service that connects to the public Internet that provides a data transmission-rate equivalent to at least 200 kilobits per second, or 200,000 bits per second, or any successor transmission-rate established by the Federal Communications Commission, in at least 1 direction.

(5) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $40,000,000 for each of fiscal years 2008 through 2012.

(6) NO REGULATORY AUTHORITY.—Nothing in this Act shall be construed as granting any public or private entity established or affected by this Act any regulatory jurisdiction or oversight authority over providers of broadband services or information technology.
April 24, 2007  
CONGRESSIONAL RECORD — SENATE  
S4921

criminal immigration cases; to the Committee on the Judiciary.

Mr. DOMENICI. Mr. President, I rise today to introduce legislation that authorizes the Federal judgethips recommended by the 2007 Judicial Conference for our U.S. District Courts that are overloaded with immigration cases.

For a year, I have been telling the Senate about the crisis on our Southwestern border involving judges who are overwhelmed by the sheer number of immigration cases that are filed in their courts.

New caseload numbers have recently become available, and it is clear that this problem is not going away—Congress must act to fix it. Federal Court Management Statistics available at www.uscourts.gov reveal that for the 12-month period ending September 30, 2006, four District Courts each had more than one thousand criminal immigration filings. Not surprisingly, all of these Districts share a border with Mexico.

In fiscal year 2006, the Southern District of Texas had 3,679 immigration cases, the Western District of Texas had 3,234 immigration cases, the District of New Mexico had 1,940 immigration cases, and the District of Arizona had 1,924 immigration filings. In each of these Districts, immigration filings make up more than forty-nine percent of all of the District’s criminal filings. No other District Court recommended for more than 314 immigration filings. In fact, the four Districts mentioned above account for more than 60 percent of all immigration filings in fiscal year 2006.

The legislation I am introducing today authorizes the ten new Federal judgethips recommended by the Judicial Conference for these four U.S. Districts, where immigration filings total more than forty-nine percent of all Federal criminal filings.

Based on these caseloads, we should already have given these Districts new judgethips. But to increase border security and immigration enforcement efforts, as we have over the past few years, without equipping these courts to handle the even larger immigration caseloads that they will face as a result of immigration enforcement efforts would amount to willful negligence on the part of Congress.

It is imperative to equip our Federal agencies with the assets they need to secure our borders and enforce our immigration laws, including the Federal District courts that try repeat immigration law violators who are charged with Federal felonies.

The New Mexico District Chief Judge Martha Vazquez, wrote me a letter in May of 2006 about the situation her District faces. Judge Vazquez wrote:

As it is, the burden on Article III Judges in this District is considerable. This District ranks 20th nationwide in total immigration filings per judgethip: 405 criminal filings compared to the national average of 87. As in all federal districts along the southwest border, the majority of cases filed in this District relate to immigration offenses under United States Code, Title 8 and drug offenses arising under Federal Immigration and drug cases account for eighty-five percent of the caseload in the District of New Mexico. . . . In fiscal year 1997, there were 240 immigration cases filed in the District of New Mexico. By fiscal year 2005, the number of immigration felony filings increased to 1,826, which is an increase of 681 percent.

I have heard first-hand about this problem from Federal judges in New Mexico, including one who travels almost 200 miles to hear cases in Southern New Mexico. Many of the situations he sees involve mass arraignments because there are so many defendants in the system. He is not alone in this arrangement; other Federal judges drive almost 300 miles to hear cases in the southwestern part of his home State. This dire situation that must be addressed.

The United States Congress must address the overwhelming immigration caseload our southwestern border U.S. District Courts face. The bill I am introducing today does that by authorizing the eight permanent and two temporary judgethips recommended by the 2007 Judicial Conference for the four U.S. Districts in which the immigration caseload is more than forty-nine percent of those Districts’ total criminal caseload. I am proud to have Congressman CUERLLA join me in this effort by introducing companion legislation in the House of Representatives.

I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 192

Be it enacted by the Senate and House of Representitives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.  
This Act may be cited as the “Federal Criminal Immigration Courts Act of 2007.”

SEC. 2. FINDINGS AND PURPOSE.  
(a) FINDINGS.—Based on the recommenda- tions made by the 2007 Judicial Conference and the statistical data provided by the 2006 Federal Court Management Statistics (issued by the Administrative Office of the United States Courts), the Congress finds the following:

(1) Federal courts along the southern border of the United States have a greater percentage of their criminal caseload affected by immigration cases than other Federal courts.

(2) The percentage of criminal immigration cases in most southwest border district courts totals more than 49 percent of the total criminal caseloads of those districts.

(3) The current number of judges authorized for those courts is inadequate to handle the current caseload.

(4) Such an increase in the caseload of immigration criminal filings requires a corresponding increase in the number of Federal judgethips.

(5) The 2007 Judicial Conference recommended the addition of judgethips to meet the growing burden.

(6) The Congress should authorize the additional district court judgethips necessary to carry out the 2007 recommendations of the Judicial Conference for districts in which the criminal immigration filings represented more than 49 percent of all criminal filings for the 12-month period ending September 30, 2006.

(b) PURPOSE.—The purpose of this Act is to increase the number of Federal judgethips, in accordance with the recommendations of the 2007 Judicial Conference, in district courts that have an extraordinarily high criminal immigration caseload.

SEC. 3. ADDITIONAL DISTRICT COURT JUDGE-  
SHIPS.

(a) PERMANENT JUDGES.—  
(1) IN GENERAL.—The President shall ap- point, by and with the advice and consent of the Senate, additional judges for the following:

(A) 4 additional district judges for the district of Arizona;  
(B) 1 additional district judge for the district of New Mexico;  
(C) 2 additional district judges for the southern district of Texas; and

(D) 1 additional district judge for the western district of Texas.

(2) CONFORMING AMENDMENTS.—In order that the table contained in section 133(a) of
title 28, United States Code, reflect the number of additional judges authorized under paragraph (1), such table is amended—
(A) by striking the item relating to Arizona and inserting the following:
Arizona ........................................ 16;
(B) by striking the item relating to New Mexico and inserting the following:
New Mexico ........................................ 7;
(C) by striking the item relating to Texas and inserting the following:
Texas ........................................ 12
Northern ........................................ 12
Southern ........................................ 21
Eastern ........................................ 7
Western ........................................ 14.
(b) TEMPORARY JUDGESHIPS.
(1) IN GENERAL.—The President shall appoint, by and with the advice and consent of the Senate—
(A) 1 additional district judge for the district of Arizona; and
(B) 1 additional district judge for the district of New Mexico.
(2) VACANCY.—For each of the judicial districts named in this subsection, the first vacancy arising on the district court 10 years or more after a judge is first confirmed to fill the temporary district judgeship created in that district by this subsection shall not be filled.

By Mr. DOMENICI (for himself and Mr. BINGAMAN):
S. 1193. A bill to direct the Secretary of the Interior to take into trust 2 parcels of Federal land for the benefit of certain Indian Pueblos in the State of New Mexico; to the Committee on Indian Affairs.

Mr. DOMENICI. Mr. President, I rise today to introduce the Albuquerque Indian School Act. I want to thank Senator BINGAMAN, my colleague from New Mexico, for joining me as a cosponsor of the bill again this Congress.

The Albuquerque Indian School Act seeks to take two parcels of Federal land into trust for the 19 Pueblos—Acoma, Cochiti, Isleta, Laguna, Nambe, Ohkay Owingeh (San Juan), Picuris, Pueblo, Santa Ana, Santa Clara, Santo Domingo, Taos, Tesuque, Zia, and Zuni. I believe this property, if transferred, would receive greater utilization and would benefit the 19 New Mexico Pueblos.

In 1984, the Assistant Secretary of the Interior in the city of Albuquerque, New Mexico, for joining me as a cosponsor of the bill again this Congress.

By Mr. DODD (for himself and Mr. SALAZAR):
S. 1194. A bill to improve the No Child Left Behind Act of 2001, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. DODD. Mr. President, today I am pleased to introduce with Senator SALAZAR a very important piece of legislation, “The No Child Left Behind Reform Act.” This legislation makes three basic changes to the No Child Left Behind Act which was signed into law in January 2002.

Five years ago I supported the No Child Left Behind Act because I care about improving the quality of education in America for all of our children. I believed that this law would help to achieve that goal by establishing rigorous measures of student achievement, by helping teachers do a better job of instructing students, and by providing the resources desperately needed by our schools for even the most basic necessities. I believed that the reforms we passed into place.

Regrettably, the high hopes that I and many others had for this law have not been realized. Throughout the years, this law has been implemented by the administration in a manner that is inflexible, unreasonable and unhelpful. As a result, it has failed the teachers, the schools, and, most importantly, the students it was meant to help.

For these reasons, this administration’s promise of sufficient resources to implement the law is a promise that has yet to be kept. This year’s budget proposal underfunds No Child Left Behind by almost $15 billion. Since passage five years ago, the administration has underfunded the law by more than $70 billion below the level promised when the President signed the Act into law.

As a result of the failures of the current administration to fulfill its commitment to our Nation’s school children under this law, children and their teachers are shouldering noteworthy hardships. Additional requirements without additional funding, and little,
if any, technical assistance from the Department, have left students, teachers, administrators and parents struggling to implement mandates that are often confusing, inflexible, unrealistic and costly. With the degree of underfunding that we have seen at the Federal and state levels, many parents are lamely paying for their mortgage, basic health care, the rising cost of their children’s tuition and the Federal share of the No Child Left Behind Act. As I have said on numerous occasions in the past, resources without reforms are a waste of money. By the same token, reforms without resources are a false promise a false promise that has left students and their teachers grappling with new burdens and little help to bear them.

The legislation I am introducing today proposes to make three changes to the No Child Left Behind Act. These changes will ease current burdens on our students, our teachers and our administration without dismantling the fundamental underpinnings of the law.

First, the No Child Left Behind Reform Act will allow schools to be given credit for performing well on measures other than test scores when calculating student achievement. Test scores are an important measure of student knowledge. However, they are not the only measure. There are others. These include dropout rates, the number of students who participate in advanced placement courses, and individual student improvement over time. Unfortunately, current laws do not allow schools to use these additional ways to gauge school success in a constructive manner. Additional measures can only be used to further indicate how a school is falling, not how a school is succeeding. This legislation will allow schools to earn credit for succeeding.

Second, the No Child Left Behind Reform Act will allow schools to target schoolwide and supplemental services to the students that actually demonstrate a need for them. As the current law is being implemented by the Administration, if a school is in need of improvement, it is expected to offer school choice and supplemental services to all students—even if not all students have demonstrated a need for them. That strikes me as a wasteful and imprecise way to help a school improve student performance. For that reason, the legislation will allow schools to target resources to the students that actually demonstrate that they need them. Clearly, this is the most efficient way to maximize their effect.

Finally, the No Child Left Behind Reform Act introduces a greater degree of reasonableness to the teacher certification process. As it is being implemented, the law requires teachers to be “highly qualified” to teach every subject that they teach. Certainly none of us disagree with this policy as a matter of principle. But as a matter of practice, it is causing confusion and hardship for teachers, particularly secondary teachers and teachers in small school districts. For example, as the law is being implemented by the Administration, a high school science teacher could be required to hold degrees in biology, physics and chemistry to be considered highly qualified. In schools where the only 7th or 8th grade teacher teaching all subjects, these teachers could similarly be required to hold degrees in every subject area. Such requirements are unreasonable at a time when excellent teachers are increasingly hard to find. The legislation I introduce today will allow States to create a single assessment to cover multiple subjects for middle grade level teachers and also allow States to issue a broad certification for science and social studies.

In my view, the changes I propose will provide significant assistance to schools struggling to comply with the No Child Left Behind law all across America. As time marches on and more deadlines set by this law come and go, it is clear that our children deserve the best possible education in a manner that will require it to be implemented in a fair and reasonable manner. I would caution that in doing so, however, we must also preserve the basic tenets of the law—providing a high quality education for all American students and closing the achievement gap across demographic and socioeconomic lines. Again, no child should be left behind—no special education student, no English language learning student, no minority student and no low-income student. I stand by this commitment. Obviously, funding this law is beyond my colleagues to join me in supporting the State educational agencies—

(1) to develop or increase the capacity of data systems for accountability purposes; and

(2) to award subgrants to increase the capacity of local educational agencies to upgrade, create, or manage information databases for the purpose of measuring adequate yearly progress.

(b) Priority.—In awarding grants under this section the Secretary shall give priority to State educational agencies that have created, or are in the process of creating, a growth model or proficiency index as part of their adequate yearly progress determination.

(c) State Use of Funds.—Each State that receives a grant under this section shall use—

(1) not more than 20 percent of the grant funds for the purpose of increasing the capacity of, or creating, State databases to collect information related to adequate yearly progress; and

(2) not less than 80 percent of the grant funds to award subgrants to local educational agencies within the State to enable the local educational agencies to carry out the activities described in subsection (d).

(1) AUTHORIZED ACTIVITIES.—Each local educational agency that receives a subgrant under this section shall use the subgrant funds to increase the capacity of the local educational agency to develop or create unique student identifiers for the purpose of measuring adequate yearly progress, by—

(A) purchasing database software or hardware;

(B) hiring additional staff for the purpose of managing such data;

(C) providing professional development or additional training for such staff; and

(D) providing professional development or training for principals and teachers on how to effectively use such data to implement instructional strategies to improve student achievement.

(e) State Application.—Each State educational agency desiring a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

(f) LEA Application.—Each local educational agency desiring a subgrant under this section shall submit an application to the State educational agency to receive such subgrant in such manner, and containing such information as the State educational agency may
require. Each such application shall include, at a minimum, a demonstration of the local educational agency’s ability to put such a database in place.

“(g) EXPEDIENCY OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this part $80,000,000 for each of fiscal years 2008, 2009, and 2010.”

SEC. 4. TARGETING TRANSFER OPTIONS AND SUPPLEMENTAL SERVICES.

(a) TARGETING TRANSFER OPTIONS AND SUPPLEMENTAL SERVICES.—Section 1116 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6316) is amended—

(1) in paragraphs (1)(E)(1), (5)(A), (7)(C)(1), and (8)(A)(i) of subsection (b), by striking the term “or secondary” and inserting “or secondary schools”

(2) in subsection (b)(1), by removing the text that fails to make adequate yearly progress as defined in the State’s plan under section 1111(b)(2),

(3) in clause (vii) of subsection (c)(10)(C), by inserting at the end the following:

“'(G) MAINTENANCE OF LEAST RESTRICTIVE ENVIRONMENT.—A student who is eligible to receive services under the Individuals with Disabilities Education Act and who uses the option to transfer under subparagraph (E), paragraph (5)(A), (7)(C)(1), or (8)(A)(i), or subsection (c)(10)(C)(vii), shall be placed and served in the least restrictive environment appropriate, in accordance with the Individuals with Disabilities Education Act.’;

(4) in clause (vii) of subsection (c)(10)(C), by inserting at the end the following:

‘‘(v) obtaining a State science certificate that qualifies the teacher to teach earth science, biology, chemistry, and physics in middle or secondary schools, respectively, in the State; and’’;

By Mr. KERRY (for himself and Mr. SMITH):

S. 1197. A bill to amend the Internal Revenue Code of 1986 to improve the deduction for depreciation; to the Committee on Finance.

Mr. KERRY. Mr. President, today Senator SMITH and I are introducing the “Tax Depreciation, Modernization, and Simplification Act of 2007.” This legislation will update our current depreciation system so that it can keep pace with new technology.

Last July the Senate Finance Subcommittee on Long-Term Growth and Debt Reduction, on which Senator SMITH was Chairman and I served as Ranking Member, held a hearing on updating our depreciation system. During the hearing, we heard that the current depreciation system is out of date and that changes should be made.

Our tax system allows, as a current expense, a depreciation deduction that represents a reasonable allowance for the exhaustion, wear and tear of property used, or of property held for the production of income. Since 1981, the depreciation deduction for most tangible property has been under rules specified in section 168 of the Internal Revenue Code. The Modified Accelerated Cost Recovery System, or MACRS, specified under section 168 applies to most new investment in tangible property. Depreciation allowances are computed by determining a recovery period called a “class life” and an applicable recovery method for each asset.

The current depreciation system has not kept pace with technological advances. Several industries were not even contemplated when class lives were assigned in 1981, and some class lives even date back to 1962. In the 1980s there would have been difficulty in imagining what our reliance on computer and wireless technology would be today. At that time, the wireless industry was in its infancy, and there was no specifically assigned life for wireless equipment. As a result, today’s depreciation system is like playing “audit roulette.” There is no certainty in how these assets should be depreciated.

All this matters because it impacts investment, innovation, competitiveness, and ultimately the quality and quantity of jobs in America. My home state of Massachusetts is a leader in the high tech industry. Massachusetts employs hundreds of thousands of skilled workers in key technology sectors, including computer hardware, life sciences, software, medical products, semiconductor, defense technology and telecommunications. We have learned in Massachusetts that a strategic tax policy can have a positive effect on economic competitiveness.

For these reasons, we are reintroducing the “Tax Depreciation, Modernization, and Simplification Act of 2007.” This legislation makes four important changes to the current depreciation system.

First, the legislation creates a process that provides the Department of Treasury with the authority to modernize class lives. The Secretary of the Treasury will prescribe regulations to modify the class lives of nonresidential real property, nonresidential real property, or property for which Congress has specifically legislated the recovery period.

The purpose of this provision is to provide Treasury with a mechanism to modify class lives that reasonably reflect the anticipated useful life and the anticipated decline in value over time of the property to the industry, and take into account when the property becomes technologically or functionally obsolete to perform its original purpose. Treasury will also have the authority to modify class lives in order to more accurately reflect economic depreciation. For example, a personal computer has a depreciable life of five years, but it has an economic life of only 2 to 3 years. A new computer can be used for five years, it becomes economically obsolete after a couple of years because of the newer, faster, and more advanced computers on the market.

Our depreciation system has not been adequately updated since Congress recognized the need to modernize the system in 1988. When the MACRS system was enacted in 1986, Congress directed Treasury to establish an office to monitor and analyze the actual experience with class lives and to modify class lives if the new class life reasonably reflected the anticipated useful life and the anticipated decline in value over time of the property to the industry. The authority was then revoked because Congress did not agree with all of the decisions made by Treasury.

The authority provided in this legislation addresses this problem by requiring Treasury to consult with Congress 60 days prior to publishing any proposed regulations. In addition, the Congressional Review Act would apply to any regulation proposed by Treasury and each class life prescribed by Treasury would be considered a separate rule.

Providing Treasury with the authority to modify class lives would allow the process to move more efficiently than allowing Congress to make piecemeal changes to the current depreciation system. Congress would provide guidelines, and Treasury would have the role of administering those guidelines. Under the legislation, Treasury would monitor and analyze the actual experience of depreciable assets and report their findings to Congress. We expect Treasury to provide guidelines that will take into consideration the fact that some assets lose a significant percentage of their original value in

By Mr. KERRY (for himself and Mr. SMITH):

S. 1197. A bill to amend the Internal Revenue Code of 1986 to improve the deduction for depreciation; to the Committee on Finance.

Mr. KERRY. Mr. President, today Senator SMITH and I are introducing the “Tax Depreciation, Modernization, and Simplification Act of
the early part of their lives. This legislation specifically provides consultation with Congress in order for Congress to continue to have a role in this important tax policy issue. We do not expect Treasury within the first 30 days to issue new placed-in-service conventions. Rather, we expect Treasury to begin with new assets that do not fit into the system, assets that have undergone technological advances, and existing assets that do not really fit into the current law. For example, the current system creates an irrational result for fiber optic lines. The class life of a fiber optic line depends upon whether it is used for one-way or two-way communications.

Second, the legislation would eliminate the mid-quarter convention. The placed-in-service conventions determine the point in time during the year that the property is considered “placed in service” and this determines when depreciation for an asset begins or ends. Under current law, there are four half-year, mid-month, and mid-quarter conventions. The mid-quarter convention is a source of complexity because it requires an analysis of the depreciable basis of property placed in service during the last days of any taxable year. The Joint Committee on Taxation recommended the elimination of the mid-quarter convention in its 2001 recommendations on simplifying the Federal tax system. The calculations become burdensome and, in the words of the Joint Committee, it requires taxpayers to wait until after the end of the taxable year to determine whether the proper placed-in-service convention was used to calculate depreciation for assets during the taxable year.

Third, the legislation would allow taxpayers to elect to use mass asset accounting for assets with a cost of less than $10,000. Generally, taxpayers calculate depreciation on an item-by-item basis. The bill would allow taxpayers to elect to use mass asset accounting for all assets with the same recovery period. This provision will help simplify the recordkeeping associated with depreciation.

Fourth, the legislation would permanently extend increased expensing for small businesses. In lieu of depreciation, a taxpayer with a small amount of annual investment may elect to deduct such costs. The Jobs and Growth Tax Act of 2003 increased the amount a taxpayer may deduct from $25,000 to $100,000 and increased the total amount of investment a business can make in a year and still qualify for expensing from $200,000 to $400,000. In addition, the Act allows off-the-shelf computer software to be eligible for the provision.

The Tax Depreciation, Modernization, and Simplification Act of 2007 would make the $100,000 and $400,000 amounts permanent and index them for inflation. Off-the-shelf computer software would be eligible for the provision. Increased expensing for small businesses helps lower the cost of capital for mall businesses and eliminates complicated recordkeeping. In addition, it should reduce administrative costs for small businesses.

The four components of this legislation will result in updating and simplifying the treatment of capital expenditures. The Tax Depreciation, Modernization, and Simplification Act of 2007 will provide certainty for taxpayers and put an end to “audit roulette.”

By Mr. WYDEN (for himself, Mr. SMITH, Mr. PYOR, and Mr. KERRY):

S. 1199: A bill to strengthen the capacity of institutions to provide instruction in nanotechnology, to the Committee on Health, Education, Labor, and Pensions.

Mr. SMITH. Mr. President, I rise today with Senator Wyden to introduce the Nanotechnology in the Schools Act.

Nanotechnology will revolutionize manufacturing, energy, healthcare, national security, and many other sectors by improving the way things are designed and made. The potential benefits of nanotechnology are tremendous, especially for the nation that leads the world in nanotechnology research and development. Studies project that by 2014 nanotechnology will be incorporated into more than $2 trillion worth of manufactured goods. China, Japan, the European Union, India and others are fighting for global leadership, and the competition is getting stiffer all the time.

For the United States to maintain and expand its leadership in the field of nanotechnology, we must train and educate more scientists and engineers who are capable of conducting research and development in this emerging technology. To reach this objective, students need to be taught the necessary skills beginning at the high school and college levels.

According to the National Science Foundation, foreign students on temporary visas earned approximately 32 percent of all science and engineering doctorates awarded in the United States in 2003, the last year for which data is available. Foreign students earned 55 percent of all engineering doctorates. Many of these students expressed an intent to return to their country of origin after completing their study.

To maintain world leadership in nanotechnology, the United States must make a long-term investment in educating United States students in secondary schools and institutions of higher education, so that the students are able to conduct nanoscience research and develop and commercialize nanotechnology applications.

Preparing United States students for careers in nanotechnology, including nanoscience, requires that the students have access to the necessary scientific tools, including scanning electron microscopes designed for teaching, and requires training to enable teachers and professors to use those tools in the classroom and laboratory.

The purpose of this Act is to strengthen the capacity of United States secondary schools and institutions of higher education to prepare students in nanotechnology by providing grants to those schools and institutions to provide the tools necessary for such preparation.

SEC. 2. FINDINGS AND PURPOSE.

(a) FINDINGS.—Congress makes the following findings:

(1) The rapidly growing field of nanotechnology is generating scientific and technological breakthroughs that will benefit society by improving the way many things are designed and made.

(2) Nanotechnology is likely to have a significant, positive impact on the security, economic well-being, and safety of Americans as fields related to nanotechnology expand.

(3) In order to maximize the benefits of nanotechnology to individuals in the United States, the United States must maintain world leadership in the field of nanotechnology, including nanoscience and microtechnology, in the face of determined competition from other nations.

(4) According to the National Science Foundation, foreign students on temporary visas earned approximately one-third of all science and engineering doctorates awarded in the United States in 2003, the last year for which data is available.

(5) To maintain world leadership in nanotechnology, the United States must make a long-term investment in educating United States students in secondary schools and institutions of higher education, so that the students are able to conduct nanoscience research and develop and commercialize nanotechnology applications.

(6) Preparing United States students for careers in nanotechnology, including nanoscience, requires that the students have access to the necessary scientific tools, including scanning electron microscopes designed for teaching, and requires training to enable teachers and professors to use those tools in the classroom and laboratory.

(b) PURPOSE.—The purpose of this Act is to strengthen the capacity of United States secondary schools and institutions of higher education to prepare students in nanotechnology by providing grants to those schools and institutions to provide the tools necessary for such preparation.

SEC. 3. DEFINITIONS.

In this Act:—

(1) ELIGIBLE INSTITUTION.—The term “eligible institution” means an institution that—

(A) a public or charter secondary school that offers 1 or more advanced placement science courses or international baccalaureate science courses; or

(B) a community college, as defined in section 3301 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7101); or

(C) a 4-year institution of higher education.

(2) I NSTITUTION OF HIGHER EDUCATION ; SESSE CONDARY SCHOOL ; SECRETARY.—The terms “institution of higher education”, “secondary school”, and “Secretary” have the meanings given in terms in section 101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

(3) QUALIFIED NANO TECHNOLOGY EQUIP MENT.—The term “qualified nanotechnology equipment” means equipment, instrumentation, or hardware that is—
(A) used for teaching nanotechnology in the classroom; and
(B) manufactured in the United States at least 50 percent from articles, materials, or supplies that are domestic, or manufactured, as the case may be, in the United States.

SEC. 4. PROGRAM AUTHORIZED.

(a) IN GENERAL.—The Director of the National Institute of Standards and Technology (referred to in this Act as the “Director”) shall establish a nanotechnology in the schools program to strengthen the capacity of eligible institutions to provide instruction in nanotechnology. In carrying out the program, the Director shall award grants of not more than $150,000 to eligible institutions to provide such instruction.

(b) ACTIVITIES SUPPORTED.—

(1) IN GENERAL.—An eligible institution shall use a grant awarded under this Act—

(A) to acquire qualified nanotechnology equipment and software designed for teaching students about nanotechnology in the classroom;

(B) to develop and provide educational services, including carrying out faculty development, to prepare students or faculty seeking a degree or certificate that is approved by a State or a regional accrediting body recognized by the Secretary of Education; and

(C) to provide teacher education and certification to individuals who seek to acquire or enhance technology skills in order to use nanotechnology in the classroom or instructional process.

(2) LIMITATION.—

(A) USES.—Not more than ¼ of the amount of the funds made available through a grant awarded under this Act may be used for software, educational services, or teacher education and certification as described in this subsection.

(B) PROGRAMS.—In the case of a grant awarded under this Act to a community college or institution of higher education, the funds made available through the grant may be used only in undergraduate programs.

(c) APPLICATIONS AND SELECTION.—

(1) IN GENERAL.—To be eligible to receive a grant under this Act, an eligible institution shall submit an application to the Director at such time, in such manner, and accompanied by such information as the Director may reasonably require.

(2) LIMITATION.—If a branch described in subparagraph (A) receives a grant under this Act that exceeds $100,000, that branch shall not be eligible, until 2 years after the date of receipt of the grant, to receive another grant under this Act.

(d) OTHER ELIGIBLE INSTITUTIONS.—If an eligible institution other than a branch referred to in subparagraph (A) receives a grant under this Act that exceeds $100,000, that institution shall not be eligible, until 2 years after the date of receipt of the grant, to receive another grant under this Act.

(e) Waiver.—The Director shall waive the matching requirement described in subparagraph (A) for any institution with no endowment, or an endowment that has a donor value lower than $5,000,000, as of the date of the waiver.

SEC. 5. ANNUAL REPORT AND EVALUATION.

(a) REPORT BY INSTITUTIONS.—Each institution that receives a grant under this Act shall report to the Director, not later than 1 year after the date of receipt of the grant, on its use of the grant funds.

(b) REVIEW AND EVALUATION.—

(1) REVIEW.—The Director shall annually review the reports submitted under subsection (a).

(2) EVALUATION.—At the end of each third year, the Director shall evaluate the program authorized by this Act on the basis of those reports. The Director, in the evaluation, shall consider the activities carried out by the institutions receiving grants under this Act and shall assess the short- and long-range impact of the activities carried out under the grants on the students' faculty, and staff of the institutions.

(c) REPORT TO CONGRESS.—Not later than 6 months after conducting an evaluation under subsection (b), the Director shall prepare and submit a report to Congress based on the evaluation. The report shall include such recommendations, including recommendations concerning the continuing need for Federal support of the program, that the Director considers appropriate.

SEC. 6. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated to the Director to carry out this Act $15,000,000 for fiscal year 2008, and such sums as may be necessary for fiscal years 2009 through 2011.

By Mr. DORGAN (for himself, Mrs. BOXER, Mr. REID, Ms. CALIFORNIA, Mr. BINGAMAN, Mr. TESTER, Mr. INOUYE, Mr. DOMENICI, Mr. BINGAMAN, Mr. BAUCUS, Ms. KLOBUCHAR, Mr. THOMAS, Mr. OBAMA, and Ms. MURKOWSKI),

S. 1200. A bill to amend the Indian Health Care Improvement Act to revise and extend the Act; to the Committee on Indian Affairs.

Mr. DORGAN. Mr. President, I came to the Senate floor several times last year, and have already again this year in the Health, Education, Labor, and Pensions Committee, to talk about the need for Congress to pass legislation to reauthorize the Indian Health Care Improvement Act.

Legislation to amend and reauthorize the Indian Health Care Improvement Act has been considered by the 106th, 107th, 108th and 109th Congresses, and today, my colleagues and I put forward a new version of the bill in the 110th Congress.

The Indian Health Care Improvement Act Amendments of 2007 builds on the work of prior Congresses, work done not only by the Indian Affairs Committee, but also by the Senate Health, Education, Labor, and Pensions Finance Committees. These committees gave us their recommendations on provisions in the legislation which are within their jurisdiction. I thank my colleagues for their collaboration on the Indian health reauthorization.

I have added new provisions to this year’s Indian health bill that seek to address the lack of access to health care services that exists in so many Indian communities and that is due to limited hours of operation at existing health care facilities or other factors. The bill would allow grants for demonstration projects which include a convenient care services program as an additional means of health care delivery.

This bill also addresses an issue that has been of particular concern to me: Indian youth suicide. The bill would authorize additional resources for Indian communities to confront this issue and seek to prevent, intervene in and treat Native American youth who have lost hope and are contemplating or have attempted suicide.

I wish to note that title II of this bill sets forth amendments to the Social Security Act which apply to provisions under Medicare, Medicaid and SCHIP and other provisions which are in the jurisdiction of the Senate Finance Committee. The Indian Affairs and Finance Committees worked very closely together during the debate on the provisions that are contained in this bill. I appreciate the efforts of both Chairman BAUCUS and Ranking Member GRASSLEY in drafting these important provisions of the Indian Health Care Improvement Act Amendments of 2007, and I look forward to their committee’s approval of these provisions as the Indian Affairs Committee considers the provisions under our jurisdiction.

Eight years is too long to wait to reauthorize the Indian Health Care Improvement Act. I intend to move aggressively to seek approval of this legislation by the Indian Affairs Committee and to bring this bill to the Senate floor so that all my colleagues will have an opportunity to address the very fundamental need for—and right of—American Indians and Alaska Natives to adequate and innovative health care.

I ask unanimous consent that the text of the bill be printed in the RECORD.
There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:
S. 1200
Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.
(a) SHORT TITLE.—This Act may be cited as the “Indian Health Care Improvement Act Amendments of 2007”.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:
Sec. 1. Short title; table of contents.
Sec. 2. Definitions.
Sec. 3. Declaration of national Indian health policy.
Sec. 4. Definitions.

TITLE I—AMENDMENTS TO INDIAN LAWS

SEC. 1. Short title; table of contents.

TITLE II—IMPROVEMENT OF INDIAN HEALTH CARE PROVIDED UNDER THE SOCIAL SECURITY ACT

Sec. 201. Expansion of payments under Medicare, Medicaid, and SCHIP for all covered services furnished by Indian Health Programs.
Sec. 202. 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. 203. Additional provisions to increase outreach to, and enrollment of, Indians in SCHIP and Medicaid.
Sec. 204. Premiums and cost sharing protections under Medicaid, eligibility determinations under Medicaid and SCHIP, and protection of certain Indian property from Medicaid estate recovery.
Sec. 205. Nondiscrimination in qualifications for payment for services under Federal health care programs.
Sec. 206. Consultation on Medicaid, SCHIP, and other health care programs funded under the Social Security Act involving Indian Health Programs and Urban Indian Organizations.
Sec. 207. Extension waiver authority for affected Indian Health Programs and safe harbor transactions under the Social Security Act.
Sec. 208. 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. 209. Annual report on Indians served by Social Security Act health benefit programs.

TITLE I—AMENDMENTS TO INDIAN LAWS

SEC. 101. 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:

Sec. 101. Purpose.
Sec. 102. Health professions recruitment programs.
Sec. 103. Health professions preparatory programs.
Sec. 104. Indian health professions scholarships.
Sec. 105. American Indians Into Psychology Program.
Sec. 106. Scholarship programs for Indian Tribes.
Sec. 107. Indian Health Service external 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. Recipient 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 units.
Sec. 120. Nursing residency program.
Sec. 121. Community Health Aide Program.
Sec. 122. Tribal Health Program administration.
Sec. 123. Health professional chronic shortage demonstration programs.
Sec. 124. National Health Service Corps.
Sec. 125. Substance abuse counselor educational curricula demonstration programs.
Sec. 126. Behavioral health training and community education programs.
Sec. 127. Authorization of appropriations.

TITLE II—HEALTH SERVICES

Sec. 201. Indian Health Care Improvement Fund.
Sec. 203. Health promotion and disease prevention services.
Sec. 204. Diabetes prevention, treatment, and control.
Sec. 205. Dental 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. 211. Indian youth program.
Sec. 212. Prevention, control, and elimination of communicable and infectious diseases.
Sec. 213. Other authority for provision of 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 and South Dakota as contract health service delivery area.
Sec. 217. California contract health service programs.
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. Licenses.
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. Office of Indian Men’s Health.
Sec. 226. 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 non-service funds for renovation.
Sec. 305. Funding for the construction, expansion, and modernization of small ambulatory care facilities.
Sec. 306. Indian health care delivery demonstration projects.
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 benefit programs.
Sec. 402. Grants to and contracts with the Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations to facilitate outreach, enrollment, and coverage of Indians under Social Security Act health benefit programs and other health benefit programs.
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 under Federal health care programs in qualifications for reimbursement for services.
Sec. 409. Consultation.
Sec. 410. State Children’s Health Insurance Program (SCHIP).
Sec. 411. Exclusion waiver authority for affected Indian Health Programs and safe harbor transactions under the Social Security Act.
Sec. 412. Premium and cost sharing protections and eligibility determinations under Medicaid and SCHIP and protection of certain Indian property from Medicaid estate recovery.
Sec. 413. Treatment under Medicaid and SCHIP managed care.
Sec. 414. Navajo Nation Medicaid Agency feasibility study.
Sec. 415. General exceptions.
Sec. 416. Authorization of appropriations.

TITLE V—HEALTH SERVICES FOR URBAN INDIANS

Sec. 501. Purpose.
Sec. 812. Tribal employment.

Sec. 809. Results of demonstration projects.

Sec. 808. Reallocation of base resources.

Sec. 807. Health services for ineligible per-

Sec. 806. Eligibility of California Indians.

Sec. 805. Evaluation of services for ineligible per-

Sec. 804. Availability of funds.

Sec. 803. Plan of implementation.

Sec. 802. Regulations.

Sec. 801. Requirements.

Sec. 800. Reallocation of base resources.

Sec. 809. Results of demonstration projects.

Sec. 808. Reorganized services in Montana.

Sec. 807. Increased services for ineligible per-

Sec. 806. Eligibility of California Indians.

Sec. 805. Evaluation of services for ineligible per-

Sec. 804. Availability of funds.

Sec. 803. Plan of implementation.

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Sec. 809. Results of demonstration projects.

Sec. 808. Reorganized services in Montana.

Sec. 807. Increased services for ineligible per-

Sec. 806. Eligibility of California Indians.
appropriate means, including Internet-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) healthy work environments; 

‘‘(xxii) reduction, prevention, and control of contaminants that create unhealthy household conditions (including mold and other allergens); 

‘‘(xxiii) substance abuse; 

‘‘(xxiv) sanitary facilities; 

‘‘(xxv) sudden infant death syndrome prevention; 

‘‘(xxvi) tobacco use cessation and reduction; 

‘‘(xxvii) violence prevention; and 

‘‘(xxviii) other such 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 306; 

‘‘(xxix) activities that are not related to, or by way of reimbursement, and at the Secretary determines will enhance and facilitate the enrollment of Indians in, and the subsequent pursuit and completion of their courses of study referred to in paragraph (1).”

(b) GRANTS.—

“(1) APPLICATION.—The Secretary shall not make a grant under this section unless an application for such grant has been submitted and approved by the Secretary. Such application shall be in such form, submitted in such manner, and contain such information, as the Secretary may 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 GRANTS; PAYMENT.—The amount of a grant 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, grants shall be for 3 years, as provided in regulations issued pursuant to this Act.

SEC. 103. HEALTH PROFESSIONS PREPARATORY SCHOLARSHIP PROGRAM FOR INDIANS.

“(a) SCHOLARSHIPS AUTHORIZED.—The Secretary, acting through the Service, shall provide scholarships to Indians to—

“(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.—Scholarship grants 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).

“TITILE 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 Service and the Indian tribes 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 grants to public or nonprofit private health or educational institutions to assist Indians entering the health professions and Urban Indian Organizations to assist such entities in meeting the costs of—
"(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 grants 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 Professions Scholarships and shall be made in accordance with section 338A of the Public Health Services Act (42 U.S.C. 254d), except as provided in subsection (b) of this section.

(2) DETERMINATIONS BY SECRETARY.—The Secretary, acting through the Service, shall determine—

(A) who shall receive scholarship grants under subsection (a); and

(B) the distribution of the scholarships among health professions on the basis of the relative needs of Indians for additional services in the health professions.

(3) CERTAIN DELEGATION NOT ALLOWED.—The administration of this section shall be a responsibility of the Assistant Secretary and shall not be delegated in a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

(b) ACTIVE DUTY SERVICE OBLIGATION.—

(1) OBULATION MET.—The active duty service obligation of a recipient of a Scholarship under this section that an Indian has entered into shall, if that individual is a recipient of an Indian Health Scholarship, be met in full-time practice equal to 1 year for each school year for which the participant receives a scholarship award under this part, or 2 years, whichever is greater, by service in 1 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, 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.

(D) In a teaching capacity in a tribal college or university nursing program or a related advanced education program if the contract entered into with the Secretary under this section that an Indian may enter into is to be located at various locations throughout the country to maximize their availability to Indian students and new programs shall be developed and maintained Indian psychology career recruitment programs as a means of encouraging Indians to enter the field of psychology.

(2) OBSESSION DEFERRED.—At the request of any individual who has entered into an agreement with the Secretary under this section that an Indian has entered into, if that individual is a recipient of an Indian Health Scholarship, the active duty service obligation of that individual under that contract, in order that such individual may continue to reside in or near their home or near 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), shall be deferred.

(3) PRIORITY WHEN MAKING ASSIGNMENTS.—Subject to paragraph (2), the Secretary, in making assignments of Indian Health Professions Scholarships recipients required to meet the active duty service obligation described in paragraph (1), shall give priority to assigning individual recipients specified 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.

(4) 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—

(A) such scholarship shall be for a period of years not to exceed the part-time equivalent of 4 years, as determined by the Secretary;

(B) the period of obligated service described in subsection (b)(1) 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 Secretary); or

(ii) 2 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. 254d(g)(1)(B)) shall be reduced pro rata (as determined by the Secretary) based on the number of hours such student is enrolled.

(5) BREACH OF CONTRACT.—

(a) SPECIFIED BREACHES.—An individual shall be liable to the United States for the amount which has been paid to the individual under a contract entered into with the Secretary under this section on or after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007 if that individual—

(A) fails to maintain an acceptable level of academic standing in the educational institution in which he or she is enrolled or to complete an approved course of study;

(B) is dismissed from such educational institution for disciplinary reasons; or

(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

(b) FAILURE TO PAY.—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 subsection (b) of section 110 of this Act provided for in the manner provided for in subsection (1) of section 110 in the manner provided for in this section.

(6) 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.

(7) WAIVERS AND SUSPENSIONS.—

(A) IN GENERAL.—The Secretary shall provide for the partial or complete suspension of any obligation of service or payment of a recipient of an Indian Health Scholarship if the Secretary determines that it is not possible for the recipient to meet that obligation or make that payment;

(B) REASONABLE ENFORCEMENT.—Before waiving or suspending an obligation of service or payment under subparagraph (A), the Secretary shall consult with the affected Area Office, Indian Tribes, Tribal Organizations, or Urban Indian Organizations, and may take into consideration whether the obligation may be satisfied in a teaching capacity at a tribal college or university nursing program under subsection (b)(1)(D).

(8) 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 receive any funds made available under this section.

(9) DISCHARGE.—With respect to any obligation of service or payment of 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, or by a discharge in bankruptcy under title 11, United States Code, or by discharge under title 11, United States Code, if the Secretary determines that the discharge would result in extreme hardship to the recipient; or

(C) REGULATIONS.—The Secretary shall issue regulations pursuant to this Act for the competitive awarding of grants provided under this section.

(d) CONDITIONS OF GRANT.

(1) GRANTS AUTHORIZED.—The Secretary, acting through the Service, shall make grants of not more than $300,000 to each of 9 colleges and universities for the purpose of developing and maintaining Indian psychology career recruitment programs as a means of encouraging Indians to enter the field of psychology.

(2) USE OF FUNDS.—The Secretary shall consult with the affected Indian Tribe in which the recipient is enrolled; or

(B) shall consult with the affected Indian Tribe in which the recipient is enrolled;

(C) the enforcement of the requirement that an individual receiving a scholarship under this section on or after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007 if that individual—

(A) fails to maintain an acceptable level of academic standing in the educational institution in which he or she is enrolled or to complete an approved course of study;

(B) is dismissed from such educational institution for disciplinary reasons; or

(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 to accept payment, in whole or in part, of a scholarship under such contract, in lieu of any service obligation arising under such contract.

(3) 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 subsection (b) of section 110 of this Act provided for in the manner provided for in subsection (1) of section 110 in the manner provided for in this section.

(4) AMERICAN INDIANS INTO PSYCHOLOGY PROGRAM.

(1) GRANTS AUTHORIZED.—The Secretary, acting through the Service, shall make grants of not more than $300,000 to each of 9 colleges and universities for the purpose of developing and maintaining Indian psychology career recruitment programs as a means of encouraging Indians to enter the field of psychology.

(B) 2 years; and

(3) 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—

(a) it is in the best interest of the recipient and the Service; and

(b) the Secretary}, acting through the Service, shall defer the active duty service obligation described in paragraph (1) and who is enrolled part time in an approved course of study; and

(d) BREACH OF CONTRACT.—

(a) SPECIFIED BREACHES.—An individual shall be liable to the United States for the amount which has been paid to the individual under a contract entered into with the Secretary under this section on or after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007 if that individual—

(A) fails to maintain an acceptable level of academic standing in the educational institution in which he or she is enrolled or to complete an approved course of study;

(B) is dismissed from such educational institution for disciplinary reasons; or

(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 to accept payment, in whole or in part, of a scholarship under such contract, in lieu of any service obligation arising under such contract.

(3) 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 subsection (b) of section 110 of this Act provided for in the manner provided for in subsection (1) of section 110 in the manner provided for in this section.

(4) AMERICAN INDIANS INTO PSYCHOLOGY PROGRAM.

(1) GRANTS AUTHORIZED.—The Secretary, acting through the Service, shall make grants of not more than $300,000 to each of 9 colleges and universities for the purpose of developing and maintaining Indian psychology career recruitment programs as a means of encouraging Indians to enter the field of psychology.
“(3) provides summer enrichment programs to expose Indian students to the various fields of psychology through research, clinical, and experimental activities;

(4) seeks to develop undergraduate and graduate students to pursue a career in psychology;

(5) develops affiliation agreements with tribal institutions, 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 in the program such professionals as physical or other health professional shortage area and addresses the health care needs of a substantial number of Indians.

(e) ACTIVE DUTY SERVICE REQUIREMENT.—The active duty service obligation prescribed under section 330c 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; or

(2) in a program assisted under title V of this Act.

(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.

(f) WRITTEN CONTRACT.—There is authorized to be appropriated to carry out this section $2,700,000 for each of fiscal years 2008 through 2017.

SEC. 106. SCHOLARSHIP PROGRAMS FOR INDIAN TRIBES.

(a) IN GENERAL.—

(1) GENERAL AUTHORIZATION.—The Secretary, acting through the Service, shall make grants 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 a grant under subsection (a) 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 a grant 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) the percent of the costs of the scholarship shall be paid by the funds made available pursuant to subsection (a)(1) provided to the Tribal Health Program; and

(B) any costs that 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 1 of the health professions contemplated by this Act.

(d) CONTRACT.—

(1) IN GENERAL.—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.

(2) REQUIREMENTS.—Such contract shall—

(A) provide that the recipient of such scholarship is entitled to receive a scholarship under this section in the manner provided for in subsection (l) of section 110 in the manner provided for in such scholarship program.

(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 services which that individual is required to render to that scholarship shall be canceled.

(4) INFORMATION.—The Secretary may carry out this subsection on the basis of information received from programs involved or on the basis of information collected through such other means as the Secretary deems appropriate.

RELATION TO SOCIAL SECURITY ACT.—

The recipient of a scholarship under this section shall agree, in providing health care pursuant to the requirements herein, 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 XX of such Act; and

(2) to accept assignment under section 1842(b)(3)(B)(i) of the Social Security Act for all services which may be made under part B of title XVIII of such Act, and 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, with respect to any individual entitled to medical assistance or child health assistance, respectively, under the plan.

CONTINUITY 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 EXTERNAL PROGRAMS.

(1) 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 determination 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. An individual so employed 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 posting system which will enable an individual 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 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 scholarship and stipend sections 104, 105, and 115 and health professionals, including community health representatives and emergency medical technicians, to join or continue in an Indian Health Program, the Secretary, acting through the Service, shall—

(1) provide programs or allowances to transition into an Indian Health Program, including licensing, board or certification examination, and technical assistance in fulfilling service obligations under sections 104, 106, and 115; and

(2) provide programs or allowances to health professionals employed in an Indian Health Program 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, management, leadership, 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) and the Act of August 11, 1924 (25 U.S.C. 475), the Secretary, acting through the Service, shall maintain a Community Health Representative Program under which Indian Health Programs may agree to—

(i) provide for the training of Indians as community health representatives; and

(ii) 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—

(i) 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;

(ii) 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 delivery of health care;

(B) provides instruction and practical experience in health promotion and disease prevention activities, with appropriate consideration of lifestyle factors that have an impact on Indian health status, such as alcoholism, family dysfunction, and poverty;

(c) 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;

(d) maintain a system that provides close supervision of Community Health Representatives;

(e) 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 in this section 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—

(i) enter into an agreement—

(A) in a course of study or program in an accredited educational institution (as determined by the Secretary under section 233(b)(4)(D) of the Public Health Service Act (42 U.S.C. 254f(b)(4)(D)(i))) and be scheduled to complete such course of study in the same year such individual applies to participate in such program or training; and

(B) have—

(1) a degree in a health profession; and

(2) a license to practice a health profession;

(ii) in an approved graduate training program in a health profession; or

(iii) be employed by an Indian Health Program or Urban Indian Organization without a service obligation and be a tribal community health representative.

(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 clear statements in a form, calculated to be understood by the average individual applying to participate in the Loan Repayment Program.

(2) Local Languages.—The application forms, contract forms, and 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 sufficient basis to ensure that such individuals have adequate time to carefully review and evaluate such forms and information.

(d) Priorities.—

(1) First.—Consistent with subsection (k), the Secretary shall—

(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 to accept, shall—

(i) give first priority to applications made by individual Indians; and

(ii) after making determinations on all applications submitted by individual Indians and required under subparagraph (A), give priority to—

(A) individuals recruited through the efforts of an Indian Health Program or Urban Indian Organization; and

(B) other individuals based on the priority rankings under paragraph (1).

(e) Loan Repayment Program.—

(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—

(1) to pay loans on behalf of the individual; and

(ii) to accept (subject to the availability of appropriated funds for carrying out this section) the individual into the Service as a commissioned officer in an Indian Health Program or Urban Indian Organization as provided in clause (ii)(III); and

(F) subject to subparagraph (C), the individual agrees—

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

(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 or training program or Urban Indian Organization as provided in clause (ii)(III); 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) at the educational institution offering such course of study or training; and

(iii) to serve for a time period (hereafter 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 the Indian Health Program or Urban Indian Organization to which the individual may be assigned by the Secretary;

(c) in permitting the Secretary to extend for such longer additional periods, as the individual may agree to serve, the period of obligated service agreed to by the individual under subparagraph (A)(i)(III); and

(d) 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; and

(e) a statement of the damages to which the United States is entitled under subsection (l) for the individual’s breach of the contract;

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

**SEC. 111. CONGRESSional RECORD.**

The Secretary shall provide written notice to an individual within 21 days on—

(1) the Secretary’s approving, under subsection (b)(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; and

(2) the Secretary’s disapproving an individual’s participation in such Program.
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 Secretary; and

(2) give priority to assigning individuals to Indian Health Programs and Urban Indian Organizations that have a need for health professionals who provide 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 entitled to the final year of a course of study and—

(i) fails to maintain an acceptable level of academic performance; or

(ii) voluntarily terminates such enrollment; 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), the United States shall be entitled to recover from such individual the sum of the amounts paid under this section in accordance with the following formula: A+SZ(t−s) 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 amount on which such interest 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 Secretary of the Treasury;

(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.

(m) WAIVER OF LIABILITY.

(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 any kind shall be canceled upon the death of the individual.

(3) HARDSHIP WAIVERS.—The Secretary may waive, in whole or in part, the rights of the United States to recovery under this section in any case of extreme hardship or other good cause shown, as determined by the Secretary.

(n) REPORT.—The Secretary shall submit to the President, for inclusion in the 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 retraining is needed;

(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 number 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 any amount of amounts in the LRRF. All amounts collected, appropriated, or earned relative to the LRRF shall remain unappropriated.

(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) To support GRANT PROGRAMS.—A Tribal Health Program receiving payments pursuant to paragraph (1) may expend the payments to provide scholarships or recruit and employ health professionals to provide health care services.

(c) Investment of Funds.—The Secretary of the Treasury shall invest such amounts of the LRRF as the Secretary of the Treasury and Human Services 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 prevailing 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 professionals seeking appointments with Indian Health Programs or Urban Indian Organizations, including individuals considering entering into a contract under section 110, for such travel 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 1 individual to 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, on a competitive basis, 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 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 in such areas of study for which the Secretary determines a need exists.

(1) Service Obligation.—An individual who was appointed to an Urban Indian Organization for a substantial period of time during which the individual participated in such program. In the event that the individual is obligated to serve in an Indian Health Program, 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 enactment of the Indian Health Care Improvement Act Amendments of 2007, the United States shall be entitled to recover from such individual an amount to be determined in accordance with the formula specified in subsection (1) of section 110 in the manner provided for in such subsection.

(2) Equal Rights 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 1 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 pay the tuition charged for such program and other expenses incurred in connection with such program, including books, fees, room and board, and travel expenses.

(3) To provide a program that encourages nurses, nurse midwives, and advanced practice nurses to provide, or continue to provide, health care services.

(4) To provide a program that increases the skills of, and provides continuing education to, nurses, nurse midwives, and advanced practice nurses.

(c) Cultural Education of Employees.—Each grantee shall—

(1) provide a program that enriches the cultural and spiritual education of employees;

(2) provide a program to support the professional development of employees; and

(3) provide a program to support the personal and professional advancement of employees.

SEC. 116. TRIBAL CULTURAL ORIENTATION.

(a) Cultural Education of Employees.—The Secretary, acting through the Service, shall provide a program that explores the culture and historical traditions and values of the Tribe that the individual will be serving. The program shall be conducted at the Tribe’s request and be provided on a reasonable basis. The program shall be conducted in cooperation with the Tribe.

(b) Cultural Orientation.—The Secretary, acting through the Service, shall provide a program to Indian health professionals that have not been trained in the cultural traditions and values of the Tribe that the individual will be serving. The program shall be conducted at the Tribe’s request and be provided on a reasonable basis. The program shall be conducted in cooperation with the Tribe.

SEC. 117. INMED PROGRAM.

(a) Grants Authorized.—The Secretary, acting through the Service, shall provide grants to Indian professionals 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) INMED Program Grant.—The Secretary shall provide 1 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 Program,’’ 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 Quintin N. Burdick American Indians Into Psychology Program established under section 105(b) and the Quintin 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, 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 for students enrolled in a career program of study at the respective college or university; and

(5) to the maximum extent feasible, employs Indian professionals in the program.

"SEC. 118. HEALTH TRAINING PROGRAMS OF COMMUNITY COLLEGES.

(a) GRANTS TO ESTABLISH PROGRAMS.—The Secretary, acting through the Service, shall award grants to accredited and accessible community colleges for the purpose of assisting such community colleges in establishing programs which provide education in a health profession leading to a degree or diploma in a health profession for individuals who desire to practice such profession on or near a reservation or in an Indian Health Program.

(b) REQUIREMENTS.—Grants may only be made under this section to a community college which—

(1) is accredited;
(2) maintains a long-term, ongoing traditional and nontraditional relationship with an Indian tribe;
(3) has entered into an agreement with an accredited or unaccredited health program located on an Indian reservation or for an Indian Health Program.

"(c) TECHNICAL ASSISTANCE.—The Secretary shall encourage community colleges described in subsection (b)(2) to establish and maintain programs described in subsection (b)(1) and—

(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.—A 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—

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

(2) 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) REGULATIONS.—Where the requirements of subsection (b) are met, grant award priority shall be provided to tribal colleges and universities in Service Areas where they exist.

"SEC. 119. REQUIRED DURATIONS.

(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 2 years of employment with an Indian Health Program or Urban Indian Organization; or

(B) completed any service obligations incurred as a result 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) WHERE REQUISITE DURATION IS NOT MET.—In the event that the Secretary, the United States, or an 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 an advanced degree or certification in nursing and public health, the United States shall be entitled to recover from such individual an amount determined in accordance with the formula specified in subsection (a) of section 110 in the manner provided for in such subsection.

"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, and registered nurses who are working in an Indian Health Program or Urban Indian Organization, and have done so for a period of less than 2 years, to pursue an 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 an advanced degree 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 1 year for every year that nonprofessional employee (licensed practical nurses, licensed vocational nurses, nursing assistants, and various health care technicians), or 2 years for every year that professional nurse (associate degree and bachelor-prepared registered nurses), participates in such program. In the event that the individual fails to complete the obligated service, the United States shall be entitled to recover from such individual an amount determined in accordance with the formula specified in subsection (a) of section 110 in the manner provided for in such subsection.

"SEC. 121. COMMUNITY HEALTH AIDE PROGRAM.

(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 aids or community health practitioners;

(2) uses such aids 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 teleconsulting capacity in health clinics located near such aid in 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 clinical pharmacies, supplies, equipment, and facilities; and

(C) promotes the achievement of the health status objectives specified in section 306.

(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;

(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; and

(7) determine that pulpal therapy (not including pulpotomies on deciduous teeth) or extraction of adult teeth can be performed by a dental health aide therapist only after consultation with a licensed dentist who determines that the procedure is a medical emergency that cannot be resolved with palliative treatment, and further that dental health aide therapists are explicitly prohibited from performing all other oral or jaw surgeries, provided that uncomplicated extractions shall not be considered oral surgery under this section.

(c) Program Review.—

(1) Neutral panel.—

(A) Establishment.—The Secretary, acting through the Service, shall establish a neutral panel to carry out the study under paragraph (2).

(B) Membership.—Members of the neutral panel shall be appointed by the Secretary from among clinicians, economists, community practitioners, oral epidemiologists, and Alaska Natives.

(2) Study.—

(A) In general.—The neutral panel established under paragraph (1) shall conduct a study of the dental health aide therapist services provided by the Community Health Aide Program under this section to ensure that the care provided through these services is adequate and appropriate.

(B) Parameters of study.—The Secretary, in consultation with interested parties, including professional dental organizations, shall develop the parameters of the study.

(C) Inclusions.—The study shall include a determination by the neutral panel with respect to—

(i) the ability of the dental health aide therapist services under this section to address the dental care needs of Alaskan Natives;

(ii) the quality of care provided through those services, including any training, improvements, or oversight required to improve the quality of care; and

(iii) whether safer and less costly alternatives to the dental health aide therapist services exist.

(D) Consultation.—In carrying out the study under this paragraph, the neutral panel shall consult with Alaska Tribal Organizations with respect to the adequacy and accuracy of the study.

(3) Report.—The neutral panel shall submit to the Secretary, the Committee on Indian Affairs of the Senate, and the Committee on Natural Resources of the House of Representatives a report describing the results of the study under paragraph (2), including the following:

(A) any determination of the neutral panel under paragraph (2)(C); and

(B) any comments received from an Alaskan Tribal Organization under paragraph (2)(D).

(d) Nationalization of Program.—

(1) In general.—In providing for the Community Health Aide Program in accordance with this section, the Secretary, acting through the Service, may establish a national Community Health Aide Program in accordance with this section, as the Secretary determines to be appropriate.

(2) Exception.—The national Community Health Aide Program under paragraph (1) shall not include dental health aide therapist services.

(e) Requirement.—In establishing a national program under paragraph (1), the Secretary shall determine the amount of funds provided for the Community Health Aide Program described in subsections (a) and (b).

SEC. 122. TRIBAL HEALTH PROGRAM ADMINISTRATION.

The Secretary, acting through the Service, shall—

(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 professionals serving Indians by identifying all academic and scholarly resources of the region.

(f) Advisory Board.—The demonstration programs established pursuant to subsection (a) shall incorporate a program advisor board composed of representatives from the Indian Tribes and Indian communities in the area which the program serves.

(g) Time Period of Assistance; Renewal.—A contract entered into or a grant provided under this section shall be for a period of 3 years. Such contract or grant may be extended for an additional period upon the approval of the Secretary.

(h) Criteria for Review and Approval of Applications.—Not later than 180 days after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, the Secretary, after consultation with the Indian Tribes, Tribal Colleges and Universities, and the Secretary, 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.

(i) Assistance.—The Secretary shall provide such technical assistance as may be necessary to enable grant recipients to comply with the provisions of this section.

(j) Report.—Each fiscal year, the Secretary shall submit to the President, for inclusion in the report which is required to be submitted under section 831 for that fiscal year, a report on the conclusions derived from the demonstration programs conducted under this section during that fiscal year.

(k) Definition.—For the purposes of this section, the term ‘educational curriculum’ means I or more of the following:

(1) Classroom educational services.

(2) Clinical work experience.

(3) Continuing education workshops.

SEC. 126. 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) which are identified for training, including, but not limited to, 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.—In the appropriate Secretary shall provide training criteria appropriate to each type of position identified in subsection (b)(1) and (b)(2) and ensure that the training shall be provided to any individual in any such position. With respect to any such individual in a position identified pursuant to subsection (b)(1) or (b)(2), the Secretary may provide appropriate training, 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 contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), the appropriate Secretary shall ensure that such training costs are included in the contract or compact, as the Secretary determines appropriate.

"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 or mental illness.— Section 207 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 develop and maintain community educational materials on the identification, prevention, referral, and treatment of mental illnesses, and for the dysfunctional and self-destructive behavior.

"e) Plan.—Not later than 90 days after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, 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 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’).

"f) Authorization of Appropriations.—There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 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 appropriate authorized Indian Tribe, Tribes, or Tribally designated entities, shall use funds directly or under the authority of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), 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, effective, and appropriate 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 inpatient care, emergency 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, and residential treatment centers, and training of traditional health care practitioners.

"(e) Emergency medical services.

"(f) Treatment of, and rehabilitative care related to, alcoholism and drug abuse (including fetal alcohol syndrome) among Indians.

"(g) Injury prevention programs, including data collection and evaluation, demonstration projects, training, and capacity building.

"(h) Home health care.

"(i) Community health representatives.

"(j) Maintenance and improvement.

"(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 any 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) shall be made on the basis of the health status and resource deficiencies determined by the Service in consultation with the active participation of the affected Indian Tribes and Tribal Organizations.

"(3) Provisions relating to health status and resource deficiencies.—For purposes of this section, the following definitions apply:

"(A) 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 Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), which are appropriated under the authority of this section, for the purposes of—

"(2) the extent of the health status and resource deficiencies of all Indian Tribes and the extent of the health status and resource deficiencies of such Indian Tribe or Tribal Organization.

"(c) 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.

"(d) Exception.—Notwithstanding the date that is 5 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, 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 Secretary for determining Tribes served and resource deficiencies as well as the most recent application of that methodology;

"(2) the extent of 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, Indian Tribe, or Tribal Organization;

"(C) the number of Indians using the Service resources made available to each Service Unit, Indian Tribe, or Tribal Organization, and the extent to which the actual cost of providing health care services is reimbursable; and

"(D) the extent to which the Service is able to meet the extraordinary medical costs associated with the treatment of victims of disasters or catastrophic illnesses who are within the responsibility of the Service.

"(e) 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.

"(f) Clause.—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.

"(g) 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 established an Indian Catastrophic Health Emergency Fund (hereafter in this section referred to as the ‘CHEF’) consisting of—

"(1) the amounts deposited under section (f); and

"(2) the amounts appropriated to CHEF under this section.

"(b) Administration.—CHEF shall be administered by the Secretary, acting through the headquarters 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 (25 U.S.C. 450 et seq.), nor shall CHEF funds be allocated, apportioned, or delegated on an Area Office, Service Unit, or other similar basis.

"(d) Regulations.—The Secretary shall 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) $10,000; 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 exceed such threshold cost incurred by—

"(A) Service Unit;

"(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 such 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 made under this section from the Service to Indian Tribes. Tribal Health Programs shall deposit into CHEF all reimbursements made to the Service by other Federal, State, local, or private sources.

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, through the Service, and Tribal Health Programs, shall provide health promotion and disease prevention services to Indians to achieve the health status objectives of the Indian Health Service and the Indian Tribes. These services may be provided by—

"(1) the health promotion and disease prevention activities which would best meet such needs;

"(2) the internal capacity of the Service and Tribal Health Programs to meet such needs; and

"(3) 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 Tribal Health Programs with Indian Tribes and Tribal Organizations, shall determine—

"(1) by Indian Tribe 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 undertake and Tribal Health Programs to meet such Service Unit’s proportion of the diabetes and for conditions which indicate a high risk that the individual will become diabetic and establish a cost-effective approach to ongoing monitoring of disease indicators. Such screening and monitoring may be conducted by a Tribal Health Program and may be conducted through appropriate national or similar programs.

"(c) DIABETES PROJECTS.—The Secretary shall—at least annually—

"(1) establish in each Area Office an epidemiology unit for the prevention, treatment, and control of diabetes among Indians; and

"(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

"(d) ELIGIBILITY.—The Secretary shall be responsible for the development of criteria to determine the eligibility of costs incurred by the Service and Tribal Health Programs to be allocated proportionately between the Service and the Indian Tribe or Tribal Organization; and

"(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

(a) IN GENERAL.—The Secretary, acting through the Service, shall make funds available for research to further the performance of the health service responsibilities of Indian Health Programs.

(b) COORDINATION OF RESOURCES AND ACTIVITIES.—The Secretary shall—

"(1) to the maximum extent practicable, coordinate departmental research resources and activities to address relevant Indian Health Program research needs;

"(2) may authorize such Indian Tribe or Tribal Organization to construct, renovate, or expand a similar facility (including the construction of a facility attached to a Service facility).

"(3) 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.

"(4) USE OF FUND.S.—This funding may be used for both clinical and nonclinical research.

(c) EVALUATION AND DISSEMINATION.—The Secretary shall periodically—

"(1) evaluate the impact of research conducted under this section; and

"(2) disseminate to Tribal Health Programs information regarding that research as the Secretary determines to be appropriate.

SEC. 207. MAMMOGRAPHY AND OTHER CANCER SCREENING

(a) IN GENERAL.—The Secretary, acting through the Service or Tribal Health Programs, shall provide for mammography and other cancer screening as follows:

"(1) Screening mammography (as defined in section 1861(j)) of the Social Security Act for Indian women at a frequency appropriate to the age and risk factors of the patient in order to comply with appropriate national standards, 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 that receives an A or B rating as recommended by the United States Preventive Services Task Force established under section 915(a)(1) of the Public Health Service Act (42 U.S.C. 299b–4(a)(1)). The Secretary shall ensure that screening provided for under this paragraph complies with the recommendations of the Task Force with respect to—

(A) frequency;

(B) the population to be served;

(C) the procedure or technology to be used;

(D) evidence of effectiveness; and

(E) other matters that the Secretary determines appropriate.

**SEC. 209. PATIENT TRAVEL COSTS.**

(a) DEFINITION OF QUALIFIED ESCORT.—In this section, the term ‘qualified escort’ means—

(1) an adult escort (including a parent, guardian, or other family member) who is required because of the physical or mental condition, or age, of the applicable patient;

(2) a transportation professional for the purpose of providing necessary medical care during travel by the applicable patient; or

(3) other escorts, as the Secretary or applicable Indian Health Program determines to be appropriate.

(b) PROVISION OF FUNDS.—The Secretary, acting through the Service, and Tribal Health Programs, is authorized to provide funds for the following patient travel costs, including qualified escorts, associated with receiving health care services provided (either through direct or contract care or through a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) authorized under subsection (a) of this section—

(1) emergency air transportation and nonemergency 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) ESTABLISHMENT OF CENTERS.—The Secretary shall establish an epidemiology center in each Service Area to carry out the functions and purposes of a study center established under section 209b–4(a) of the Indian Health Care Improvement Act Amendments of 2007 on the Indian Health and Human Services Centers in each Service Area established under section 401 of the Indian Health Care Improvement Act Amendments of 2007.

(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 section 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 Indian Health System;

(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 surveillance and assist Indian Tribes, Tribal Organizations, and Urban Indian Organizations to promote public health.

**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 section.

(d) GRANTS FOR STUDIES.—

(1) IN GENERAL.—The Secretary may make grants to Indian Tribes, Tribal Organizations, Urban Indian Organizations, and eligible intertribal consortia to conduct epidemiological studies of Indian communities.

(2) ELIGIBLE INTERTRIBAL CONSORTIA.—An intertribal consortium is eligible to receive a grant under this subsection if—

(A) the intertribal consortium is incorporated for the primary purpose of improving Indian health; and

(B) the intertribal consortium is representative of the Indian Tribes or urban Indian Organizations in the area in which the intertribal consortium is located.

(3) APPLICATIONS.—An application for a grant under this subsection shall be submitted in such manner and at such time as the Secretary shall prescribe.

(4) REQUIREMENTS.—An applicant for a grant under this subsection shall—

(A) demonstrate technical, administrative, and financial expertise necessary to carry out the functions described in paragraph (3);

(B) consult and cooperate with providers of related health and social services in order to avoid duplication of existing services; and

(C) demonstrate cooperation from Indian Tribes and Urban Indian Organizations in the area to be served.

(5) USE OF FUNDS.—A grant awarded under paragraph (1) may be used—

(A) to carry out the functions described in subsection (b);

(B) to provide information to and consult with tribal leaders, urban Indian community members, and Federal, State, local, and Tribal health care and health service management issues; and

(C) in collaboration with Indian Tribes, Tribal Organizations, and urban Indian communities, to provide the Service with information regarding ways to improve the health status of Indians.

(6) ACCESS TO INFORMATION.—An epidemiology center operated by a grantee pursuant to a grant awarded under subsection (d) shall be treated as an authorized recipient of health care information and accountability Act of 1996 (Public Law 104–191; 110 Stat. 2033), as such entities are defined in part C, Code of Federal Regulations (or a successor regulation). The Secretary shall grant such grantees access to and use of data, data sets, monitoring systems, delivery systems, and other protected health information in the possession of the Secretary.

**SEC. 210. COMPREHENSIVE SCHOOL HEALTH EDUCATION PROGRAMS.**

(a) FUNDING FOR DEVELOPMENT OF PROGRAMS.—In addition to carrying out any other programs to promote health or disease prevention, the Secretary, acting through the Service, is authorized to award grants 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 GRANT FUNDS.—A grant awarded under this section may be used for purposes which may include, but are not limited to, the following:

(1) Developing health education materials both for regular school programs and after-school programs;

(2) Training teachers in comprehensive school health education materials;

(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 programs.

(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 comprehensive 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 grants awarded under 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) allocate funds to teachers in comprehensive school health education materials;
(B) ensure the integration and coordination of school-based programs with existing services and health programs available in the community; and 
(C) in those 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 grants 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, 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) GRANTS AUTHORIZED.—The Secretary, acting through the Service, and after 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.

(b) APPLICATIONS REQUIRED.—The Secretary, acting through the Service, and after consultation with 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.

(c) 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 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 and elimination of communicable and infectious diseases among Indians and Urban Indians.

**SEC. 213. OTHER AUTHORITY FOR PROVISION OF SERVICES.**

(a) FUNDING AUTHORIZED.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, may provide funding under this section for the prevention, control, and elimination of communicable and infectious diseases among Indians and Urban Indians.

(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 and Urban Indians for communicable and infectious diseases, including the prevention of tuberculosis, including tuberculosis of the central nervous system, and the control of morbidity and mortality from acute respiratory infections; 
(B) conduct or support research identifying the causes of, and strategies for the control and prevention of, communicable and infectious diseases; 
(C) coordinate services and programs with State and local health agencies; 
(D) provide technical assistance for the development of systems for reporting communicable and infectious diseases; and 
(E) develop guidelines for the control and prevention of communicable and infectious diseases.

(2) PROHIBITED USE.—Funds made available under this section may not be used to—

(A) establish, by regulation, the standards for a service provided under this section, provided that such standards shall not be more stringent than the requirements established by the Secretary.

(b) TERMS AND CONDITIONS.—(1) IN GENERAL.—Any service provided under this section shall be in accordance with such standards as are consistent with accepted and appropriate standards relating to the service, including any licensing term or condition under this Act.

(2) STANDARDS.—(A) IN GENERAL.—The Secretary may establish, by regulation, the standards for a service provided under this section, provided that such standards shall not be more stringent than the standards required by the Secretary.

(B) USE OF STATE STANDARDS.—If the Secretary does not establish standards for a service provided under this section, the standards for such service established by the State in which the service is provided shall be used.

(c) ELIGIBILITY.—The following individuals shall be eligible to receive long-term care under this section:

(1) Individuals who are unable to perform a certain number of activities of daily living without assistance.

(2) Individuals with a mental impairment, such as dementia, Alzheimer’s disease, or another disabling mental illness, who may be able to perform activities of daily living under supervision.

(3) Other individuals as an applicable Indian Health Program determines to be appropriate.

(d) DEFINITIONS.—For the purposes of this section, the term—

(A) ‘‘long-term care’’ means the services provided under such section that are intended to meet the needs of individuals who are unable to perform activities of daily living without assistance;

(B) ‘‘long-term care’’ means the services provided under such section that are intended to meet the needs of individuals who are unable to perform activities of daily living under supervision;

(C) ‘‘Indian Health Program’’ means the Indian Health Service, an Indian Tribe or Tribal Organization, or an Urban Indian Organization.

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

(a) STUDIES AND MONITORING.—The Secretary, acting through the Service, Tribal Organizations, and Urban Indian Organizations, shall study and monitor the health care needs of Indian women.

(1) A study under this subsection shall—

(A) include 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 as a result of activity, policy, or decision making by the Federal Government or by other Federal, State, or local authorities; and

(B) consider the impact of such studies on existing systems of health care delivery.

(2) The Secretary shall work with Federal, State, and local authorities, including Indian Tribes and urban Indian organizations, to identify and establish the priority of health care needs of Indian women.

(b) HEALTH CARE PLANS.—Upon completion of the study under this subsection, the Secretary may develop and implement a plan to meet the health care needs of Indian women.

(c) AUTHORIZATION OF APPROPRIATIONS.—The Secretary, acting through the Service, Tribal Organizations, and Urban Indian Organizations, shall provide funding under this subsection for the planning and implementation of the plan.
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 nuclear or other development activities, may experience health problems.

(4) DISPOSITION OF MATERIALS.—The Secretary shall construe the term ‘‘nuclear materials’’ to include nuclear material, as defined in section 2(1) of the Atoms for Peace Act (22 U.S.C. 5471(1)), and any other materials that are involved in a program of mining, milling, or processing.

SEC. 219. CONTRACT HEALTH SERVICES FOR THE TENNESSEE 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 Tennessee Service Area of Dunn, and formerly Wil- liams 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 authorized by the Service beyond the scope of eligibility for such health services that applied on May 1, 1986.

SEC. 221. LICENSING.

Health care professionals employed by a Tribal Health Program shall, if licensed in any State, be exempt from the licensing requirements of the State in which the Tribal Health Program performs. Certain health services that result in public programs and facilities operated by the Service.

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-Servicer or in a non-Servicer facility under the authority of the Service, the time limit (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 PAYMENT OF VALID CLAIM.—The Service shall pay a valid contract care claim within 1 year after the study prepared under subsection (a) no later than 18 months after the date of the Implementation of the Indian Health Care Improvement Act Amendments of 2005.

(b) Limitation.—The Service shall not curtail any health care services provided to Indians residing on any reservation, or any county boundary, with any reservation, in the State of North Dakota or South Dakota if such curtailment is due to the provision of contract services in such States pursuant to the designation of such States as a contract health service delivery area pursuant to subsection (a).

(c) LIMITATION.—The Service shall not curtail any health care services provided to Indians residing on any reservation, or in any county boundary, with any reservation, in the State of North Dakota or South Dakota if such curtailment is due to the provision of contract services in such States pursuant to the designation of such States as a contract health service delivery area pursuant to subsection (a).

(d) LIMITATION.—The Service shall not curtail any health care services provided to Indians residing on any reservation, or any county boundary, with any reservation, in the State of North Dakota or South Dakota if such curtailment is due to the provision of contract services in such States pursuant to the designation of such States as a contract health service delivery area pursuant to subsection (a).

(e) LIMITATION.—The Service shall not curtail any health care services provided to Indians residing on any reservation, or in any county boundary, with any reservation, in the State of North Dakota or South Dakota if such curtailment is due to the provision of contract services in such States pursuant to the designation of such States as a contract health service delivery area pursuant to subsection (a).

SEC. 224. LIABILITY FOR PAYMENT.

Any Indian who receives contract health 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.

SEC. 225. CONTRACT HEALTH SERVICES FOR THE TENNESSEE SERVICE AREA.

(a) AUTHORIZATION FOR SERVICES.—The Service, 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 Tennessee Service Area of Dunn, and formerly 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. 226. CONTRACT HEALTH SERVICES FOR THE TENNESSEE SERVICE AREA.

(a) AUTHORIZATION FOR SERVICES.—The Service, 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 Tennessee Service Area of Dunn, and formerly 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. 227. CONTRACT HEALTH SERVICES FOR THE TENNESSEE SERVICE AREA.

(a) AUTHORIZATION FOR SERVICES.—The Service, 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 Tennessee Service Area of Dunn, and formerly 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.
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) 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 right to arbitration against the patient who received the services.

§ 225. OFFICE OF INDIAN MEN'S HEALTH

(a) Establishment.—The Secretary may establish within the Service an office to be known as the ‘Office of Indian Men’s Health’ (referred to in this section as the ‘Office’).

(b) Director.—

(1) General.—The Office shall be headed by a director, to be appointed by the Secretary.

(2) Duties.—The director shall coordinate and promote the status of the health of Indian men in the United States.

(c) Report.—Not later than 2 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, the Secretary, acting through the director of the Office, shall submit to Congress a report describing—

(1) any activity carried out by the director as of the date on which the report is prepared; and

(2) any finding of the director with respect to the health of Indian men.

§ 226. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out this title.

TITLE III—FACILITIES

§ 301. CONSULTATION; CONSTRUCTION AND RENOVATION OF FACILITIES; REGIONAL TREATMENT CENTERS

(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 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 and design needs of any facility by which such facility is to be constructed.

(b) Closures.—

(1) Evaluation required.—Notwithstanding any other provision of law, no facility operated by the Service, or any portion of such facility, may be closed if the Secretary has not submitted to Congress not less than 1 year, and not more than 2 years, before the date of the proposed closure an evaluation, completed not more than 2 years before the submission, of the impact of the proposed closure that specifies, in addition to other considerations:

(A) a comparison 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 to such closure;

(F) the level of use of such facility by all eligible Indians; and

(G) the distance between such facility and the nearest other facility operated by the Secretary.

(2) Exception for certain temporary closures.—Paragraph (1) shall not apply to any temporary closure of a facility or any portion of such facility necessary for medical, environmental, or construction safety reasons.

(c) Health care facility priority system.—

(1) In general.—

(A) Priority system.—The Secretary, acting through the Service, shall maintain a health care facility priority system, which—

(i) shall be developed in consultation with Indian Tribes and Tribal Organizations;

(ii) shall give Indian Tribes’ needs the highest priority;

(iii) may include the lists required in paragraph (2)(B)(i) and (ii) and the methodology required in paragraph (2)(B)(v);

(iv) may include such other facilities, and succession and expansion needs of any health care facility, as the Service, Indian Tribes, and Tribal Organizations may identify; and

(B) Service shall provide an opportunity for the nomination of planning, design, and construction projects by the Service, Indian Tribes, and Tribal Organizations for consideration under the priority system at least once every 3 years, or more frequently as the Secretary determines to be appropriate.

(2) Needs of facilities under ISDRA agreements.—For purposes of this section, the Secretary, in evaluating the needs of facilities operated under contract or compact with the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) shall fully and appropriately integrated into the health care facility priority system.

(c) Criteria for evaluating needs.—For purposes of this subsection, the Secretary, in evaluating the needs of facilities operated under contracts or compacts in accordance with the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), shall use the criteria used by the Secretary in evaluating the needs of facilities operated directly by the Service.

(d) Priority of certain projects—Regional Treatment Centers.—The priority of any project established under the construction priority system in effect on the date of enactment of the Indian Health Care Improvement Act Amendments of 2007 is to be determined by any change in the construction priority system taking place after that date if the project—

(i) was identified in the fiscal year 2008 Service budget justification as—

(D) 1 of the 10 top-priority inpatient projects;

(E) 1 of the 10 top-priority outpatient projects;

(F) 1 of the 10 top-priority staff quarters developments;

(G) 1 of the 10 top-priority Youth Regional Treatment Centers;

(ii) had completed both Phase I and Phase II of the construction priority system in effect on the date of enactment of such Act; and

(iii) is not included in clause (i) or (ii) and is selected, as determined by the Secretary—

(A) on the initiative of the Secretary; or

(B) pursuant to a request of an Indian Tribe or Tribal Organization.

(2) Report; contents.—

(a) Initial comprehensive report.—

(1) General.—In this subparagraph:

(A) Facilities Appropriation Advisory Board.—The term ‘Facilities Appropriation Advisory Board’ means the board comprised of 12 members representing Indian tribes and 2 members representing the Service, established at the discretion of the Assistant Secretary.

(B) Facilities Needs Assessment Workgroup.—The term ‘Facilities Needs Assessment Workgroup’ means the workgroup established at the discretion of the Assistant Secretary.

(ii) Definition.—In this subparagraph:

(i) Facilities Appropriation Advisory Board.—The term ‘Facilities Appropriation Advisory Board’ means the board comprised of 12 members representing Indian tribes and 2 members representing the Service, established at the discretion of the Assistant Secretary.

(ii) To make recommendations to the Assistant Secretary and the Facilities Appropriation Advisory Board for revising the priority system at least once every 3 years, or more frequently as the Secretary determines to be appropriate.

(III) The initial report shall include—

(aa) the methodology and criteria used by the Service in determining the needs and establishing the ranking of the facilities needs; and

(bb) such other information as the Secretary determines to be appropriate.

(iii) Updates of report.—Beginning in calendar year 2011, the Secretary shall—

(A) include a copy of the report in the Facilities Needs Assessment Workgroup and the Facilities Appropriation Advisory Board.

(B) Inclusions.—The initial report shall include—

(aa) the methodology and criteria used by the Service in determining the needs and establishing the ranking of the facilities needs; and

(bb) such other information as the Secretary determines to be appropriate.

(iv) Annual reports.—The Secretary shall submit to the President, for inclusion in the report required to be transmitted to Congress under section 801—

(A) A description of the health care facilities construction priority system.

(B) Health care facilities lists, which may include—

(1) the 10 top-priority inpatient health care facilities;

(2) the 10 top-priority outpatient health care facilities;

(3) the 10 top-priority specialized health care facilities (such as for long-term care and alcohol and drug abuse treatment), wellness centers, staff quarters and hostels associated with health care facilities, and the renovation and expansion needs of any of such facilities identified by the Service, Indian Tribes, and Tribal Organizations for the Facilities Needs Assessment Workgroup and the Facilities Appropriation Advisory Board.

(iv) The project cost of such projects.
The methodology adopted by the Service in establishing priorities under its health care facility priority system.

(2) Requirements for preparation of reports.—In preparing reports under paragraph (1), the Secretary shall—

(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.

(3) Methodology used for health facilities construction priority system.

(1) In general.—Not later than 1 year after the establishment of the priority system under subsection (c)(1)(A), the Comptroller General of the United States shall prepare and finalize a report reviewing the methodologies applied, and the processes followed, by the Service in making each assessment of need for the list under subsection (c)(2)(B) for preparing the priority system under subsection (c)(1), including a review of—

(A) the recommendations of the Facilities Appraisal Board; and

(B) any other relevant criteria used in ranking or prioritizing facilities other than hospitals or clinics.

(2) Submission to Congress.—The Comptroller General of the United States shall submit the report under paragraph (1) to—

(A) the committees on Indian Affairs and Appropriations of the Senate; and

(B) the committees on natural resources and Appropriations of the House of Representatives; and

(C) the Secretary.

(4) 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 directly attributable to the absence of sanitation facilities 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 Government to provide 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.

(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 operations, for Indian organizations operated by an Indian Tribe, Tribal Organization or Indian community when necessary to avoid an imminent health threat to 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 (25 U.S.C. 4101 et seq.) 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); and

(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 financial and technical assistance to new homes constructed using funds by the Department of Housing and Urban Development;

(4) the provisions of this Act; and

(5) the Secretary of Health and Human Services is authorized to accept any source, including Federal and State agencies, funds for the purpose of providing sanitation facilities, to provide those funds to eligible Indian Tribes in direct contract or in contracts or compacts under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

(d) Expenditure of funds.—Notwithstanding any other provision of law, the Secretary may use funds appropriated under the Act of August 5, 1954 (42 U.S.C. 2004a), to provide financial and technical assistance to new homes constructed using funds by the Department of Housing and Urban Development;

(e) Financial assistance.—The Secretary is authorized to provide financial assistance to Indian Tribes, Tribal Organizations, and Indian communities in the establishment, training, and equipping of utility organizations to operate and maintain sanitation facilities.

(f) Delegation of authority.—The Secretary shall, by regulation, establish the following:

(1) the level of initial and final sanitation facilities and services that shall be required for each type of sanitation facility and service funded under this Act;

(2) the criteria on which the deficiencies and needs will be evaluated;

(3) the criteria on which the deficiencies and needs will be evaluated;

(4) the priority in which the deficiencies and needs will be evaluated;

(g) Priority of services.—The Secretary shall—

(1) enter into interagency agreements with Federal and State agencies for the purpose of providing financial assistance for the provision of sanitation facilities and services under this Act;

(2) submit the report under paragraph (1) to the Secretary of Health and Human Services; and

(3) provide financial and technical assistance to Indian Tribes, Tribal Organizations, and Urban Indian Organizations in the establishment, training, and equipping of utility organizations to operate and maintain sanitation facilities funded under this Act; and

(4) develop a program to make grants to Indian Tribes, Tribal Organizations, and Urban Indian Organizations for health care facilities and services.
“(E) the amount and most effective use of funds, derived from whatever source, nec-
essary to accommodate the sanitation facili-
ties needs of new homes assisted with funds under this title, the Indian Self-Determination and Assist-
cance and Self-Determination Act (25 U.S.C. 4101 et seq.), and to reduce the identified sanitation deficiency levels of all Indian Tribes and Indian communities in need to meet the criteria to qualify for assistance under this subsection; and

“(F) a 10-year plan to provide sanitation facilities to serve existing Indian homes and Indian communities and new and renovated Indian homes.

“(2) SANITATION METHODOLOGY.—The method-
ology used by the Secretary in determining, preparing cost estimates for, and reporting sanitation deficiencies for purposes of para-
graphs (1) and (3) shall be uniform across all In-
dian Tribes and Indian communities.

“(3) SANITATION DEFICIENCY LEVELS.—For pur-
poses 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 sanita-
tion facility serving an individual, Indian Tribe, or Indian community

(i) complies with all applicable water sup-
ply, pollution control, and solid waste dis-
posal laws; and

(ii) deficiencies relate to routine replace-
ment, repair, or maintenance needs.

“(B) a Level II deficiency exists if a sanita-
tion 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

(ii) capital improvements that are nec-

(iii) the lack of equipment or training by

(iv) the lack of equipment or training by

(C) a Level III deficiency exists if a sani-
tation 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

(ii) capital improvements that are nec-

(iii) the lack of equipment or training by

(iv) the lack of equipment or training by

(D) a Level IV deficiency exists—

(i) sanitation facility for an indi-

(ii) sanitation facility for an indi-

(iii) sanitation facility for an indi-

(iv) sanitation facility for an indi-

(v) sanitation facility for an indi-

(E) a sanitation facility for an indi-

(F) a sanitation facility for an indi-

(G) a sanitation facility for an indi-

(H) a sanitation facility for an indi-

(i) complies with all applicable water sup-

(ii) deficiencies relate to routine replace-

(iii) the lack of equipment or training by

(iv) the lack of equipment or training by

(a) water or sewer service in the home is provided by a haul system with holding tanks and treatment equipment; or

(b) major significant interruptions to water supply or sewage disposal occur fre-
cquent, requiring major capital improve-
ments to correct the deficiencies; or

there is no access to or no approved or permitted solid waste disposal facility available.

(E) a Level V deficiency exists—

(i) sanitation facility for an indi-

(ii) sanitation facility for an indi-

(iii) sanitation facility for an indi-

(F) a sanitation deficiency exists in the ab-

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(I) a sanitation deficiency exists in the ab-

(1) DEFINITIONS.—For purposes of this sec-

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modernization. For the purposes of this section, the term ‘construction’ includes the replacement of an existing facility.

(2) GRANT AGREEMENT REQUIRED.—A grant 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 any facility owned or constructed by the Service and transferred to an Indian Tribe or Tribal Organization).

(a) USE OF GRANT FUNDS.—

(1) ALLOWABLE USES.—A grant awarded under this section may be used for the construction, expansion, or modernization (including design of such construction, expansion, or modernization) of an ambulatory care facility—

(A) located apart from a hospital; or

(B) provided under section 301 or section 306; and

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

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

(ii) provide annually no fewer than 150 patient visits by 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 contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) 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 balance on an Indian Tribe 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.—A grant under this section may be used only for the cost of that portion of the construction, expansion, or modernization project that benefits the Service population identified above in subsection (b)(1)(C) and (iii). The requirements of clauses (i) and (ii) of paragraph (1)(C) shall not apply to an Indian Tribe or Tribal Organization applying for a grant 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) GRANTS.—

(1) APPLICATION.—No grant may be made under this section unless an application or proposal, as appropriate, has been approved by the Secretary in accordance with applicable regulations and has set forth reasonable assurance by the applicant that, at all times after the construction, expansion, or modernization of a facility carried out using a grant 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 funds;

(C) such facility will, as feasible without diminishing the quality or quantity of services provided to eligible Indians, serve non-eligible persons on a cost basis.

(2) PRIORITY.—In awarding grants under this section, the Secretary shall give priority to Indian Tribes and Tribal Organizations that demonstrate that—

(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 to review and evaluate applications and proposals and to advise the Secretary regarding such applications using the criteria developed pursuant to subparagraph (B).

(4) REVERSION OF FACILITIES.—If any facility (or portion thereof) with respect to which the Secretary is authorized to approve not more than 10 applications for health care demonstration projects under this section, ceases, at any time after completion of the construction, expansion, or modernization carried out with such funds, to be used for the purpose 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 Secretary and the Indian Tribe or Tribal Organization.

(5) ADDITIONAL ALLOWABLE USE.—The Secretary shall provide such technical and other assistance as necessary to ensure that the Secretary is authorized to approve not more than 10 applications for health care demonstration projects under this section.

(e) PENDING NONRECURRING.—Funding provided under this section shall be non- recurring 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 (25 U.S.C. 450 et seq.) or for reallocation redesign thereunder.

SEC. 306. INDIAN HEALTH CARE DELIVERY DEMONSTRATION PROJECTS.

(a) IN GENERAL.—The Secretary, acting through the Service, is authorized to carry out, or to enter into contracts under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) to provide under this section demonstration projects that—

(i) expand the availability of services; or

(ii) reduce—

(aa) the burden on Contract Health Services; or

(bb) the need for emergency room visits.

(b) PEER REVIEW PANELS.—The Secretary may provide for the establishment of peer review panels, as necessary, to review and evaluate applications using the criteria described in paragraphs (1)(A) and (2)(C) of subsection (c).

(c) TECHNICAL ASSISTANCE.—The Secretary shall provide technical and other assistance to ensure that the applications comply with this section.

(3) SERVICE TO INELIGIBLE PERSONS.—Subject to section 807, 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 transferred to the Secretary under this section, in any demonstration project approved pursuant to this section.

(4) EQUITABLE TREATMENT.—For purposes of subsection (c), the Secretary, in evaluating facilities operated under any contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), shall use the same criteria that the Secretary uses in evaluating facilities operated directly by the Service.

(5) EQUITABLE INTRODUCTION OF FACILITIES.—The Secretary shall ensure that the planning, design, construction, renovation, and expansion needs of Service and non-Serv ice facilities that are subject to a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) 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, agreements to the Secretary for the provision of health care services. The Secretary is authorized to accept such land and improvements for such purposes.

SEC. 308. LAND ACQUISITIONS, AND OTHER AGREEMENTS.

(a) General. —The Secretary, acting through the Service, may enter into leases, contracts, and other agreements with Indian Tribes and Tribal Organizations which hold a title to, (a) a leasehold interest in, or (b) 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 payment to the Indian Tribe or Tribal Organization of rental and other costs consisting of the portion (105)(i) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450(i)) and regulations thereunder.

SEC. 309. STUDY ON LOANS, LOAN GUARANTEES, AND LOAN REPAYMENT.

(a) 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 10 percent of such costs, that may be converted 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 is 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 public accommodations, and

(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, monitoring (including with the health care priority system of the Service under section 301) and

(10) any legislative or regulatory changes required as a result of the study, the Secretary based on results of the study.

(c) Report. —Not later than September 30, 2009, the Secretary shall submit to the Committee on Indian Affairs and the Committee on Natural 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) General. —A Tribal Health Program may lease permanent structures for the purpose of providing health care services without obtaining advance approval in appropriation Acts.

(b) Tenant Reimbursement.

(1) In General. —The Secretary, acting through the Service, shall make arrangements with an Indian Tribe or Tribal Organization to establish joint venture demonstration projects with Indian Tribe or Tribal Organization shall enter into an agreement (as defined under section 301) 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 other resources, including maintenance of such a health facility. An Indian Tribe or Tribal Organization may use tribal funds, private sector, or other available resources to fulfill its commitment under a joint venture entered into under this subsection. An Indian Tribe or Tribal Organization shall be eligible to establish a joint venture project if, when it submits a letter of intent, 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;

(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 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 determined using the criteria developed under the health care facility priority system under section 301, unless the Secretary determines, pursuant to regulations, that other criteria will result in a more cost-effective and efficient method of facilitating and completing construction of health care facilities.

(c) Continued Operation. —The Secretary shall establish the agreement with an 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) Payment. —An Indian Tribe or Tribal Organization that has entered into a written agreement with the Secretary under this section, and that breaches any commitment under 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, in the same manner as provided for in any other Federal enforcement or contract resolution, any amount that has been paid to the Indian Tribe or Tribal Organization, or paid to a third party under this section.

SEC. 311. INDIAN HEALTH SERVICE/TRIBAL FACILITIES JOINT VENTURE PROGRAM.

(a) General. —The Secretary, acting through the Service, shall make arrangements with one or more Indian Tribes to establish joint venture demonstration projects under this section.

(b) Tenant Reimbursement.

(1) In General. —The Secretary, acting through the Service, shall make arrangements with one or more Indian Tribes to establish joint venture demonstration projects under this section. The Secretary shall enter into an agreement (as defined under section 301) 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 other resources, including maintenance of the health facility.

(2) Tenant Reimbursement. —The Secretary shall make such an arrangement with an Indian Tribe or Tribal Organization only if—

(1) the Secretary 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 determined using the criteria developed under the health care facility priority system under section 301, unless the Secretary determines, pursuant to regulations, that other criteria will result in a more cost-effective and efficient method of facilitating and completing construction of health care facilities.

(c) Continued Operation. —The Secretary shall establish the agreement with an 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) Payment. —An Indian Tribe or Tribal Organization that has entered into a written agreement with the Secretary under this section, and that breaches any commitment under 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, in the same manner as provided for in any other Federal enforcement or contract resolution, any amount that has been paid to the Indian Tribe or Tribal Organization, or paid to a third party under this section.

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 unemployment conditions in existing areas, the Bureau of Indian Affairs and the Service shall give priority to locating such facilities and projects on Indian lands, or lands held by Alaska Native villages, village corporations, or regional corporations under the Alaska Native Claims Settlement Act (48 U.S.C. 1601 et seq.), or any land allotted to any Alaska Native, if requested by the Alaska Native 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 lands 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; and

(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.

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 transmitted 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 near future. 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 health care facility priority system under section 301.

(c) Improvements at Other 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 rulesmaking process under section 319.

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 contract under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) shall have the authority granted in subsection (a), establishes rental rates for federally-owned quarters provided to a Federal employee in Alaska, such other Indian with comparable private rental housing in the nearest established community with a year-round population of 1,500 or more individuals.

(b) USE OF FUNDS.—

(1) SPECIAL FUND.—

(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 support 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.

(C) EQUITABLE FUNDING.—Any quarters whose rental rates are established by a Tribal Health Program 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.

(2) NOTICE OF RATE CHANGE.—A Tribal Health Program which exercises the authority provided under this subsection shall provide notice 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 be notified of the 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) PROCESSION OF AUTHORITY.—If a Tribal Health Program which has made an election under paragraph (1) requests reversion of its authority to directly collect rents from Federal employees occupying such federal-owned quarters, such reversion shall become effective on the earlier of—

(A) the first day of the month that begins no less than 60 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 other Indian with 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 (41 U.S.C. 2301 et seq.) and amendments 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 an individual intentionally affixed a label bearing ‘‘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 and 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 Department, Postal Service, and buildings and facilities 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 place such funds into a contract or compact 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) INTRAGENCY AGREEMENTS.—The Secretary is authorized to enter into inter-agency agreements with other Federal agencies or other entities or 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) ESTABLISHMENT OF STANDARDS.—The Secretary, through the Service, shall establish standards by regulation 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 2017 to carry out this title.

TITLE IV—ACCESS TO HEALTH SERVICES

SEC. 401. TREATMENT OF PAYMENTS UNDER SOCIETY FOR MEDICAL INDEMNITY AND SETTLEMENT HEALTH BENEFITS PROGRAMS.

(a) DISREGARD OF MEDICARE, MEDICAID, AND SCHIP PAYMENTS IN DETERMINING APPLICABILITY.—Payments provided by an Indian Health Program or by an Urban Indian Organization 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 Administrator of health care 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.—

(2) USE OF FUNDS.—

(3) USE OF FUNDS.—
program under a title of the Social Security Act shall be subject to all auditing requirements applicable to the program under such title, as well as all auditing requirements applicable to programs administered by an Indian Tribe or Tribal Organization. Nothing in the preceding sentence shall be construed as limiting the application of auditing requirements applicable to amounts paid under title XVII, XIX, or XXI of the Social Security Act.

"(C) IDENTIFICATION OF SOURCE OF PAYMENTS.—Any Tribal Health Program that receives reimbursements or payments under title XVII, XIX, or XXI of the Social Security Act, shall provide to the Service a list of each provider enrollment number (or other identifier) under which such Program receives such reimbursements or payments.

"(3) EXAMINATION AND IMPLEMENTATION OF CHANGES.—

"(A) IN GENERAL.—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 a program established under this subsection, including any agreements with States that may be necessary to provide for direct billing under a program under a title of the Social Security Act.

"(B) REQUEST FOR INFORMATION.—The Service shall provide the Administrator of the Centers for Medicare & Medicaid Services with copies of the lists submitted to the Service under paragraph (2)(C), enrollment data regarding patients served by the Service (and by Tribal Health Programs, to the extent such data is available to the Service), and such other information as the Administrator may require for purposes of administering title XVIII, XIX, or XXI of the Social Security Act.

"(4) WITHDRAWAL FROM PROGRAM.—A Tribal Health Program that bills directly under the program established under this section may withdraw from participation in the same manner and under the same conditions that an Indian Tribe or Tribal Organization may terminate a contract under paragraph (2)(C), enrollment data concerning such individuals, or any nongovernmental provider; and

"(5) TERMINATION FOR FAILURE TO COMPLY WITH REQUIREMENTS.—The Secretary may terminate the participation of a Tribal Health Program or in the direct billing program established under this subsection if the Secretary determines that the Program has failed to comply with the requirements of paragraph (2). The Secretary shall provide a Tribal Health Program with notice of a determination that the Program has failed to comply with any such requirement and a reasonable opportunity to correct such noncompliance prior to terminating the Program’s participation in the direct billing program established under this subsection.

"SEC. 402. GRANTS TO AND CONTRACTS WITH THE SERVICE, INDIAN TRIBES, TRIBAL ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS TO FACILITATE OUTREACH, ENROLLMENT, AND CONVERSION TO MEDICAID AND STATE CHILDREN’S HEALTH INSURANCE PROGRAMS UNDER THE SOCIAL SECURITY ACT HEALTH BENEFIT PROGRAMS AND OTHER HEALTH BENEFITS PROGRAMS.

"(a) INDIAN TRIBAL ORGANIZATIONS.—From funds appropriated to carry out this title in accordance with section 416, the Secretary, acting through the Service, shall make grants to Indian Tribes and Tribal Organizations to facilitate, enrollment in Medicaid and State children’s health insurance programs on or near reservations and trust lands to assist individual Indians—

"(1) to enroll for benefits under a program established under title XVII, XIX, or XXI of the Social Security Act and other health benefits programs; and

"(2) with respect to such programs for which the charging of premiums and cost sharing is not prohibited under such programs, to pay premiums or cost sharing for coverage for such benefits, which may be based on income levels determined by the Indian Tribe or Tribes or Tribal Organizations being served based on a schedule of income levels developed or implemented by such Tribe, Tribes, or Tribal Organizations.

"(b) CONDITIONS.—The Secretary, acting through the Service, shall place conditions as deemed necessary to effect the purpose of 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); and

"(2) to provide transportation for such individual Indians to the appropriate offices for enrollment or applications for such benefits.

"(c) FACILITATING COOPERATION.—The Secretary, acting through the Service, shall place conditions as deemed necessary to facilitate cooperation with, and agreements between, States and the Service, Indian Tribes, Tribal Organizations, or Urban Indian Organizations with respect to the provision of care items and services to Indians under the programs established under title XVII, XIX, or XXI of the Social Security Act.

"(d) AGREEMENTS TO IMPROVE ENROLLMENT OF INDUANS UNDER SOCIAL SECURITY ACT HEALTH BENEFITS PROGRAMS.—For provisions relating to agreements between the Secretary, acting through the Service, and Indian Tribes, Tribal Organizations, and Urban Indian Organizations for the collection, preparation, and submission of claims by Indian Tribes for Indian health care and other services provided under Subpart II of title XVII, XIX, and XXI of the Social Security Act, and benefits under the Medicare program established under title XVIII of such Act, see subsections (a) and (b) of section 1139 of the Social Security Act.

"(f) DEFINITION OF PREMIUMS AND COST SHARING.—(A) IN GENERAL.—The term ‘premium’ includes any enrollment fee or similar charge.

"(B) COST SHARING.—The term ‘cost sharing’ includes any deduction, deductible, coinsurance, or similar charge.

"SEC. 403. REIMBURSEMENT FROM CERTAIN THIRD PARTIES OF COSTS OF HEALTH SERVICES.

"(a) RIGHT OF RECOVERY.—Except as provided in subsection (b), the United States, an Indian Tribe, or Tribal Organization shall have a right of recovery from any third party (including a political subdivision or local governmental entity of a State) the reasonable charges billed 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 a 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 or any nongovernmental provider of such services were 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) APPLICATION 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, employment self-insurance plan, health maintenance organization, or any 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 be deemed to deny to the injured party the recovery for that portion of the personal injury for which the person’s damages are 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; 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
(2) NOTICE.—All reasonable efforts shall be made to provide notice of actions authorized or required under paragraph (1)(B) to the individual to whom health services were provided, either before or during the pendence of such action.

(3) RECOVERY FROM TORTFEASORS.—

(A) IN GENERAL.—In any case in which an Indian Tribe or Tribal Organization that is authorized or required under a compact or contract issued pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) to furnish or pay for health services to an Indian Tribe or Tribal Organization suffers a disease on or after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007 under circumstances that establish grounds for a claim of liability against the tortfeasor with respect to the injury or disease, the Indian Tribe or Tribal Organization shall have a right to recover from the tortfeasor (or an insurer of the tortfeasor) the reasonable value of the health services so furnished, paid for, or to be paid for, in accordance with the Indian Health Act Amendments of 2007 under circumstances that establish grounds for a claim of liability against the tortfeasor with respect to the injury or disease, the Indian Tribe, Tribal Organization, or Tribal health law, including medical lien laws.

SEC. 404. CREDITING OF REIMBURSEMENTS.

(a) USE OF AMOUNTS.—

(1) RETENTION PROGRAM.—Except as provided in subsection (b), to the extent to which funds are available under a compact or contract issued pursuant to the Catastrophic Health Emergency Fund and section 807 (relating to health services for eligible persons), all reimbursements received by a provider under a program described in subsection (2), including by health care professionals employed by such 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) Title VIII, XIX, and XXI of the Social Security Act;

(B) This Act, including section 807.

(C) Public Law 87-88.

(D) Any other provision of law.

(E) NO OFFSET OF AMOUNTS.—The Service may not offset or limit any amount obligat ed 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 COV ERED BY INDUSTRY, TRIBAL, ORGANIZATIONS.

(a) IN GENERAL.—As far as possible, amounts are made available under law (including a provision of the Social Security Act, the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), 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 or services for Service beneficiaries in any manner, including through—

(A) a tribally owned and operated health care plan; or

(B) a State or locally authorized or licensed health care plan;

(C) a health insurance provider or managed care organization; or

(D) 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)(2), 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 amount not referred to in subsection (a).

SEC. 406. SHARING ARRANGEMENTS WITH FEDERAL AGENCIES.

(a) AUTHORIZATION.—

(1) IN GENERAL.—The Secretary may enter into (or expand) arrangements for the sharing of medical facilities and services between 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 Federal department described in paragraph (1) without consulting with the Indian Tribe or Tribal Organization to which such arrangements will be significantly affected by the arrangement.

(b) LIMITATIONS.—The Secretary shall not take any action under this section or under subsection (a) of section 321 of title 38, United States Code, which would impair—

(A) the priority access of any Indian veteran to health care services provided through the Service and the eligibility of any Indian to receive health services through the Service; or

(B) the equality of health services provided to any Indian through the Service;

(C) the priority access of any veteran to health care services provided by the Department of Veterans Affairs; or

(D) the quality of health care services provided by the Department of Veterans Affairs or the Department of Defense.

(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 those services from Indian Organizations, notwithstanding any other provision of law.

(d) CONSTRUCTION.—Nothing in this section may be construed as creating any right to health care services from the Service.

SEC. 407. PAYOR OF LAST RESORT.

"Indian Health Programs and health care programs operated by 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 UNDER FEDERAL HEALTH CARE PROGRAMS IN QUALIFICATIONS FOR REIMBURSEMENT FOR SERVICES.

(a) REQUIREMENT TO SATISFY GENERALLY APPLICABLE PARTICIPATION REQUIREMENTS.—

(1) IN GENERAL.—A Federal health care program must accept an entity that is operated by the Service, Indian Tribe, Tribal Organization, or Urban Indian Organization, as a provider eligible to receive payment for services from either such Department, notwithstanding any other provision of law.

(c) REIMBURSEMENT.—The Service, Indian Tribe, or Tribal Organization to beneficiaries eligible for those services from Indian Organizations, notwithstanding any other provision of law.
SEC. 412. PREMIUM AND COST SHARING PROVISIONS.

(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 permit the Secretary to provide services to Indians living within the boundaries of the Navajo Nation through the establishment of an agency established by the Navajo Nation pursuant to title XIX of the Social Security Act. The Secretary shall include in the study the feasibility of—

(1) assigning and paying all expenditures for the provision of services or services related administrative 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 provision of health care services to any person or entity that the Navajo Nation determines to be eligible under title XIX of the Social Security Act;

(b) RELATED PROVISIONS.—For provisions related to consultation with representatives of Indian Health Programs and Urban Indian Organizations with respect to the health care programs established under title XIX, and the boundaries of the Navajo Nation, to treat the Navajo Nation as a State for the purposes of title XIX of the Social Security Act, see section 1139(c) of the Social Security Act (42 U.S.C. 1320b–9(c)).

SEC. 409. CONSULTATION.

(a) Requirement for consultation with representatives of Indian Health Programs and Urban Indian Organizations operating in the State that provide such consultation, see sections 2103(e)(3)(C) and 1139(a) of such Act (42 U.S.C. 1397ee(a)(1) and 1320b–7(b)(4)).

(b) Ensuring that health assistance is provided under such program to targeted low-income children who are Indians and that policies are in place under such programs to Indian Health Programs and Urban Indian Organizations operating in the State that provide such assistance, see sections 2103(e)(3)(B) and 2106(e)(6)(B) of such Act (42 U.S.C. 1397ee(c)(3)(B) and 1320b–9(d)).

SEC. 410. STATE CHILDREN’S HEALTH INSURANCE PROGRAM (SCHIP).

(a) REQUIREMENTS FOR GRANTS AND CONTRACTS.—For provisions related to—

(1) outreach to families of Indian children likely to be eligible for child health assistance under the children’s health insurance program established under title XXI of the Social Security Act, see sections 2103(e)(2)(C) and 1139(a) of such Act (42 U.S.C. 1397ee(a)(3)).

(b) Ensuring that policies are in place under such programs to Indian Health Programs and Urban Indian Organizations operating in the State that provide such assistance, see sections 2103(e)(3)(D) and 2106(e)(6)(B) of such Act (42 U.S.C. 1397ee(c)(3)(B) and 1320b–9(d)).

(c) Exclusion waiver authority for affected Indian Health Pro- grams and safe harbor transac- tions under the social se- curity act.

SEC. 411. EXCLUSION WAIVER AUTHORITY FOR AFFEC TED INDIAN HEALTH PRO- GRAMS AND SAFE HARBOR TRANS- ACTIONS UNDER THE SOCIAL SEC- URITY ACT.

(a) REQUIREMENTS FOR GRANTS AND CONTRACTS.—For provisions related to—

(1) exclusion waiver authority for affected Indian Health Programs under the Social Security Act (42 U.S.C. 1320a–7(k)); and

(b) certain transactions involving Indian Health Programs deemed to be in safe harbors under such Act, see section 1128(b)(3)(B) of the Social Security Act (42 U.S.C. 1395g).
"(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 or cause funds already made available under any current public health service project funded in a manner other than pursuant to 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 required by an Urban Indian Organization administering contracts entered into or receiving grants under this title;

"(6) the appropriateness and likely effectiveness of conducting the activities set forth in subsection (a) in an Urban Center or centers;

"(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.

"(b) 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 this section.

"(1) A CCESS OR SERVICES PROVIDED.—The Secretary, acting through the Service, shall facilitate access to or provide services to Urban Indians through grants to Urban Indian Organizations administering contracts entered into 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 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 needed to address the complex problem of child sexual 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).

"(3) PURPOSES OF GRANTS.—Grants may be made under this subsection for the following:

"(A) To prepare assessments required under paragraph (2).

"(B) For development of prevention, training, and education programs for Urban Indians, including child education, parent education, provider training on identification and intervention on reporting requirements, prevention campaigns, and establishing service networks of all those involved in Indian child protection.

"(C) To provide 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 courts, law enforcement, or other entities that are involved 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).

"(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 subsection.

"(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 examined the need for and the potential value of providing immunization services 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 this subsection.

"(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 availability of direct behavioral health services, to educate Urban Indians about behavioral health issues and services, and effect changes in provider practices to ensure that Urban Indians can obtain adequate services from public and private health providers in order to improve services to Urban Indians.

"(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 changes in provider practices to ensure that Urban Indians can obtain adequate services from public and private 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 services delivery models which incorporate American 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 to Urban Indians through grants to Urban Indian Organizations administering contracts entered into 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 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 needed to address the complex problem of child sexual 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).

"(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, 1978 (Public Law 95-625, 92 Stat. 3758) (the ‘Snyder Act’), the Secretary, acting through the Service, may enter into contracts with or make grants to Urban Indian Organizations to operate in areas where the Secretary determines that urban Indian organizations that are operating in urban areas, urban Indian Centers for lessons 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 determine whether the Secretary should enter into a contract or 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 completes performance of the contract, or carry out the performance of any requirements established 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 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 the contract or grant and purposes of this evaluation, 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 independently recognized body or another Urban Indian Organization that the Secretary, acting through the Service, considers to be capable of conducting quality reviews 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 evaluation 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 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 grant under section 503 with another Urban Indian Organization which is situated in the same Urban Center as the

"(d) 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 determine whether the Secretary should enter into a contract or 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.
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 to 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 1313 through 1313 of title 40, United States Code."

"(b) PAYMENTS UNDER CONTRACTS OR GRANTS.—"

"(1) IN GENERAL.—Payments under any contract or grant entered into pursuant to this title, notwithstanding any term or condition of such contract or grant—"

"(A) may be made in a single advance payment or in parts by 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 a single advance payment; and"

"(B) if an amount thereof is unexpended by the Urban Indian Organization during the funding period with respect to which the payments initially apply, shall be carried forward with respect to any 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."

"(2) SEMIANNUAL AND QUARTERLY PAYMENTS AND REIMBURSEMENTS.—If the Secretary determines under paragraph (1) that an Urban Indian Organization is not capable of administering an advance payment, on request of the Urban Indian Organization, the payments may be—"

"(A) in semiannual or quarterly payments by no more than 20 days after the date on which the funding period with respect to which the payments apply begins; or"

"(B) by way of reimbursement."

"(c) REVISION OR AMENDMENT OF CONTRACTS.—Notwithstanding any provision of law to the contrary, the Secretary may, at the request and 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 organization."

"SEC. 507. REPORTS AND RECORDS."

"(a) REPORTS.—"

"(1) IN GENERAL.—For each fiscal year during which an Urban Indian Organization receives payments pursuant 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:"

"(A) In the case of a contract or grant under section 503, recommendations pursuant to section 505(a)(5).

"(B) Information on activities conducted by the organization pursuant to the contract or grant.

"(C) An accounting of the amounts and purpose for which Federal funds were expended.

"(D) A minimum set of data, using uniformly defined elements, as specified by the Secretary after consultation with Urban Indian Organizations."

"(2) REPORTS TO THE SERVICE.—"

"(A) IN GENERAL.—Not later than 18 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, the Secretary, acting through the Service, shall submit to Congress a report evaluating—"

"(i) the health status of Urban Indians; and"

"(ii) the services provided to Indians pursuant to this title; and"

"(iii) areas of unmet needs in the delivery of health services to Urban Indians."

"(B) CONSULTATION AND CONTRACTS.—In preparing the report under paragraph (1), the Secretary—"

"(i) shall consult with Urban Indian Organizations; and"

"(ii) may enter into a contract with a national organization representing Urban Indian Organizations to conduct any aspect of the report."

"(C) 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."

"(D) 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—"

"(1) by a certified public accountant; or"

"(2) by 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 grants under this title shall be to the extent, and in an amount, provided for in appropriation Acts."

"SEC. 509. FACILITIES."

"(a) General.—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) LOAN FUND STUDY.—The Secretary, acting through the Service, may carry out a study to determine the feasibility of establishing a loan fund to provide to Urban Indian Organizations direct loans or guarantees for loans for the construction of health care facilities in a manner consistent with section 309, including by submitting a report in accordance with subsection (c) of that section."

"SEC. 510. DIVISION OF URBAN INDIAN HEALTH."

"There is established within the Service a Division 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, through the Division of Urban Indian Health, shall make grants or enter into contracts with Urban Indian Organizations, to take effect not later than September 30, 2010, 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.

"(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.

"SEC. 512. TREATMENT OF CERTAIN DEMONSTRATION PROJECTS."

"(a) GRANTS AND CONTRACTS.—The Secretary, through the Division of Urban Indian Health, shall make grants or enter into contracts with Urban Indian Organizations, to take effect not later than September 30, 2010, 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.

"(b) ELIGIBILITY.—Urban Indian Organizations that operate Indian alcohol programs originally funded under the NIAAA and subject to the terms of the agreement under which those programs were funded are eligible for grants or contracts under this section.
SEC. 514. COOPERATION 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, continuous exchange of information and opinions which leads to mutual understanding and comprehension and which emphasizes trust, respect, and shared responsibility.

SEC. 515. 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 two 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. 516. GRANTS FOR DIABETES PREVENTION, TREATMENT, AND CONTROL.

(a) GRANTS AUTHORIZED.—The Secretary may make grants to those Urban Indian Organizations which have entered into a contract or have received a grant under this title for services for 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 diabetes and 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.

(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 section 204(e) of the Act.

SEC. 517. COMMUNITY HEALTH REPRESENTATIVES.

The Secretary, acting through the Service, may enter into grants 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. 518. EFFECTIVE DATE.

The amendments made by the Indian Health Care Improvement Act Amendments of 2007 to this title shall take effect beginning on the date of enactment of that Act, regardless of whether the Secretary has promulgated regulations implementing such amendments.

SEC. 519. ELIGIBILITY FOR SERVICES.

Urban Indians shall be eligible for, and the ultimate beneficiaries of, health care or referral services provided pursuant to this title.

SEC. 520. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 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.—The Secretary shall be an agency of the Public Health Service, to be known as the Indian Health Service.

(b) DEFINITION OF CONSULTATION.—For purposes of subsection (a), consultation is the open, continuous exchange of information and opinions which leads to mutual understanding and comprehension and which emphasizes trust, respect, and shared responsibility.

(c)确立日期.—The Secretary shall establish the Indian Health Service in the Department of Health and Human Services. The Indian Health Service shall be deemed to refer to the Assistant Secretary for Indian Health.

SEC. 602. AUTOMATED MANAGEMENT INFORMATION SYSTEM.

(a) ESTABLISHMENT.—

(1) IN GENERAL.—The Secretary shall establish an automated management information system for the Service.

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

(1) a financial management system;

(2) a patient care information system for the Service; and

(3) a services-based cost accounting component that provides estimates of the costs associated with the provision of specific medical treatments or services to Urban Indians.

SEC. 603. MEDICAL PRIVILEGES.

The Secretary, in consultation with the Director of the Indian Health Service, shall establish a process by which—

(a) a medical practitioner shall be granted medical privileges to provide health care services to Urban Indians;

(b) the Secretary shall establish a process by which a medical practitioner shall have medical privileges to provide health care services to Urban Indians;

(c) the Secretary shall establish a process by which a medical practitioner shall have medical privileges to provide health care services to Urban Indians.

SEC. 604. PROVISION OF SERVICES 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 health of the Tribal Health Program of patients of the Service; and

(2) meet the management information needs of the Service.

The Secretary—

(a) SEX 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 the Secretary or the Service.

(b) AUTHORITY TO ENHANCE INFORMATION TECHNOLOGY.—The Secretary, acting through the Administration of the 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 2017 to carry out this title.

TITLE VII—BEHAVIORAL HEALTH SERVICES

SEC. 701. BEHAVIORAL HEALTH PREVENTION AND TREATMENT SERVICES.

(a) PURPOSES.—The purposes of this section are as follows:

(1) To develop and support programs to address mental illness and dysfuctional and self-destructive behavior.

(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 available to address mental illness and dysfunctional and self-destructive behavior.

(4) To provide authority and opportunities for tribes and Indian tribes 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 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—

1) the number of Indians served who are directly or indirectly affected by such illness or behavior; or

(2) An assessment 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 of 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 coordinate with existing national clearinghouses and information centers to include at the clearinghouses and centers 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, Indian Urban Organization, or the Service.

(3) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to Indian Tribes, Tribal Organizations, and Urban Indian Organizations in preparation of plans under this section and in developing standards of care that may be used and adopted locally.

(b) 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, supportive of opportunities and recovery goals;

(G) emergency shelter;

(H) intensive case management; and

(I) 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 health intervention;

(B) mental health and substance abuse services (emotional, organic, alcohol, drug, inhalant, and tobacco), including sex specific services;

(C) identification and treatment of co-occurring disorders and comorbidity;

(D) promotion of healthy approaches to risk and safer behavior;

(E) 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 sex specific services;

(C) identification and treatment of co-occurring disorders (dual diagnosis) and comorbidity;

(D) promotion of healthy approaches for risk and safer behavior;

(E) treatment services for women at risk of giving birth to a child with a fetal alcohol disorder; and

(F) 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 approaches relating to parenting, 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 sex specific services;

(C) identification and treatment of co-occurring disorders (dual diagnosis) and comorbidity;

(D) promotion of healthy approaches to managing conditions related to aging; and

(E) sex specific treatment for sexual assault, domestic violence, neglect, physical and mental abuse and exploitation; and

(F) identification and treatment of dementia regardless of cause.

(4) 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 dysfunctional 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, Urban Indian Organizations, and Service Areas relating to behavioral health. The Secretary shall cooperate with and provide technical assistance to the Indian Tribe, Tribal Organization, Urban Indian Organizations, and Service Areas relating to behavioral health.

(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.

(5) 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 the place of residence.

(6) 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 2007, the Secretary, acting through the Service, shall make an assessment of the need for inpatient mental health care services, availability of such services, 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, understused Service hospital beds into psychiatric units to meet such need.

SEC. 702. MANAGEMENT OF AGREEMENTS WITH THE DEPARTMENT OF THE INTERIOR.

(a) CONTENTS.—Not later than 12 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, the Secretary, acting through the Service, shall develop and enter into a memorandum of agreement, as required by section 238D of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2411) under which the Secretary may enter into contracts with the Indian Tribes and Tribal Organizations, and Indian Tribes and Tribal Organizations, to provide for the training of Indians as mental health technicians.

(b) USE OF GRANT FUNDS.—A grant made pursuant to this section may be used for—

(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 and traditional health care practices, values, and community and family involvement.

(c) CRITERIA.—The Secretary, in consultation with Indian Tribes and Tribal Organizations, shall establish criteria for the review of such agreements.
and approval of applications and proposals for funding under this section.

(4) the Tanana Chiefs Conference, Incorporated, to provide additional behavioral health services to Indian children and adolescents, including:

(a) pretreatment assistance;
(b) inpatient, outpatient, and aftercare services;
(c) emergency care;
(d) 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 to:

(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, safe 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.

(4) FEDERALLY-OWNED STRUCTURES.—In determining consultation with Indian Tribes and Tribal Organizations, shall—

(A) identify and use, where appropriate, federally-owned structures suitable for local residential or regional behavioral health treatment for Indian youth; and
(B) establish guidelines for determining the suitability of federally-owned structure to be used for local residential or regional behavioral health treatment for Indian youth.

(5) 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.

(6) REHABILITATION AND AFTERCARE SERVICES.—In general.—The Secretary, in consultation with the Indian Tribe or Tribal Organization operating the program, may—

(A) identify qualified personnel to provide, in an integrated manner, the full range of substance abuse treatment and services necessary to meet the needs of the Indian youth, including—
(i) treatment services to address the misuse of all substances, including alcohol, illegal drugs, inhalants, and tobacco, and other forms of abuse;
(ii) prevention and treatment of mental illness, behavioral disorders, including, but not limited to, autism, post-traumatic stress disorder, and depression; and
(iii) prevention and treatment of diabetes;

(B) to hire behavioral health professionals;
(C) to staff, operate, and maintain an intermediate mental health facility, group home, safe 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.

(7) DETERMINATION OF INDIAN YOUTH ELIGIBILITY.—In determining eligibility for funding under this section, the Secretary shall take into consideration—

(A) the number of Indian youth who are being provided mental health services through the Service and Tribal Health Programs;

(8) DETERMINATION OF PROPER SERVICES TO ELIGIBLE YOUGHS.—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.

(b) ALCOHOL AND SUBSTANCE ABUSE TREATMENT CENTERS OR FACILITIES.—

(1) ESTABLISHMENT.—

(A) IN GENERAL.—The Secretary, acting through the Service, shall, in consultation with Indian Tribes and Tribal Organizations, establish, support, and maintain—

(i) youth treatment centers to provide intermediate behavioral health services to Indian children and adolescents, including:

(ii) the Alaska Native Health Corporations, United States Office of Indian Health Service, and the Alaska Native Health Corporation, United States Office of Indian Health Service, and the Alaska Native Health Corporation, United States Office of Indian Health Service, and the

(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 described in paragraph (1) agreed upon by a majority of the Indian Tribes to be served by such center.

(4) FUNDATION OF FUNDS.—

(A) IN GENERAL.—Notwithstanding any other provision of this title, the Secretary may, from amounts authorized to be appropriated for 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 operate a residential youth treatment facility near Juneau, Alaska.

(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 youths residing in Alaska.

(c) ADOLESCENT BEHAVIORAL HEALTH SERVICES.—

(1) IN GENERAL.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall provide integrated adolescent behavioral health services to Indian children and adolescents, including:

(A) pretreatment assistance;
(B) inpatient, outpatient, and aftercare services;
(C) emergency care;
(D) 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 to:

(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, safe 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.

(4) FEDERALLY-OWNED STRUCTURES.—In determining consultation with Indian Tribes and Tribal Organizations, shall—

(A) identify and use, where appropriate, federally-owned structures suitable for local residential or regional behavioral health treatment for Indian youth; and
(B) establish guidelines for determining the suitability of federally-owned structure to be used for local residential or regional behavioral health treatment for Indian youth.

(5) 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.

(6) REHABILITATION AND AFTERCARE SERVICES.—In general.—The Secretary, in consultation with the Indian Tribe or Tribal Organization operating the program, may—

(A) identify qualified personnel to provide, in an integrated manner, the full range of substance abuse treatment and services necessary to meet the needs of the Indian youth, including—

(i) treatment services to address the misuse of all substances, including alcohol, illegal drugs, inhalants, and tobacco, and other forms of abuse;

(ii) prevention and treatment of mental illness, behavioral disorders, including, but not limited to, autism, post-traumatic stress disorder, and depression;

(ii) prevention and treatment of diabetes;

(B) to hire behavioral health professionals;

(C) to staff, operate, and maintain an intermediate mental health facility, group home, safe 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.

(7) DETERMINATION OF INDIAN YOUTH ELIGIBILITY.—In determining eligibility for funding under this section, the Secretary shall take into consideration—

(A) the number of Indian youth who are being provided mental health services through the Service and Tribal Health Programs;

(B) a description of, and costs associated with, the mental health services provided for Indian youth through the Service and Tribal Health Programs;

(C) the number of youth referred to the Service or Tribal Health Programs for mental health services;

(D) the number of Indian youth provided residential treatment for mental health and behavioral disorders through the Service and Tribal Health Programs, reported separately for on- and off-reservation facilities; and

(E) the costs of the services described in paragraph (4).

(d) MULTIDRUG ABUSE PROGRAM.—The Secretary, acting through the Service, may, from amounts authorized to be 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 this subsection.

(e) MULTIDRUG ABUSE PROGRAM.—The Secretary, acting through the Service, may, from amounts authorized to be 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 this subsection.

(f) MULTIDRUG ABUSE PROGRAM.—The Secretary, acting through the Service, may, from amounts authorized to be 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 this subsection.

(g) MULTIDRUG ABUSE PROGRAM.—The Secretary, acting through the Service, may, from amounts authorized to be 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 this subsection.

(h) MULTIDRUG ABUSE PROGRAM.—The Secretary, acting through the Service, may, from amounts authorized to be 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 this subsection.

(i) MULTIDRUG ABUSE PROGRAM.—The Secretary, acting through the Service, may, from amounts authorized to be 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 this subsection.

(j) MULTIDRUG ABUSE PROGRAM.—The Secretary, acting through the Service, may, from amounts authorized to be 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 this subsection.

(k) MULTIDRUG ABUSE PROGRAM.—The Secretary, acting through the Service, may, from amounts authorized to be 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 this subsection.

(l) MULTIDRUG ABUSE PROGRAM.—The Secretary, acting through the Service, may, from amounts authorized to be 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 this subsection.

(m) MULTIDRUG ABUSE PROGRAM.—The Secretary, acting through the Service, may, from amounts authorized to be 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 this subsection.
Organizations that operate 1 or more facilities—

(A) located in Alaska and part of the Alaska Federal Health Care Access Network; or

(B) operating active telehealth capabilities; or

(C) offering school-based telemental health services relating to psychiatry to Indian youth.

(3) GRANT PERIOD.—The Secretary shall award grants under this section for a period of up to 3 years.

(4) AMOUNT OF GRANTS.—Not more than 5 grants shall be provided under paragraph (1), with priority consideration given to Indian Tribes and Tribal Organizations—

(A) serve a particular community or geographic area where there is a demonstrated need to address Indian youth suicide;

(B) of California that have established creative partnerships with Indian Health Service or Tribal Health Programs or facilities to provide services under this demonstration project;

(C) serve an isolated community or geographic area which has limited or no access to behavioral health services; or

(D) operate a detention facility at which Indian youth are detained.

(5) USE OF FUNDS.—(A) located in Alaska and part of the Northern Area of the State of California and 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 local jurisdiction is the northern area of the State of California and 1 office whose jurisdiction is 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. 710. TRAING AND COMMUNITY EDUCATION.

(a) PROGRAM.—The Secretary, in cooperation with the Secretary of the Interior, shall develop and implement 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 alcohol and substance abuse 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. Such program may also include community-based training to develop local community and tribal health care provider training for prevention, intervention, treatment, and aftercare.

(b) INSTRUCTION.—The Secretary, acting through the Service, shall carry out this section, in consultation with Indian Tribes, Tribal Organizations, Indian behavioral health experts, and Indian alcohol and substance abuse providers including traditional practitioners, and other critical members of each tribal community. The Secretary shall consider the possible conversion of existing, underused Service hospital beds into psychiatric units to meet such need.

§709. INPATIENT AND COMMUNITY-BASED MENTAL HEALTH FACILITIES DESIGN, CONSTRUCTION, AND STAFFING

Not later than 1 year after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, the Secretary, acting through the 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 local jurisdiction is the northern area of the State of California and 1 office whose jurisdiction is 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. 711. BEHAVIORAL HEALTH PROGRAM.

(a) AUTHORIZATION OF APPROPRIATIONS.—Therein appropriated to carry out this section $1,500,000 for each of fiscal years 2008 through 2011.
with section 701, may plan, develop, implement, and carry out programs to deliver innovative community-based behavioral health services to Indians.

(b) To develop the CRITERIA.—The Secretary may award a grant 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) EQUIitable TREATMENT.—For purposes of this section, the Secretary shall, in evaluating project applications or proposals, use the best information that the Secretary has in making any other application or proposal for such funding.

SEC. 712. FETAL ALCOHOL DISORDER PROGRAMS—

(a) PROGRAMS.—

(1) ESTABLISHMENT.—The Secretary, consistent with section 701, acting through the Service, Indian Tribes, and Tribal Organizations, is authorized to establish and operate fetal alcohol disorder programs as provided in this section for the purposes of delivering services to meet the special educational, vocational, independent living needs of adolescent and adult Indians with fetal alcohol disorder.

(2) USE OF FUNDS.—

(A) IN GENERAL.—Funding provided pursuant to this section shall be used for the following:

(i) To develop and provide for Indians community and in-school training, education, and prevention programs relating to fetal alcohol disorders.

(ii) To identify and provide behavioral health treatment to high-risk Indian women and high-risk women pregnant with an Indian’s child.

(iii) Community-based housing for adult Indians with fetal alcohol disorder.

(B) ADDITIONAL USES.—In addition to any purpose under subparagraph (A), funding provided pursuant to this section may be used for the following:

(i) Early childhood intervention programs from birth on to mitigate the effects of fetal alcohol disorder among Indians.

(ii) Culture-based support services for Indians and women pregnant with Indian children.

(2) 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 the following affected individuals:

(A) providing treatment after the perpetrator is not a threat to children.

(B) providing treatment after the perpetrator is released, until it is determined that the perpetrator is not a threat to children.

(ii) Community-based support services for fetal alcohol disorder affected Indians and their families or caretakers.

(iii) To identify and provide appropriate behavioral health treatment to high-risk Indian women and high-risk women pregnant with an Indian’s child.

(iv) To develop and provide community education and prevention programs related to sexual abuse of Indian children or children in an Indian household.

(v) To develop and provide community education and prevention programs related to fetal alcohol spectrum disorders.

(vi) To develop and provide community education and prevention programs related to fetal alcohol disorder and child sexual abuse.

(vii) To develop and provide community education and prevention programs related to child sexual abuse and fetal alcohol spectrum disorders.

(viii) To develop and provide community education and prevention programs related to fetal alcohol disorder and child sexual abuse.

(ix) To develop and provide community education and prevention programs related to fetal alcohol disorder and child sexual abuse.

(x) To develop and provide community education and prevention programs related to fetal alcohol disorder and child sexual abuse.

(xi) To develop and provide community education and prevention programs related to fetal alcohol disorder and child sexual abuse.

(xii) To develop and provide community education and prevention programs related to fetal alcohol disorder and child sexual abuse.

(xiii) To develop and provide community education and prevention programs related to fetal alcohol disorder and child sexual abuse.

(xiv) To develop and provide community education and prevention programs related to fetal alcohol disorder and child sexual abuse.

(xv) To develop and provide community education and prevention programs related to fetal alcohol disorder and child sexual abuse.

(xvi) To develop and provide community education and prevention programs related to fetal alcohol disorder and child sexual abuse.

(xvii) To develop and provide community education and prevention programs related to fetal alcohol disorder and child sexual abuse.

(xviii) To develop and provide community education and prevention programs related to fetal alcohol disorder and child sexual abuse.

(xix) To develop and provide community education and prevention programs related to fetal alcohol disorder and child sexual abuse.

(xx) To develop and provide community education and prevention programs related to fetal alcohol disorder and child sexual abuse.

(2) The project may deliver services in a manner consistent with traditional health care practices.

(3) The project is coordinated with, and avoids duplication of, existing services.

(c) EQUITABLE TREATMENT.—For purposes of this subsection, the Secretary shall, in evaluating project applications or proposals, use the best information that the Secretary has in making any other application or proposal for such funding.

(2) The Office of Substance Abuse Prevention.

(3) The National Institute of Mental Health.

(4) The Service.

(5) Ten percent of the funds appropriated pursuant to this section shall be used to make grants to Urban Indian Organizations.

(6) The Centers for Disease Control and Prevention.

(7) The Administration for Native Americans.

(8) The National Institute of Child Health and Human Development (NICHD).

(9) The Service.

(10) The Bureau of Indian Affairs.

(11) Indian Tribes.

(12) Tribal Organizations.

(13) Urban Indian Organizations.

(14) Indian fetal alcohol disorder experts.

(15) APPLIED RESEARCH PROJECTS.—The Secretary, acting through the Substance Abuse and Mental Health Services Administration, shall make grants 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.

(2) FUNDING FOR URBAN INDIAN ORGANIZATIONS.—Ten percent of the funds appropriated pursuant to this section shall be used to make grants to Urban Indian Organizations funded under title V.

(b) CRITERIA FOR APPLICATIONS.—The Secretary, acting through the Service and Indian Tribes, Tribal Organizations, and Urban Indian Organizations, shall, consistent with section 701, acting through the Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations, shall establish criteria for the review and approval of applications for funding under this section.

(2) The project will address significant unmet behavioral health needs among Indians.

(3) The project has the potential to deliver services in an efficient and effective manner.

(4) The project may deliver services in a manner consistent with traditional health care practices.

(5) The project is coordinated with, and avoids duplication of, existing services.

(c) EQUIitable TREATMENT.—For purposes of this subsection, the Secretary shall, in evaluating project applications or proposals, use the best information that the Secretary has in making any other application or proposal for such funding.

(2) The project will address significant unmet behavioral health needs among Indians.

(3) The project has the potential to deliver services in an efficient and effective manner.

(4) The project may deliver services in a manner consistent with traditional health care practices.

(5) The project is coordinated with, and avoids duplication of, existing services.

(d) EQUITABLE TREATMENT.—For purposes of this subsection, the Secretary shall, in evaluating project applications or proposals, use the best information that the Secretary has in making any other application or proposal for such funding.

(2) The project will address significant unmet behavioral health needs among Indians.

(3) The project has the potential to deliver services in an efficient and effective manner.

(4) The project may deliver services in a manner consistent with traditional health care practices.

(5) The project is coordinated with, and avoids duplication of, existing services.

(6) The project is coordinated with, and avoids duplication of, existing services.

(7) The Indian Tribe or Tribal Organization has the administrative and financial capability to administer the project.

(e) CRITERIA FOR APPLICATIONS.—The Secretary, acting through the Service and Indian Tribes, Tribal Organizations, and Urban Indian Organizations, shall establish criteria for the review and approval of applications for funding under this section.

(2) The project will address significant unmet behavioral health needs among Indians.

(3) The project has the potential to deliver services in an efficient and effective manner.

(4) The project may deliver services in a manner consistent with traditional health care practices.

(5) The project is coordinated with, and avoids duplication of, existing services.

(6) The project is coordinated with, and avoids duplication of, existing services.

(7) The project is coordinated with, and avoids duplication of, existing services.

(8) The project is coordinated with, and avoids duplication of, existing services.

(f) CRITERIA FOR APPLICATIONS.—The Secretary, acting through the Service and Indian Tribes, Tribal Organizations, and Urban Indian Organizations, shall establish criteria for the review and approval of applications for funding under this section.

(2) The project will address significant unmet behavioral health needs among Indians.

(3) The project has the potential to deliver services in an efficient and effective manner.

(4) The project may deliver services in a manner consistent with traditional health care practices.

(5) The project is coordinated with, and avoids duplication of, existing services.

(g) CRITERIA FOR APPLICATIONS.—The Secretary, acting through the Service and Indian Tribes, Tribal Organizations, and Urban Indian Organizations, shall establish criteria for the review and approval of applications for funding under this section.

(2) The project will address significant unmet behavioral health needs among Indians.

(3) The project has the potential to deliver services in an efficient and effective manner.

(4) The project may deliver services in a manner consistent with traditional health care practices.

(5) The project is coordinated with, and avoids duplication of, existing services.

(6) The project is coordinated with, and avoids duplication of, existing services.
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 supportive transitional living facilities, a 12-step sponsor, a local 12-step or other related support group, and other community-based providers.

The term ‘fetal alcohol disorder’ means a syndrome in which, with a history of maternal alcohol consumption during pregnancy, the following criteria are met:

1. Central nervous system involvement such as developmental delay, intellectual deficit, microencephaly, or neurologic abnormalities.
2. Craniofacial abnormalities with at least three of: microphthalmia, short palpebral fissures, poorly developed philtrum, thin upper lip, and short upturned nose.

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 single criterion.

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:

1. A central nervous system involvement such as developmental delay, intellectual deficit, microencephaly, or neurologic abnormalities.
2. Craniofacial abnormalities with at least three of: microphthalmia, short palpebral fissures, poorly developed philtrum, thin upper lip, and short upturned nose.

The term ‘partial FAS’ means the term ‘partial FAS’ meets, with a history of maternal alcohol consumption during pregnancy, having most of the criteria of FAS, though not meeting a single criterion.

The term ‘fetal alcohol disorders’ means fetal alcohol syndrome, partial fetal alcohol syndrome and alcohol-related neurodevelopmental disorder (ARND).

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:

1. Central nervous system involvement such as developmental delay, intellectual deficit, microencephaly, or neurologic abnormalities.
2. Craniofacial abnormalities with at least three of: microphthalmia, short palpebral fissures, poorly developed philtrum, thin upper lip, and short upturned nose.

The term ‘partial FAS’ means the term ‘partial FAS’ meets, with a history of maternal alcohol consumption during pregnancy, having most of the criteria of FAS, though not meeting a single criterion.

The term ‘fetal alcohol disorder’ means a syndrome in which, with a history of maternal alcohol consumption during pregnancy, the following criteria are met:

1. Central nervous system involvement such as developmental delay, intellectual deficit, microencephaly, or neurologic abnormalities.
2. Craniofacial abnormalities with at least three of: microphthalmia, short palpebral fissures, poorly developed philtrum, thin upper lip, and short upturned nose.

The term ‘partial FAS’ means the term ‘partial FAS’ meets, with a history of maternal alcohol consumption during pregnancy, having most of the criteria of FAS, though not meeting a single criterion.

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:

1. Central nervous system involvement such as developmental delay, intellectual deficit, microencephaly, or neurologic abnormalities.
2. Craniofacial abnormalities with at least three of: microphthalmia, short palpebral fissures, poorly developed philtrum, thin upper lip, and short upturned nose.

The term ‘partial FAS’ means the term ‘partial FAS’ meets, with a history of maternal alcohol consumption during pregnancy, having most of the criteria of FAS, though not meeting a single criterion.
will not result in a denial or diminution of services to such individuals; and

services if are not otherwise eligible for such health

ated directly by the Service to individuals

section through health programs oper-

Organization shall take into account the

law. In making such determinations, the

services under any other subsection of

ices should be provided under such contract

under the Indian Self-Determination and

care, Medicaid, or SCHIP reimbursements

lected under this subsection, including Medi-

in the judgment of the Secretary, results in

subsection shall be liable for payment of

(2) ISDEAA PROGRAMS.

(ii) there is no reasonable alternative

(B) the Secretary and the served Indian

through health programs oper-

services to individuals who are not eligible for such

related to the treatment of the eligible individual.

(e) HOSPITAL PRIVILEGES FOR PRACTI-

Hospital privileges in health fa-

(2) prevent the spread of a communicable

(1) achieve stability in a medical emer-

(4) provide care to immediate family

(3) provide care to non-Indian women

(2) are not otherwise eligible for such health

(1) eligible Indian; and

(2) is the natural or adopter child, step-

(1) has not attained 19 years of age;

(2) is the natural or adopted child, step-

(1) eligible Indian; and

(3) have joint determinations that—

(1) the provision of such health services

will not result in a denial or diminution of

health services to eligible Indians; and

(3) have joint determinations that—

(1) provision of health services under this

shall be eligible for the health services pro-

of the Service to eligible individuals

is in the Service requesting the provision of

services.

(c) PSYCHIATRIC SERVICES.

(2) the Service.

(b) Exceptions.—Any spouse of an eligible

Indian who is not an Indian, or who is of In-

dian descent but is not otherwise eligible for the

health services provided by the Service,

be eligible for such health services if all

spouses or spouses who are married to

members of each Indian Tribe being

served are made eligible, as a class, by an

appropriate resolution of the governing body of

the Indian Tribe or Organization pro-

viding such services. The health needs of

persons made eligible under this paragraph

shall not be determined by the Service in

consideration by the Service, while the

health services for the expenses incurred by the

local government agrees to reimburse the

local government under which the State or

tribe to provide health services provided by the

under any other provision of law in order to—

(1) achieve stability in a medical emerg-

(2) prevent the spread of a communicable
disease or otherwise deal with a public

health hazard;

(3) provide care to immediately family

members of an eligible individual if such
care is directly related to the treatment

of the eligible individual.

(6) HOSPITAL PRIVILEGES FOR PRACTI-

tioners.—Hospital privileges in health fa-

cilities operated and maintained by the

Service or operated under a contract or com-

pact with an Indian Tribe or Tribal Organi-

zation providing health services under

such contract or compact shall continue.

(1) establish. The Service may

project, or activity of a Service Unit may be

implemented only after the Secretary has

submitted 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 per-

cent 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 dis-

semination to Indian Tribes, Tribal Organi-

zations, 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 In-

dians in Montana in a manner consistent with

the decision of the United States Court of

Appeals for the Ninth Circuit in McNabb v. Bowen, 829 F.2d 787 (9th Cir. 1987).

(b) CLARIFICATION.—The provisions of sub-

section (a) shall not be construed to be an

expression of the opinion of the Secretary

in 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 im-

posed on implementation of the final rule

published in the Federal Register on Sep-

tember 16, 1987, by the Department of Health

and Human Services, relating to eligibility

for the health care services of the Indian

Health Service, the Indian Health Service

shall provide services pursuant to the cri-

teria for eligibility for such services that

were in effect on September 15, 1987, subject
to the provisions of section 801(a)(1)(B) of

this Act until the Service has submitted to the Com-

mittees on Appropriations of the Senate and

the House of Representatives a budget re-

quest reflecting the increased costs associ-

ated with the proposed final rule, and the re-

quest has been included in an appropriations

Act and enacted into law.”

SEC. 812. TRIBAL EMPLOYMENT.

“For purposes of section 2(2) of the Act of

July 5, 1935 (49 Stat. 450, chapter 372), an In-

dian Tribe or Tribal Organization carrying

on contract or compact with the Indian

Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) shall not be

considered an ‘employer’ for purposes of

section 4986.

SEC. 814. ESTABLISHMENT OF NATIONAL BIPARTISAN COMMISSION ON INDIAN HEALTH CARE.

(a) ESTABLISHMENT.—There is established the National Bipartisan Indian Health Care Commission (the ‘Commission’).

(b) DUTIES OF COMMISSION.—The duties of the Commission are the following:

(1) To establish a study committee com-

posed of those members of the Commission

appointed by the Director of the Service and

at least 4 members of Congress from among

the members of the Commission, the duties

of which shall be the following:

SEC. 808. REALLOCATION OF BASE RESOURCES.

(a) REPORT REQUIRED.—Notwithstanding

any other provision of law, any allocation

of base funding under this section that

reduces funding by 5 percent or more from the previous fiscal year for any recurring program,
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 Indians regarding the delivery of Federal health care services to Indians. Such recommendations shall include those related to issues of eligibility, benefits, the range of service providers, the cost of such services, financing such services, and the optimal manner in which to provide such services.

(4) Not later than 18 months following the date of appointment of all members of the Commission, submit a written report of its findings and recommendations to the full Commission, to 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.

(5) 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.

(6) To review and analyze the recommendations of the report of the study committee.

(7) To make legislative recommendations to Congress regarding the delivery of Federal health care services to Indians. Such recommendations shall include those related to issues of eligibility, benefits, the range of service providers, the cost of such services, financing such services, and the optimal manner in which to provide such services.

(8) Not later than 18 months following the date of appointment of all members of the Commission, submit a written report to Congress regarding the delivery of Federal health care services to Indians. Such recommendations shall include those related to issues of eligibility, benefits, the range of service providers, the cost of such services, financing such services, and the optimal manner in which to provide such services.

(9) 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 and by the Director shall be members of Federally recognized Indian Tribes.

(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 from each Service Area whose health care services are provided in whole or in part by the Service primarily or exclusively for the benefit of Urban Indians.

(D) Not later than 18 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, and the remaining members of the Commission shall be appointed not later than 60 days following the appointment of the congressional members of the Commission.

(10) To hold such hearings and undertake such other studies or investigations as the Commission determines to be necessary to carry out its duties.

(11) To provide for such salaries and expenses and per diem in lieu of subsistence in connection with the performance of its duties, as the Commission determines to be necessary to enable it to carry out its duties, if such costs shall not exceed $100,000.

(12) To receive travel expenses and per diem in lieu of subsistence in connection with the performance of its duties, as the Commission determines to be necessary to enable it to carry out its duties, if such costs shall not exceed $100,000.

(13) To make legislative recommendations to Congress regarding the delivery of Federal health care services to Indians.

(14) To receive travel expenses and per diem in lieu of subsistence in connection with the performance of its duties, as the Commission determines to be necessary to enable it to carry out its duties, if such costs shall not exceed $100,000.

(15) To conduct such studies or investigations as the Commission determines to be necessary to carry out its duties.

(16) To receive travel expenses and per diem in lieu of subsistence in connection with the performance of its duties, as the Commission determines to be necessary to enable it to carry out its duties, if such costs shall not exceed $100,000.

(17) To conduct such studies or investigations as the Commission determines to be necessary to enable it to carry out its duties, if such costs shall not exceed $100,000.

(18) To conduct such studies or investigations as the Commission determines to be necessary to enable it to carry out its duties, if such costs shall not exceed $100,000.

(19) To conduct such studies or investigations as the Commission determines to be necessary to enable it to carry out its duties, if such costs shall not exceed $100,000.

(20) To conduct such studies or investigations as the Commission determines to be necessary to enable it to carry out its duties, if such costs shall not exceed $100,000.

(21) To conduct such studies or investigations as the Commission determines to be necessary to enable it to carry out its duties, if such costs shall not exceed $100,000.

(22) To conduct such studies or investigations as the Commission determines to be necessary to enable it to carry out its duties, if such costs shall not exceed $100,000.

(23) To conduct such studies or investigations as the Commission determines to be necessary to enable it to carry out its duties, if such costs shall not exceed $100,000.

(24) To conduct such studies or investigations as the Commission determines to be necessary to enable it to carry out its duties, if such costs shall not exceed $100,000.

(25) To conduct such studies or investigations as the Commission determines to be necessary to enable it to carry out its duties, if such costs shall not exceed $100,000.

(26) To conduct such studies or investigations as the Commission determines to be necessary to enable it to carry out its duties, if such costs shall not exceed $100,000.
from or affect any other appropriation for health care services for Indian persons.

"(j) NONAPPLICABILITY OF FACA.—The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the Commission.

"SEC. 815. CONFIDENTIALITY OF MEDICAL QUALITY ASSURANCE RECORDS; QUALITY ASSURANCE 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) IN GENERAL.—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) TESTIMONY.—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 or to produce or administer an oath or to swear or affirm that any such record or testimony be provided for a purpose authorized by law.

"(3) RELATION TO OTHER RECORDS.—If an administrative or judicial proceeding commenced by a present or former Indian Health Program or Urban Indian Organization as part of a medical or dental treatment record, health resources management procedures, blood, drugs, and therapeutics, infection control, patient safety, patient care assessment (including treatment procedures, blood, drugs, and therapeutic, medical records, health resources management review and identification and prevention of medical or dental incidents and risks.

"(i) PROHIBITION ON DISCLOSURE OF RECORD OR TESTIMONY.—Any medical quality assurance record means the proceedings, records, minutes, and reports that emanate from medical quality assurance program activities described in paragraph (2) and are compiled by or for an Indian Health Program or Urban Indian Organization as part of a medical quality assurance program.

"SEC. 817. AUTHORIZATION OF APPROPRIATIONS.

"There are authorized to be appropriated such sums as may be necessary to carry out this section from any fiscal year through fiscal year 2017 to carry out this section.”

"(a) 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 ‘‘Directors, Office of the Assistant Secretary for Indian Health, Department of Health and Human Services’’ and inserting ‘‘Assistant Secretary for Indian Health’’.

"(b) THE INDIAN LANDS OPEN DUMP CLOTHESLINE ACT OF 1994 is amended:

"(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 ‘‘Directors, Office of the Assistant Secretary for Indian Health’’ 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. 902)

"(i) by striking paragraph (2);

"(ii) by redesignating paragraphs (1), (3), (4), (5), and (6) as paragraphs (4), (5), (2), (6), and (7), respectively, and moving those para-

"(iii) by inserting before paragraph (4) (as redesignated by subclause (II)) the following:

"(C) in section 6(a) (25 U.S.C. 3905(a)), in the subsection heading, by striking ‘‘DIRECTOR’’ and inserting ‘‘ASSISTANT SECRETARY’’; and 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 or for an 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 that agency or instrumentality makes a written request that such record or testimony be provided for a purpose authorized by law.

"(G) In a EQUITY, CRIMINAL, OR JUDICIAL PROCEEDING commencing by a criminal or civil law enforcement agency or instrumentality referred to in subparagraph (F), only with respect to the subject of such proceeding.

"(2) IDENTITY OF PARTICIPANTS.—With the exception of the subject of a quality assurance action, 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.—Nothing in this section shall be construed as authorizing or requiring the withholding from any person or entity aggregate statistical information regarding the National Health Program or Urban Indian Organization's medical quality assurance programs.

"(2) WITHHOLDING FROM CONGRESS.—Nothing in this section shall be construed as authorizing or requiring the withholding from any person or entity aggregate statistical information regarding the National Health Program or Urban Indian Organization’s medical quality assurance programs.

"(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 this section.

"(j) DEFINITIONS.—In this section:

"(1) The term ‘‘health care provider’’ means any health care professional, including an Indian health care professional, who is licensed or certified to perform health care services by or for an 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.
(3) Section 505(d)(2) of the Augustus F. Hawkins-Robert T. Stafford Elementary and Secondary School Improvement Act of 1998 (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 Safe Drinking Water Act (42 U.S.C. 300j-137) are amended by striking ‘‘Director of the Indian Health Service’’ each place it appears and inserting ‘‘Assistant Secretary for Indian Health’’.

(6) Section 317(m)(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) 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 417(c)(1) 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(b) of the Safe Drinking Water Act (42 U.S.C. 300j-12)(b) 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 National American Health and Wellness Foundation 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’’.

(10) Section 200(b) of the Michigan Indian Land Claims Settlement Act (Public Law 103-143; 111 Stat. 2590) is amended by striking ‘‘Director of the Indian Health Service’’ and inserting ‘‘Assistant Secretary for Indian Health’’.

SEC. 103. SOROBIA SANITATION FACILITIES.

The Act of December 17, 1970 (84 Stat. 1465), is amended by adding at the end the following:

‘‘Sec. 9. Nothing in this Act shall preclude the Sobobia Band of Mission Indians and the Soboba Indian Reservation from being provided with the 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, 1969 (73 Stat. 267).’’

SEC. 104. NATIVE AMERICAN HEALTH AND WELLNESS FOUNDATION.

(a) IN GENERAL.—The Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) is amended by adding at the end the following:

‘‘TITLE VII—NATIVE AMERICAN HEALTH AND WELLNESS FOUNDATION

SEC. 101. DEFINITIONS.

In this title:

‘‘(1) BOARD.—The term ‘Board’ means the Board of Directors of the Foundation.

‘‘(2) COMMITTEE.—The term ‘Committee’ means the Committee for the Establishment of Native American Health and Wellness Foundation established under section 102(b).

‘‘(3) FOUNDATION.—The term ‘Foundation’ means the Native American Health and Wellness Foundation established under section 102.

‘‘(4) SECRETARY.—The term ‘Secretary’ means the Secretary of Health and Human Services.

‘‘(5) SERVICE.—The term ‘Service’ means the Indian Health Service of the Department of Health and Human Services.

‘‘SEC. 102. NATIVE AMERICAN HEALTH AND WELLNESS FOUNDATION.

(a) ESTABLISHMENT.—

‘‘(1) IN GENERAL.—As soon as practicable after the date of enactment of this title, the Assistant Secretary for Indian Health shall by rule establish the Native American Health and Wellness Foundation.

‘‘(2) FUNDING DETERMINATIONS.—No funds, gift, property, or other item of value (including any interest accrued on such an item) acquired by the Foundation shall be used to—

(A) be taken into consideration for purposes of determining Federal appropriations relating to the provision of health care and services to Indians;

(B) otherwise limit, diminish, or affect the Federal responsibility for the provision of health care and services to Indians;

(C) be available as a basis for determining the receipt of Federal appropriations relating to the provision of health care and services to Indians; or

(D) be otherwise used to reduce the Federal responsibility for the provision of health care and services to Indians.

‘‘(3) PERPETUAL EXISTENCE.—The Foundation shall have perpetual existence.

‘‘(4) CORPORATION.—The Foundation is a corporation organized under the laws of the State of Columbia and in accordance with this title, the Native American Health and Wellness and Indians Act of 1973 (29 U.S.C. 763) and applicable laws of the District of Columbia and in accordance with this title, the Native American Health and Wellness and Indians Act of 1973 (29 U.S.C. 763) and applicable laws of the District of Columbia.

‘‘SEC. 103. NATIVE AMERICAN HEALTH AND WELLNESS FOUNDATION.

(a) ESTABLISHMENT.—

‘‘(1) IN GENERAL.—As soon as practicable after the date of enactment of this title, the Assistant Secretary for Indian Health shall by rule establish the Native American Health and Wellness Foundation.

‘‘(2) FUNDING DETERMINATIONS.—No funds, gift, property, or other item of value (including any interest accrued on such an item) acquired by the Foundation shall be used to—

(A) be taken into consideration for purposes of determining Federal appropriations relating to the provision of health care and services to Indians;

(B) otherwise limit, diminish, or affect the Federal responsibility for the provision of health care and services to Indians;

(C) be available as a basis for determining the receipt of Federal appropriations relating to the provision of health care and services to Indians; or

(D) be otherwise used to reduce the Federal responsibility for the provision of health care and services to Indians.

‘‘(3) PERPETUAL EXISTENCE.—The Foundation shall have perpetual existence.

‘‘(4) CORPORATION.—The Foundation is a corporation organized under the laws of the State of Columbia and in accordance with this title, the Native American Health and Wellness and Indians Act of 1973 (29 U.S.C. 763) and applicable laws of the District of Columbia.

‘‘(b) REQUIREMENTS.—

‘‘(1) NUMBER OF MEMBERS.—The Board shall have at least 11 members, who shall have standing in the field of health care.

‘‘(2) INITIAL VOTING MEMBERS.—The initial voting members of the Board—

(A) shall be appointed by the Committee not later than 180 days after the date on which the Foundation is established; and

(B) shall have staggered terms.

‘‘(3) QUALIFICATION.—The members of the Board shall be United States citizens who are knowledgeable or experienced in Native American health care and related matters.

‘‘(4) COMPENSATION.—A member of the Board shall not receive compensation for service as a member, but shall be reimbursed for actual and necessary travel and subsistence expenses incurred in the performance of the duties of the Foundation.

‘‘(b) OFFICERS.—

‘‘(1) IN GENERAL.—The officers of the Foundation shall be—

(A) a secretary, elected from among the members of the Board; and

(B) any other officers provided for in the constitution and bylaws of the Foundation.

‘‘(c) RESPONSIBILITIES.—The Secretary of the Foundation may serve, at the direction of the Board, as the chief operating officer of the Foundation, or the Board may appoint a chief operating officer, who shall serve at the direction of the Board.

‘‘(d) ELECTION.—The manner of election, term of office, and duties of the officers of the Foundation shall be as provided in the constitution and bylaws of the Foundation.

‘‘(e) POWERS.—The Foundation—

(A) shall adopt a constitution and bylaws for the management of the property of the Foundation and the regulation of the affairs of the Foundation;

(B) may adopt and alter a corporate seal;

(C) may enter into contracts;

(D) may acquire (through a gift or otherwise), own, lease, encumber, and transfer real or personal property as necessary or convenient to carry out the purposes of the Foundation;

(E) may sue and be sued; and

(F) may perform any other act necessary and proper to carry out the purposes of the Foundation.

‘‘(f) BOARD OF DIRECTORS.

‘‘(1) IN GENERAL.—The principal office of the Foundation shall be in the District of Columbia.

‘‘(2) ACTIVITIES; OFFICES; OFFICERS; EMPLOYEES, AND AGENTS.—

(A) The Foundation shall be liable for the acts of the officers, employees, and agents of the Foundation acting within the scope of their authority.

(B) PERSONAL LIABILITY.—A member of the Board shall be personally liable only for acts of commission or omission in the performance of the duties of the member.

(C) RESPONSIBILITIES.—

(A) Limitation on spending.—Beginning with the fiscal year during which the Foundation is in operation, the administrative costs of the
Foundation shall not exceed the percentage described in paragraph (2) of the sum of—

(a) the amounts transferred to the Foundation under subsection (e) during the preceding fiscal year;

(b) donations received from private sources during the preceding fiscal year.

(2) PERCENTAGES.—The percentages referred to in paragraph (1) are—

(A) for the first fiscal year described in that paragraph, 20 percent;

(B) for the following fiscal year, 15 percent;

(C) for each fiscal year thereafter, 10 percent.

(3) APPOINTMENT AND HIRING.—The appointments and appointments and employment policies of the Foundation shall be subject to the availability of funds.

(4) STATUS.—A member of the Board or employee, or agent of the Foundation shall not by reason of association with the Foundation be considered to be an officer, employee, or agent of the United States.

(5) AUDITS.—The Foundation shall comply with section 1001 of title 36, United States Code, as if the Foundation were a corporation under part B of subtitle II of that title.

(6) APPOINTMENT OF OFFICERS AND EMPLOYEES.—The Secretary to place pay—

(a) upon the Secretary to enter into agreements, during the first 12 months after the establishment of the Foundation or an Indian Tribe, Tribal Organization, or Urban Indian Organization which is eligible for payment under subsection (a) with respect to the furnishing of items and services, but which does not meet all of the conditions and requirements of this title and under a State plan or waiver authority which are applicable generally to such facility, shall make such improvements as are necessary to achieve or maintain compliance with such conditions and requirements in accordance with a plan submitted to and accepted by the Secretary for achieving or maintaining compliance with such conditions and requirements, and shall be deemed to meet such conditions and requirements (and to be eligible for payment under this title), without regard to the extent of its actual compliance with such conditions and requirements, during the first 12 months after the month in which such plan is submitted.

(b) COMPLIANCE WITH CONDITIONS AND REQUIREMENTS.—Subsection (b) of such section is amended to read as follows:—

(1) AUTHORIZATION OF APPROPRIATIONS.—There shall be appropriated to carry out subsection (e)(1) $500,000 for each fiscal year, as adjusted to reflect changes in the Consumer Price Index for all-urban consumers published by the Department of Labor.

(2) TRANSFER OF DONATED FUNDS.—The Secretary shall transfer to the Foundation funds held by the Department of Health and Human Services under the Act of August 5, 1954 (42 U.S.C. 2001 et seq.), if the transfer or use of the funds is not prohibited by any term of the agreement under which the funds were donated.

(3) ADMINISTRATIVE SERVICES AND SUPPORT.

(a) PROVISION OF SUPPORT BY SECRETARY.—Subject to subsection (b), during the 5-year period beginning on the date on which the Foundation is established, the Secretary—

(1) may provide personnel, facilities, and other administrative support services to the Foundation;

(2) may provide funds for initial operating costs and to reimburse the travel expenses of the members of the Board; and

(3) shall require and accept reimbursements for—

(A) services provided under paragraph (1); and

(B) funds provided under paragraph (2).

(b) REIMBURSEMENT.—Reimbursements accepted under subsection (a)(3)—

(1) shall be deposited in the Treasury of the United States to the credit of the applicable appropriation account; and

(2) shall be chargeable for the cost of providing services described in subsection (a)(1) and travel expenses described in subsection (a)(2).

(c) CONTINUATION OF CERTAIN SERVICES.—The Secretary may continue to provide facilities and necessary support services to the Foundation after the termination of the 5-year period specified in subsection (a) if the facilities and services—

(1) are available; and

(2) are provided on reimbursable cost basis.

(b) TECHNICAL AMENDMENTS.—The Indian Self-Determination and Education Assistance Act is amended—

(1) by redesignating title V (25 U.S.C. 458bbb et seq.) as title VII;

(2) by redesignating sections 501, 502, and 503 (25 U.S.C. 458bbb, 458bbb-1, 458bbb-2) as sections 701, 702, and 703, respectively; and

(3) in subsection (a)(2) of section 702 and paragraph (2) of section 703 (as redesignated by paragraph (2)), by striking “section 501” and inserting “section 701.”

TITLE II—IMPROVEMENT OF INDIAN HEALTH CARE PROVIDED UNDER THE SOCIAL SECURITY ACT

SECTION 201. EXPANSION OF FUNDS UNDER MEDICARE, MEDICAID, AND SCHIP FOR ALL COVERED SERVICES Furnished by INDIAN HEALTH PROGRAMS.

(a) MEDICARE.—

(1) EXPANSION TO ALL COVERED SERVICES.—Section 1911 of the Social Security Act (42 U.S.C. 1396n) is amended—

(A) by inserting the heading to read as follows:

"SECTION 1911. INDIAN HEALTH PROGRAMS;", and

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

"(a) ELIGIBILITY FOR PAYMENT FOR MEDICAL ASSISTANCE.—The Indian Health Service and an Indian Tribe, Tribal Organization, or an Urban Indian Organization shall be eligible for payment 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) COMPLIANCE WITH CONDITIONS AND REQUIREMENTS.—Subsection (b) of such section is amended to read as follows:

‘‘(b) COMPLIANCE WITH CONDITIONS AND REQUIREMENTS.—A facility of the Indian Health Service or an Indian Tribe, Tribal Organization, or an Urban Indian Organization which is eligible for payment under section (a) with respect to the furnishing of items and services, but which does not meet all of the conditions and requirements of this title and under a State plan or waiver authority which are applicable generally to such facility, shall make such improvements as are necessary to achieve or maintain compliance with such conditions and requirements in accordance with a plan submitted to and accepted by the Secretary for achieving or maintaining compliance with such conditions and requirements, and shall be deemed to meet such conditions and requirements (and to be eligible for payment under this title), without regard to the extent of its actual compliance with such conditions and requirements, during the first 12 months after the month in which such plan is submitted.

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

‘‘(c) AUTOMATICAL AGREEMENTS.—The Secretary may enter into an agreement with a State for the purpose of reimbursing the State for medical assistance furnished by an Indian Tribe, Tribal Organization, 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, 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.

(d) SPECIAL FUND FOR IMPROVEMENT OF IHS FACILITIES.—For provisions relating to the authority of the Secretary to place payments to which a facility of the Indian Health Service is eligible for payment under this title into a special fund established under section 401(c)(1) of the Indian Health Service Improvement Act.

(e) DIRECT BILLING.—For provisions relating to the authority of a Tribal Health Program or an Urban Indian Organization to directly bill payment for, health care items and services provided by such Program or Organization for which payment is made under this title, see section 1901(a) of the Indian Health Care Improvement Act.

(2) DEFINITIONS.—In this section, the terms ‘‘Indian Health Program’, ‘Indian Tribe’, ‘Tribal Health Program’, ‘Tribal Organization’, and ‘Urban Indian Organization’ have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.’’

SECTION 1880. INDIAN HEALTH PROGRAMS.

(a) MEDICAID.—

(1) EXPANSION TO ALL COVERED SERVICES.—Section 1880 of such Act (42 U.S.C. 1396q) is amended—

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

"SECTION 1880. INDIAN HEALTH PROGRAMS;", and

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

"(a) ELIGIBILITY FOR PAYMENTS.—Subject to subsection (e), the Indian Health Service and an Indian Tribe, Tribal Organization, or an Urban Indian Organization shall be eligible for payments under this title 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 such facility, shall make such improvements as are necessary to achieve or maintain compliance with such conditions and requirements in accordance with a plan submitted to and accepted by the Secretary for achieving or maintaining compliance with such conditions and requirements, and shall be deemed to meet such conditions and requirements (and to be eligible for payment under this title), but which does not meet all of the conditions and requirements of this title which are applicable generally to such facility, shall make such improvements as are necessary to achieve or maintain compliance with such conditions and requirements in accordance with a plan submitted to and accepted by the Secretary for achieving or maintaining compliance with such conditions and requirements, and shall be deemed to meet such conditions and requirements (and to be eligible for payment under this title), but which does not meet all of the conditions and requirements of this title which are applicable generally to such facility, shall make such improvements as are necessary to achieve or maintain compliance with such conditions and requirements in accordance with a plan submitted to and accepted by the Secretary for achieving or maintaining compliance with such conditions and requirements, during the first 12 months after the month in which the plan is submitted.

(c) SPECIAL FUND FOR IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING OPTION; DEFINITION.—Such section is further amended by striking subsections (c) and (d) and inserting the following new subsections:

‘‘(c) SPECIAL FUND FOR IMPROVEMENT OF IHS FACILITIES.—For provisions relating to the authority of the Secretary to place payments to which a facility of the Indian Health Service is eligible for payment under this title into a special fund established under section 401(c)(1) of the Indian Health Service Improvement Act, and the requirement
to use amounts paid from such fund for making improvements in accordance with subsection (b), see subparagraphs (A) and (B) of section 401(c)(1) of such Act.

(c) Definitions.—For provisions relating to the authority of a Tribal Health Program or an Urban Indian Organization to elect to conduct administrative activities and enroll and retain enrollees for purposes of satisfying the requirement of this subsection, see subsection (d) of the Indian Health Care Improvement Act.

SEC. 203. ADDITIONAL PROVISIONS TO INCREASE OUTREACH TO, AND ENROLLMENT OF INDIANS IN SCHIP AND MEDICAID.

(a) Nonapplication of 10 Percent Limit on Outreach and Certain Other Expenditures.—Section 401(c)(2) of the Indian Health Care Improvement Act (42 U.S.C. 1397ee(c)(2)) is amended by adding at the end the following new subparagraph:

"(C) Nonapplication to Expenditures for Outreach to Increase the Enrollment of Indian Children Under This Title and Title XIX.—In this subsection, the term "expenditures for outreach to increase the enrollment of Indian children under this title and title XIX" means—

(1) expenditures described in subparagraph (A); and

(2) expenditures described in subparagraph (B), except that the limitation under subparagraph (A) shall not apply with respect to the portion of such expenditures that is used to ensure that payments are made to Indian Health Programs and Urban Indian Organizations operating in the State for the provision of health care for Indian children, as defined in section 1903(x)(3)(B) of the Social Security Act (42 U.S.C. 1396b(x)(3)(B))."

SEC. 204. PREMIUMS AND COST SHARING PROVISIONS.

(a) PREMIUMS AND COST SHARING PROVISIONS FOR INDIANS FURNISHED ITEMS OR SERVICES DIRECTLY BY INDIAN HEALTH PROGRAMS OR THROUGH REFERRAL UNDER THE CONTRACT HEALTH SERVICE.—

(1) IN GENERAL.—(A) No Premium or Cost Sharing for Indian Health Programs.—In general, no premium or similar charge, and no deduction, copayment, cost sharing, or similar charge shall be imposed against an Indian who is furnished an item or service directly by the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization, or through referral under the contract health service for which payment may be made under this title.

(B) No Reduction in Amount of Payment Through Referral Under Contract Health Service.—In general, no reduction in the amount of payment provided under a contract for the furnishing of an item or service to an Indian who is eligible for assistance under such title, may be required by the amount of any enrollment fee, premium, or similar charge, or any deduction, copayment, cost sharing, or similar charge that would be due from the Indian by virtue of the operation of section 1151 of such Act (42 U.S.C. 1315j-1).

(2) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed as restricting the application of any other limitations on the imposition of premiums or cost sharing that may apply to an individual receiving medical assistance under this title who is an Indian.

(b) Definitions.—In this subsection, the terms 'contract health service', 'Indian', 'Indian Tribe', 'Tribal Organization', and 'Urban Indian Organization' have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.

SEC. 205. ELIGIBILITY DETERMINATIONS UNDER MEDICAID AND SCHIP, AND PROTECTION OF CERTAIN INDIAN PROPERTY FROM MEDICAID ESTATE RECOVERY.

(a) PREMIUMS AND COST SHARING PROVISIONS FOR INDIANS FURNISHED ITEMS OR SERVICES DIRECTLY BY INDIAN HEALTH PROGRAMS OR THROUGH REFERRAL UNDER THE CONTRACT HEALTH SERVICE.—

(1) IN GENERAL.—(A) No Premium or Cost Sharing for Indians Furnished Items or Services Directly by Indian Health Programs.—In general, no premium or similar charge, and no deduction, copayment, cost sharing, or similar charge shall be imposed against an Indian who is furnished an item or service directly by the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization, or through referral under the contract health service for which payment may be made under this title.

(B) No Reduction in Amount of Payment Through Referral Under Contract Health Service.—In general, no reduction in the amount of payment provided under a contract for the furnishing of an item or service to an Indian who is eligible for assistance under such title, may be required by the amount of any enrollment fee, premium, or similar charge, or any deduction, copayment, cost sharing, or similar charge that would be due from the Indian by virtue of the operation of section 1151 of such Act (42 U.S.C. 1315j-1).

(2) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed as restricting the application of any other limitations on the imposition of premiums or cost sharing that may apply to an individual receiving medical assistance under this title who is an Indian.

(b) Definitions.—In this subsection, the terms "contract health service", "Indian", "Indian Tribe", "Tribal Organization", and "Urban Indian Organization" have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.

SEC. 206. CONFORMING AMENDMENT.—Section 1916A(a)(1) of such Act (42 U.S.C. 1366-1) is amended by striking "(as amended by section 1916(e))" and inserting "(as amended by section 1916(g)) and inserting subsections (g), (i), and (j) of section 1916(b)."

SEC. 207. CONFORMING AMENDMENT.—Section 219(e)(1) of such Act (42 U.S.C. 1397ee(c)(1)) is amended by adding at the end the following new paragraph:

"(9) INDIAN, INDIAN HEALTH PROGRAM, INDIAN HEALTH SERVICE, TRIBAL ORGANIZATION, TRIBAL TRIBES, TRIBAL ORGANIZATIONS, URBAN INDIAN ORGANIZATIONS, and "Indian Tribe" shall be defined to have the same meaning, and to be subject to the same requirements of citizen or nationality concern with purposes of satisfying the requirement of subsection (x) of section 1903 of such Act."
(b) Nondiscrimination in Qualifications for Payment for Services Under Federal Health Care Programs. —

(1) Requirement to Satisfy Generally Applicable Federal Requirements for Qualification. —

(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 that is otherwise eligible to receive payment under the program for health care services furnished to an Indian on the same basis as any other provider qualified to participate as a provider of health care services under the program if the entity meets generally applicable Federal requirements for participation as a provider of health care services under the program.

(B) Satisfaction of State or Local Licenses or Other Requirements. — Any requirement for participation as a provider of health care services under a Federal health care program that an entity be licensed or recognized under the State or local law where the entity is located to furnish health care services shall be deemed to have been met in the case of an entity operated by an Indian Tribe, Tribal Organization, or Urban Indian Organization if the entity meets all the applicable standards for such licensure or recognition, regardless of whether it obtains a license or other documentation under such State or local law. In accordance with section 1902 of the Social Security Act, the absence of the licensure of a health care professional employed by such an entity under the State or local law where the entity is located shall not be taken into account for purposes of determining whether the entity meets such standards, if the professional is licensed in another State.

(2) Prohibition of Payments to Certain Entities or Individual Excluded from Participation in Federal Health Care Programs or Whose Licenses Are Suspended or Revoked. —

(A) Excluded Entities.—No entity operated by an Indian Tribe, Tribal Organization, or Urban Indian Organization that has been excluded from participation in any Federal health care program or for which a license is under suspension or has been revoked shall receive payment under any such program for health care services furnished to an Indian.

(B) Flash Exclusion —No individual who has been excluded from participation in any Federal health care program or whose State license is under suspension or has been revoked shall receive payment under any such program for health care services 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" means any program under which the entity is located shall be eligible to receive payment under any such program for health care services furnished to an Indian.

(2) Scope of Exclusion. —This section applies to any Federal health care program and applies to all health care services furnished under such program to an Indian.

(3) Authorization to Extend Exclusion. —The Secretary may extend the exclusion of any entity for a period of not more than 2 years if the Secretary determines that the entity is no longer subject to a State law that affects eligibility.

(4) Notice to Program. —Any exclusion authority shall notify the program that an entity is subject to an exclusive exclusion under this section.

(5) Effect of Exclusion. —No payment shall be made under a Federal health care program for health care services furnished to an Indian by an entity that is subject to an exclusive exclusion under this section.

(6) Revocation of Exclusion. —Any entity that is subject to an exclusive exclusion under this section shall be ineligible to receive payment under a Federal health care program for health care services furnished to an Indian by an entity that is subject to an exclusive exclusion under this section.

(7) Notice to Program. —Any entity that is subject to an exclusive exclusion under this section shall be ineligible to receive payment under a Federal health care program for health care services furnished to an Indian by an entity that is subject to an exclusive exclusion under this section.

(8) Prohibition of Waivers. —No payment shall be made under a Federal health care program for health care services furnished to an Indian by an entity that is subject to an exclusive exclusion under this section.

(9) Revocation of Ineligibility. —Any entity that is subject to an exclusive exclusion under this section shall be ineligible to receive payment under a Federal health care program for health care services furnished to an Indian by an entity that is subject to an exclusive exclusion under this section.

(10) Notice to Program. —Any entity that is subject to an exclusive exclusion under this section shall be ineligible to receive payment under a Federal health care program for health care services furnished to an Indian by an entity that is subject to an exclusive exclusion under this section.

(11) Effect of Revocation. —Any entity that is subject to an exclusive exclusion under this section shall be ineligible to receive payment under a Federal health care program for health care services furnished to an Indian by an entity that is subject to an exclusive exclusion under this section.

(12) Notice to Program. —Any entity that is subject to an exclusive exclusion under this section shall be ineligible to receive payment under a Federal health care program for health care services furnished to an Indian by an entity that is subject to an exclusive exclusion under this section.

(13) Effect of Notice. —Any entity that is subject to an exclusive exclusion under this section shall be ineligible to receive payment under a Federal health care program for health care services furnished to an Indian by an entity that is subject to an exclusive exclusion under this section.

(14) Notice to Program. —Any entity that is subject to an exclusive exclusion under this section shall be ineligible to receive payment under a Federal health care program for health care services furnished to an Indian by an entity that is subject to an exclusive exclusion under this section.

(15) Effect of Notice. —Any entity that is subject to an exclusive exclusion under this section shall be ineligible to receive payment under a Federal health care program for health care services furnished to an Indian by an entity that is subject to an exclusive exclusion under this section.
request of the administrator of an affected Indian Health Program (as defined in section 4 of the Indian Health Care Improvement Act) who determines that the exclusion would impose a hardship on individuals entitled to benefits under or enrolled in a Federal health care program.

(b) PROHIBITION ON TRANSFERS INVOLVING INDIAN HEALTH CARE PROGRAMS DEEMED TO BE IN SAFFIR-HARRISONS.—Section 1128(b) of the Social Security Act (42 U.S.C. 1320a(b)) is amended by striking the last paragraph and inserting the following new paragraph:

"(4) Subject to such conditions as the Secretary shall establish from time to time, as necessary to prevent fraud and abuse, for purposes of paragraphs (1) and (2) and section 1128(a), the following transfers shall not be treated as remuneration:"

"(A) TRANSFERS BETWEEN INDIAN HEALTH PROGRAMS, INDIAN TRIBES, TRIBAL ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS.—

Transfers of anything of value between, or among an Indian Health Program, Indian Tribe, Tribal Organization, or Urban Indian Organization, that are made for the purpose of providing necessary health care items and services to any patient served by such Program, Tribe, or Organization and that consist of—

(i) services in connection with the collection, transport, analysis, or interpretation of diagnostic specimens or test data;

(ii) inventory or supplies;

(iii) staff; or

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

(B) TRANSFERS BETWEEN INDIAN HEALTH PROGRAMS, INDIAN TRIBES, TRIBAL ORGANIZATIONS, OR URBAN INDIAN ORGANIZATIONS AND PATIENTS.—Transfers of anything of value between an Indian Health Program, Indian Tribe, Tribal Organization, or Urban Indian Organization and any patient served or eligible for service from an Indian Health Program, Indian Tribe, Tribal Organization, or Urban Indian Organization, including any patient served or eligible for service pursuant to section 807 of the Indian Health Care Improvement Act, but only if such transfers—

(i) consist of expenditures related to providing transportation for the patient for the provision of necessary health care items and services, provided that the provision of such transportation is not advertised, nor an incentive of which the value is disproportionately large in relationship to the value of the health care item or service (with respect to the value of the item or service itself or, for preventative items or services, the future health care costs reasonably expected to be avoided); or

(ii) consist of expenditures related to providing housing to the patient (including a pregnant patient) and immediate family members or an escort necessary to assure the timely provision of health care items and services to the patient, provided that the provision of such housing is not advertised, nor an incentive of which the value is disproportionately large in relationship to the value of the health care item or service (with respect to the value of the item or service itself or, for preventative items or services, the future health care costs reasonably expected to be avoided); or

(C) CONTRACT HEALTH SERVICES.—A transfer of anything of value negotiated as part of a contract between an Indian Health Program, Indian Tribe, Tribal Organization, Urban Indian Organization, or the Indian Health Service and a contract care provider for the delivery of contract health services authorized by the Indian Health Service, provided that—

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

(ii) any such transfer is limited to the fair market value of the items or services provided or, in the case of a transfer of items or services related to preventative care, the value of the future health care costs reasonably expected to be avoided; or

(D) OTHER TRANSFERS.—Any other transfer of anything of value involving an Indian Health Program, Indian Tribe, Tribal Organization, or Urban Indian Organization, or a patient served or eligible for service from an Indian Health Program, Indian Tribe, Tribal Organization, or Urban Indian Organization, or the Secretary, in consultation with the Attorney General, determines is appropriate, taking into account the special circumstances of such Indian Health Programs, Indian Tribes, Tribal Organizations, and Urban Indian Organizations, and of patients served by such Programs, Tribes, and Organizations.

SEC. 280. RULES APPLICABLE UNDER MEDICAID AND SCHIP TO MANAGED CARE ENTITIES WITH RESPECT TO INDIAN HEALTH CARE PROVIDERS AND INDIAN MANAGED CARE ENTITIES.

(a) IN GENERAL.—Care covered under the Social Security Act (42 U.S.C. 1396u-2) is amended by adding at the end the following new subsection:

"(h) SPECIAL RULES WITH RESPECT TO INDIAN ENROLLERS, INDIAN HEALTH CARE PROVIDERS, AND INDIAN MANAGED CARE ENTITIES.—

(1) ENROLLER OPTION TO SELECT AN INDIAN HEALTH CARE PROVIDER AS PRIMARY CARE PROVIDER.—In the case of a non-Indian Medicaid managed care entity, an Indian health care provider shall—

(A) has an Indian enrolled with the entity; and

(B) has an Indian health care provider that is participating provider with respect to the entity;

(ii) the amount of payment that the entity will pay an Indian health care provider for covered services under such contract to satisfy the following requirements:

(A) DEMONSTRATION OF PARTICIPATING INDIAN HEALTH CARE PROVIDERS OR APPLICATION OF ALTERNATIVE PAYMENT ARRANGEMENTS.—Subject to subparagraph (E),

(i) demonstrate that the number of Indian health care providers that are participating providers with respect to such entity are sufficient to ensure timely access to covered Medicaid managed care services for those enrollees who choose to receive services from such providers; or

(ii) agree to pay Indian health care providers who are not participating providers with respect to a contract for covered managed care services to those enrollees who are eligible to receive services from such providers at a rate equal to the rate negotiated between such entity and the provider involved or, if such a rate has not been negotiated, at a rate that is not less than the provider rate applicable to managed care entities under this section to a Federally-qualified health care center for services furnished by such center.
to an enrollee of a managed care entity (regardless of whether the Federally-qualified health center or is not a participating provider with the entity).

(ii) Coordination of Encounter Rate for Services Provided by Certain Indian Health Care Providers.—If the amount paid by a managed care entity to an Indian health care provider that is not a Federally-qualified health center and that has elected to receive payment under this title as an Indian Health Service provider under the July 11, 1996, Memorandum of Agreement between the Health Care Financing Administration (now the Centers for Medicare & Medicaid Services) and the Health Care Services, a Tribe, Tribal Organization, or Urban Indian Organization, or a State, which may be one of 1 or more Tribes, Tribal Organizations, or Urban Indian Organizations, and which also may include the Service.

(iii) Coverage of Medicaid Managed Care Services.—The term ‘Covered Medicaid Managed Care Services’ means, with respect to an Indian Tribe, Tribal Organization, or Urban Indian Organization, or a State, the services that are within the scope of items and services for which benefits are available with respect to the individual under the contract between the entity and the State involved.

(iv) Indian Health Care Provider.—The term ‘Indian Health Care Provider’ (or Indian Tribe, Tribal Organization, or Urban Indian Organization) means an Indian Tribal health care provider that is not an Indian Medicaid managed care entity.

(v) Indian Health Service.—The term ‘Indian Health Service’ means an Indian Tribe, Tribal Organization, or Urban Indian Organization with respect to such facilities’ compliance with the applicable conditions and requirements of titles XIX and XXI, in the case of the Indian Health Service, in a Tribe, Tribal Organization, or Urban Indian Organization with respect to such facilities’ compliance with the applicable conditions and requirements of titles XIX and XXI, in the case of the Indian Health Service, in a Tribe, Tribal Organization, or Urban Indian Organization.

(vi) State.—The term ‘State’ means a State that meets generally applicable standards of quality of care.

SEC. 209. ANNUAL REPORT ON INDIANS SERVED BY SOCIAL SECURITY ACT HEALTH BENEFIT PROGRAMS.

1. Introduction

Section 1139 of the Social Security Act (42 U.S.C. 1320b–9), as amended by the sections 205 and 206, is amended by adding at the end the following new subsection:

(iii) The total number of Indians enrolled in, or receiving items or services under, such programs, disaggregated with respect to such services.

(ii) The number of Indians described in paragraph (1) that also received health benefits under programs funded by the Indian Health Service.

(iv) General information regarding the health status of the Indians described in paragraph (1), disaggregated with respect to specific diagnoses or conditions, presented in a manner that is consistent with protections for privacy of individually identifiable health information under section 264(c) of the Health Insurance Portability and Accountability Act of 1996.

(v) A detailed statement of the status of facilities of the Indian Health Service or an Indian Tribe, Tribal Organization, or Urban Indian Organization.

(vi) Each Indian Tribe, Tribal Organization, or Urban Indian Organization.

(ii) Covered Medicaid Managed Care Services.—The term ‘Covered Medicaid Managed Care Services’ means, with respect to an Indian Tribe, Tribal Organization, or Urban Indian Organization, or a State, the services that are within the scope of items and services for which benefits are available with respect to the individual under the contract between the entity and the State involved.

(ii) Indian Health Care Provider.—The term ‘Indian Health Care Provider’ means an Indian Tribal health care provider that is not an Indian Medicaid managed care entity.

(iii) Indian Health Service.—The term ‘Indian Health Service’ means an Indian Tribe, Tribal Organization, or Urban Indian Organization.

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(iii) General information regarding the health status of the Indians described in paragraph (1), disaggregated with respect to specific diagnoses or conditions, presented in a manner that is consistent with protections for privacy of individually identifiable health information under section 264(c) of the Health Insurance Portability and Accountability Act of 1996.

(iv) A detailed statement of the status of facilities of the Indian Health Service or an Indian Tribe, Tribal Organization, or Urban Indian Organization.

(v) Each Indian Tribe, Tribal Organization, or Urban Indian Organization.
Mr. THOMAS. Mr. President, I rise today regarding the introduction of the Indian Health Care Improvement Act Amendments of 2007. This legislation will reauthorize the Indian Health Care Improvement Act and provide essential improvements to the Indian health system. These improvements are needed to raise the health status of Indian communities. The mortality and incidence rates are far greater than the national averages. For example, on the Wind River Indian Reservation in Wyoming, the average age at death is 49, according to recent data from the Indian Health Service.

The reauthorization has been an ongoing effort since 1999 and significant progress has been made particularly in the last two Congresses. The bill being introduced today incorporates provisions that the Committee has developed in the course of the previous two Congresses.

Even though there may be remaining issues about certain provisions, the production of this very important bill will facilitate the process of resolving those issues. I look forward to continuing work on those issues and advancing a bill that is effective in addressing the health care needs of Indian people.

I encourage my colleagues to join Chairman DORGAN and me in these efforts to improve the lives of Indian people.

By Mr. SANDERS (for himself, Mr. LIEBERMAN, Mr. LEAHY, and Mr. FEINGOLD):

S. 1201. A bill to amend the Clean Air Act to reduce emissions from electric powerplants, and for other purposes; to the Committee on Environment and Public Works.

Mr. SANDERS. Mr. President, today I am introducing the Clean Power Act of 2007. With unanimous consent that the full text of the bill be printed in the Record, this legislation is modeled after legislation spearheaded by my predecessor and ardent protector of the environment and the public health, Senator JIM JOHNSON. I am proud to sit on the Environment and Public Works Committee that was under his leadership for a time, and I am also honored to be a member of another Committee of significant importance, the Energy and Natural Resources Committee.

The Clean Power Act of 2007 gets to a problem on the minds of those in the northeast, who suffer insults to their health and their environment in the form of dirty air and polluted lakes, as well as those all across the country who want to see power plants shape up their act. This legislation will help clean the air and reduce global warming pollution by dramatically reducing the four major pollutants emitted by power plants—carbon dioxide, nitrogenoxide, sulfur dioxide, and mercury.

Congress must work toward an economy-wide approach to addressing global warming, along the lines of the legislation introduced by Senator BOXER and others: S. 309, the Global Warming Pollution Reduction Act. However, power plants should begin reducing their greenhouse gas emissions now, at the same time they are reducing emissions of other air pollutants. The Clean Power Act of 2007 would set this process in motion by using a cap and trade approach for reducing carbon dioxide, nitrogen oxide, and sulfur dioxide emissions. Additionally, the legislation makes linkages to an economy-wide reduction of pollutants responsible for global warming by specifying that if Congress has not passed, and the President has not signed, legislation affecting at least 85 percent of manmade sources of global warming pollutants by 2012, that the emissions from power plants must be decreased each year by 3 percent until atmospheric concentrations of global warming pollutants are stabilized at 450 parts per million carbon dioxide equivalent. Moving forward this power plant only bill today, let it be clear that I remain firm in my belief that we must tackle the problem of global warming in a way that will actually make a difference to the future of the planet.

I am happy to be joined in introducing this legislation by Senator LIEBERMAN, Senator LEAHY, and Senator FEINGOLD. Additionally, I am glad to have the support of many national organizations including the Clean Air Task Force, National Wildlife Federation, Environmental Defense, National Environmental Trust, the American Lung Association, Natural Resources Defense Council, and U.S. PIRG.

As we move forward to address global warming and to protect current and future generations, dealing with power plant emissions is a good start. I look forward to gaining the support of my colleagues on this important legislation.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1201

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Clean Power Act of 2007”.

SEC. 2. ELECTRIC ENERGY GENERATION EMISSION REDUCTIONS.

(a) IN GENERAL.—The Clean Air Act (42 U.S.C. 7401 et seq.) is amended by adding at the end the following:

"TITLE VII—ELECTRIC ENERGY GENERATION EMISSION REDUCTIONS"

"Sec. 701. Findings.

"Sec. 702. Purposes.

"Sec. 703. Definitions.

"Sec. 704. Emission limitations.

"Sec. 705. Emission allowances.

"Sec. 706. Perpetuation and trading of emission allowances.

"Sec. 707. Emission allowance allocation.

"Sec. 708. Mercury emission limitations.

"Sec. 709. Other hazardous air pollutants.

"Sec. 710. Emission standards for affected units.

"Sec. 711. Low-carbon generation requirement.


"Sec. 713. Energy efficiency performance standards.

"Sec. 714. Renewable portfolio standard.

"Sec. 715. Standards to account for biologi- cal sequestration of carbon.

"Sec. 716. Effect of failure to promulgate regulations.

"Sec. 717. Prohibitions.

"Sec. 718. Modernization of electric generation facili- ties.


"Sec. 720. Paramout interest waiver.

"Sec. 721. Relationship to other law.

"SEC. 701. FINDINGS.

Congress finds that—

(1) public health, and the environment continue to suffer as a result of pollution emitted by powerplants across the United States, despite the success of Public Law 104-54 (commonly known as the ‘Clean Air Act Amendments of 1990’) (42 U.S.C. 7401 et seq.) in reducing emissions;

(2) according to the most reliable scientific knowledge, acid rain precursors must be significantly reduced for the ecosystems of the Northeast and Southeast to recover from the ecological harm caused by acid deposition;

(3) because lakes and sediments across the United States are being contaminated by mercury emitted by powerplants, there is an increasing risk of mercury poisoning of aquatic habitats and fish-consuming human populations;

(4) electricity generation accounts for approximately 40 percent of the total emissions in the United States of carbon dioxide, a major global warming pollutant causing global warming;

(5) the cumulative impact of powerplant emissions on public and environmental health must be addressed swiftly by reducing those harmful emissions to levels that are less threatening;

(6) 1,803,000,000 metric tons of carbon dioxide equivalent were emitted during 1990;

(7)(A) the atmosphere is a public resource; and

(B) emission allowances, representing permission to use that resource for disposal or otherwise, may be allocated to promote public purposes, including—

(i) protecting electricity consumers from adverse economic impacts;

(ii) providing transition assistance to adversely affected employees, communities, and industries; and

(iii) promoting clean energy resources and energy efficiency;

(8) an array of technological options exist for use in reducing global warming pollution emissions, and significant reductions can be attained using a portfolio of options that will not adversely impact the economy;

(9) the ingenuity of the people of the United States will allow the United States to become a leader in solving global warming; and

(10) it should be a goal of the United States to achieve a reduction in global warming pollution emissions in the United States—

(A) to ensure that the average global temperature does not increase by more than 3.6 degrees Fahrenheit (2 degrees Celsius); and

(B) to ensure the achievement of an average global atmospheric concentration of carbon dioxide and other greenhouse pollutants that does not exceed 500 parts per million in carbon dioxide equivalent.
SEC. 702. PURPOSES.

The purposes of this title are—

(1) to alleviate the environmental and public health damage caused by emissions of sulfur dioxide, nitrogen oxides, global warming pollutants, and mercury resulting from the combustion of fossil fuels in the generation of electric and thermal energy;

(2) to reduce worldwide emission of carbon dioxide by specified deadlines; and

(3) to achieve the achievement of an economy-wide basis, the quantity of global warming pollutant that makes the same contribution to global warming as a certain mass of carbon dioxide.

SEC. 703. DEFINITIONS.

In this title:

(A) the term ‘Academy’ means the National Academy of Sciences;

(B) the term ‘carbon dioxide equivalent’, for each greenhouse gas, means the amount of carbon dioxide that is equivalent to the given greenhouse gas, taking into consideration the report described in section 705(d)(1);

(C) the term ‘covered pollutant’ means—

(A) sulfur dioxide;

(B) any nitrogen oxide;

(C) mercury; and

(D) any global warming pollutant.

SEC. 704. CONDITION FOR TREATMENT OF ELECTRIC GENERATION FACILITIES AFTER 2020.

If, by December 31, 2012, Congress does not enact, and the President does not sign, an Act affecting at least 85 percent of the sources of greenhouse gas emissions in the United States designed to reduce, on an economy-wide basis, the quantity of global warming pollutants emitted from those electric generation facilities to achieve a reduction in emissions of mercury of more than 90 percent; and

SEC. 705. DEFINITIONS.

In this title:

(A) the term ‘Academy’ means the National Academy of Sciences;

(B) the term ‘carbon dioxide equivalent’, for each greenhouse gas, means the amount of carbon dioxide that is equivalent to the given greenhouse gas, taking into consideration the report described in section 705(d)(1);

(C) the term ‘covered pollutant’ means—

(A) sulfur dioxide;

(B) any nitrogen oxide;

(C) mercury; and

(D) any global warming pollutant.

SEC. 706. DEFINITIONS.

In this title:

(A) the term ‘Academy’ means the National Academy of Sciences;

(B) the term ‘carbon dioxide equivalent’, for each greenhouse gas, means the amount of carbon dioxide that is equivalent to the given greenhouse gas, taking into consideration the report described in section 705(d)(1);

(C) the term ‘covered pollutant’ means—

(A) sulfur dioxide;

(B) any nitrogen oxide;

(C) mercury; and

(D) any global warming pollutant.

SEC. 707. DEFINITIONS.

In this title:

(A) the term ‘Academy’ means the National Academy of Sciences;

(B) the term ‘carbon dioxide equivalent’, for each greenhouse gas, means the amount of carbon dioxide that is equivalent to the given greenhouse gas, taking into consideration the report described in section 705(d)(1);

(C) the term ‘covered pollutant’ means—

(A) sulfur dioxide;

(B) any nitrogen oxide;
sources, the emissions limitations for elec-
tric generation facilities shall be succes-
sively decreased by at least 3 percent below
the limitations required by this title for the prece-
sing years that comply with the provisions that
(1) for each of calendar years 2026 through
2050;
(2) until, as determined by the Adminis-
trator, the purpose described in section 702(6)
is achieved; or
(3) until Congress enacts, and the Presi-
dent signs, such an Act.

SEC. 705. EMISSION LIMITATIONS.

(a) In General.—Subject to subsections
(b) through (e), the Administrator shall pro-
mulate a rule that ensures that the total
annual emissions of covered pollutants from
electric generation facilities located in
all States does not exceed
(i) in the case of mercury—
(A) in the western region—
(i) for calendar years 2010 through 2012, 274,500 tons; and
(ii) for calendar year 2013 and each cal-
endar year thereafter, 158,600 tons; and
(B) in the nonwestern region—
(i) for calendar years 2010 through 2012, 1,975,500 tons; and
(ii) for calendar year 2013 and each cal-
endar year thereafter, 900,000 tons; and
(ii) for calendar year 2013 and each cal-
endar year thereafter, 1,975,500 tons; and
(C) by December 31, 2015, not more than
1,500,000,000 metric tons of carbon dioxide
equivalent;
and
(D) by December 31, 2025, not more than
1,500,000,000 metric tons of carbon dioxide
equivalent; and
(ii) in the case of mercury, by December 31,
2012, and during each calendar year there-
after, the lower of, as applicable—
(A) 5 tons; and
(B) to the maximum extent practicable,
with respect to an electric generation facili-
ty, a quantity of mercury emissions that
represents the least-cost, 70 percent reduction
of emissions of mercury by the electric gen-
eration facility, as compared to the average
emissions of mercury during calendar years
2009 through 2011.

(b) Excess Emissions Based on Unused Allowances.—The regulations promulgated
under subsection (a) shall authorize emit-
sions of covered pollutants in excess of the
national emission limitations established
under that subsection for a calendar year to the extent that the number of tons of the ex-
cess emissions is less than or equal to the
number of emission allowances that are
(1) used in the calendar year; but
(2) allocated for any preceding calendar
year under section 708.

(c) Reductions.—For calendar year 2010
and each calendar year thereafter, the quan-
tity of emissions specified for each covered
pollutant in subsection (a) shall be reduced by
the sum of—
(i) the total number of tons of the covered pol-
lutant that were emitted by small electric
generation facilities in the second preceding
calendar year; and
(ii) the number of tons of reductions in
emissions of the covered pollutant required
under section 706(h).

(d) Accelerated Global Warming Pollu-
tion Emissions Limitations.—

(1) In General.—The Administrator shall
offer to enter into a contract with the Acad-
emy under which the Academy, not later
than 2 years after the date of enactment of
this title, and every 2 years thereafter, shall
submit to Congress and the Administrator a
report that describes whether any event de-
scribed in subparagraph (B)—
(i) has occurred or is more likely than not to
occur in the foreseeable future; and
(ii) in the judgment of the Academy, is
the result of anthropogenic climate change.

(2) Acceleration of Limitations.—If a
NAS report required under paragraph (1)
Presents an event described in paragraph (1)(B)
(i) has occurred, or is more likely than not to
occur in the foreseeable future, not later than
2 years after the date of the NAS report,
the Administrator, after an opportunity for
notice and public comment and taking into
consideration the new information contained
in the NAS report, shall allocate in accordance
with section 708, emission allowances as follows:

(A) In the case of sulfur dioxide—
(i) for calendar years 2010 through 2012,
emission allowances for 274,500 tons; and
(ii) for calendar year 2013 and each cal-
endar year thereafter, emission allowances for
158,600 tons; and

(B) in the nonwestern region—
(i) for calendar years 2010 through 2012,
emission allowances for 1,975,500 tons; and
(ii) for calendar year 2013 and each cal-
endar year thereafter, emission allowances for
900,000 tons; and

(C) by December 31, 2015, not more than
1,500,000,000 metric tons of carbon dioxide
equivalent;

(D) by December 31, 2025, not more than
1,500,000,000 metric tons of carbon dioxide
equivalent; and

(3) Updating.—Once every 5 years, the Ad-
ministrator shall—

(1) define, in Technologically Infeasible, with
time projection of that conclusion.

(2) Global warming pollution emis-
sions limitation required by this section
cannot be achieved because the limitation is
technologically infeasible, the Adminis-
trator shall submit to Congress a notification
that conclusion.

(4) Evaluation of Certain Purpose.—Not later
than December 31, 2007, the Adminis-
trator shall offer to enter into a contract
with the Academy under which, not later
than December 31, 2009, the Academy shall
submit to Congress and the Adminis-
trator a report on the appropriateness of
the purpose described in section 702(6),
taking into consideration—

(A) information that was not available as
of the date of enactment of this title; and
(B) events that have occurred since that
date relating to—
(i) climate change;
(ii) climate change mitigation strategies that
could be used or pursued in
the United States on an accelerated schedule; and
(iii) national and international climate change
commitment.

(5) Emission Allowances.

(a) Creation and Allocation.—

(1) In General.—Subject to paragraphs (2)
and (3), there are created, and the Adminis-
trator shall allocate with respect to each cal-
endar year under which the Academy, not later
than the date of enactment of this title, the
number of tons of the covered pollut-
ent that were emitted by small electric
energy facilities in each calendar year, and
(h) the status of current global warming
pollution emission reduction technologies,
including—
(i) technologies for capture and disposal
of global warming pollutants;
(ii) efficiency improvement technologies;
(iii) zero-global-warming-pollution-emitting
energy technologies; and
(iv) above- and below-ground biological
sequestration technologies;

(b) whether any requirement under this
section is technologically infeasible
cannot reasonably be expected to achieve
the purpose described in section 702(6),
taking into consideration—

(A) information that was not available as
of the date of enactment of this title; and
(B) events that have occurred since that
date relating to—
(i) climate change;
(ii) climate change mitigation strategies that
could be used or pursued in
the United States on an accelerated schedule; and
(iii) national and international climate change
commitments.

SEC. 706. EMISSION ALLOWANCES.

(a) Creation and Allocation.—

(1) In General.—Subject to paragraphs (2)
and (3), there are created, and the Adminis-
trator shall allocate with respect to each cal-
endar year under which the Academy, not later
than the date of enactment of this title, the
number of tons of the covered pollut-
ent that were emitted by small electric
energy facilities in each calendar year, and
(h) the status of current global warming
pollution emission reduction technologies,
including—
(i) technologies for capture and disposal
of global warming pollutants;
(ii) efficiency improvement technologies;
(iii) zero-global-warming-pollution-emitting
energy technologies; and
(iv) above- and below-ground biological
sequestration technologies;

(b) whether any requirement under this
section is technologically infeasible
cannot reasonably be expected to achieve
the purpose described in section 702(6),
taking into consideration—

(A) information that was not available as
of the date of enactment of this title; and
(B) events that have occurred since that
date relating to—
(i) climate change;
(ii) climate change mitigation strategies that
could be used or pursued in
the United States on an accelerated schedule; and
(iii) national and international climate change
commitments.

SEC. 705. EMISSION LIMITATIONS.

(a) In General.—Subject to subsections
(b) through (e), the Administrator shall pro-
mulate a rule that ensures that the total
annual emissions of covered pollutants from
electric generation facilities located in
all States does not exceed
(i) in the case of mercury—
(A) in the western region—
(i) for calendar years 2010 through 2012, 274,500 tons; and
(ii) for calendar year 2013 and each cal-
endar year thereafter, 158,600 tons; and
(B) in the nonwestern region—
(i) for calendar years 2010 through 2012, 1,975,500 tons; and
(ii) for calendar year 2013 and each cal-
endar year thereafter, 900,000 tons; and
(ii) for calendar year 2013 and each cal-
endar year thereafter, 1,975,500 tons; and
(C) by December 31, 2020, not more than
1,955,000,000 metric tons of carbon dioxide
equivalent; and

(D) by December 31, 2025, not more than
1,500,000,000 metric tons of carbon dioxide
equivalent; and

(4) in the case of mercury, by December 31,
2012, and during each calendar year there-
after, the lower of, as applicable—
(A) 5 tons; and
(B) to the maximum extent practicable,
with respect to an electric generation facili-
ty, a quantity of mercury emissions that
represents the least-cost, 70 percent reduction
of emissions of mercury by the electric gen-
eration facility, as compared to the average
emissions of mercury during calendar years
2009 through 2011.

(b) Excess Emissions Based on Unused Allowances.—The regulations promulgated
under subsection (a) shall authorize emit-
sions of covered pollutants in excess of the
national emission limitations established
under that subsection for a calendar year to the extent that the number of tons of the ex-
cess emissions is less than or equal to the
number of emission allowances that are
used in the calendar year; but
allocated for any preceding calendar
year under section 708.

(c) Reductions.—For calendar year 2010
and each calendar year thereafter, the quan-
tity of emissions specified for each covered
pollutant in subsection (a) shall be reduced by
the sum of—
(i) the total number of tons of the covered pol-
lutant that were emitted by small electric
generation facilities in the second preceding
calendar year; and
(ii) any number of tons of reductions in
emissions of the covered pollutant required
under section 706(h).
(A) review the formula by which the Administrator allocates allowances under this title; and

(B) update that formula, as the Administrator determines to be necessary given the results of the review.

"(b) Nature of Emission Allowances.—

(1) IN GENERAL.—No emission allowance allocated by the Administrator under subsection (a) is a property right.

(2) No LIMIT ON AUTHORITY TO TERMINATE OR LIMIT.—Nothing in this title or any other provision of law limits the authority of the United States to terminate or limit an emission allowance.

"(c) Transferring and Transfer of Emission Allowances.—

(A) IN GENERAL.—Not later than 1 year after the date of enactment of this title, the Administrator shall promulgate regulations to establish an emission allowance tracking and transfer system for emission allowances of sulfur dioxide, nitrogen oxides, and global warming pollutants.

(B) Requirements.—The emission allowance tracking and transfer system established under subparagraph (A) shall—

(i) include the requirements of subsections (b) and (d) of section 412 (except that written certification by the transferee shall not be necessary to effect a transfer); and

(ii) permit any entity—

(I) to buy, sell, or hold an emission allowance;

(II) to permanently retire an unused emission allowance;

(C) Procedural Transfers.—Proceeds from the transfer of emission allowances by any person to which the emission allowances have been allocated—

(i) shall not constitute funds of the United States;

(ii) shall not be available to meet any obligations of the United States.

(c) Identification and Use.—

(1) IN GENERAL.—Each emission allowance allocated by the Administrator shall bear a unique serial number, including—

(A) an identifier of the covered pollutant to which the emission allowance pertains; and

(B) the first calendar year for which the allowance may be used.

(2) Sulfur Dioxide Emission Allowances.—In the case of sulfur dioxide emission allowances, the Administrator shall ensure that the emission allowances allocated to electric generation facilities in the western region are distinguishable from emission allowances allocated to electric generation facilities in the non-western region.

(3) Year of Use.—Each emission allowance may be used in the calendar year for which the emission allowance is allocated or in any subsequent calendar year.

(d) Annual Submission of Emission Allowances.—

(1) In General.—On or before April 1, 2011, and on or before April 1 of each year thereafter, the owner or operator of each electric generation facility shall submit to the Administrator 1 emission allowance for each covered pollutant (other than mercury) for each ton of sulfur dioxide, nitrogen oxides, or global warming pollutants emitted by the electric generation facility during the preceding calendar year.

(2) Special Rule for Ozone Exceedances.—

(A) Identification of Facilities Contributing to Exceedances.—Not later than December 31, 2009, and the end of each 3-year period thereafter, each State, consistent with the obligations of the State under section 110 or section 111, shall identify the electric generation facilities in the State and in other States that are significantly contributing to the national ambient air quality standard for ozone in the State.

(B) Submission of Emission Allowances.—In calendar year 2010 and each calendar year thereafter, on petition from a State or a person demonstrating that the electric generation facility that is identified under subparagraph (A) as significantly contributing to nonattainment of the national ambient air quality standard for ozone in the State during the preceding calendar year is inadequate to prevent the significant contribution, the Administrator, if the Administrator determines that the electric generation facility is inadequately controlled for nitrogen oxides, may require that the electric generation facility submit 3 nitrogen oxide emission allowances for each ton of nitrogen oxides emitted by the electric generation facility during any period or an aggregate period, of 15 calendar days, of the national ambient air quality standard for ozone in the State during the preceding calendar year.

(3) Regional Limitations for Sulfur Dioxide Emissions.—The Administrator shall not allow—

(A) the use of sulfur dioxide emission allowances allocated for the western region to meet the obligations under this subsection of electric generation facilities in the non-western region; or

(B) the use of sulfur dioxide emission allowances allocated for the non-western region to meet the obligations under this subsection of electric generation facilities in the western region.

(4) Emission Verification, Monitoring, and Recordkeeping.—

(a) In General.—The Administrator shall—

(I) establish requirements that the electric generation facility shall submit to the Administrator 1 emission allowance for each ton of nitrogen oxides emitted by the electric generation facility during any period or an aggregate period, of 15 calendar days, of the national ambient air quality standard for ozone in the State during the preceding calendar year.

(b) Monitoring Information.—

(1) IN GENERAL.—Each electric generation facility shall submit to the Administrator, in connection with any applicable State regulations, monitoring information with any applicable State regulations, that the owner or operator failed to submit; and

(ii) the number of tons emitted in excess of the emission limitation requirement applicable to the electric generation facility.

(c) Significant Adverse Local Impacts.—

(1) IN GENERAL.—If the Administrator determines that emissions of an electric generation facility may reasonably be anticipated to cause or contribute to a significant adverse impact on an area (including endangerment of public health, contribution to acid deposition in a sensitive receptor area, and other degradation of the environment), the Administrator shall limit the emissions of the electric generation facility as necessary to avoid that impact.

(2) SOURCE INFORMATION.—Information submitted under paragraph (A) shall be made available using a continuous emission monitoring system (as defined in section 402).

(3) Availability to the Public.—The information submitted under subparagraph (A) shall be made available to the public—

(i) in the case of the first year in which the information is required to be submitted under this paragraph, not later than 18 months after the date of enactment of this title; and

(ii) in the case of each year thereafter, not later than April 1 of the year.
 SEC. 706. EMISSION ALLOWANCE ALLOCATION.  

(a) SULFUR DIOXIDE AND NITROGEN OXIDES.  

(1) INITIAL ALLOCATIONS.—For calendar years 2010 through 2012, the Administrator shall allocate emission allowances for sulfur dioxide and nitrogen oxides, consistent with applicable regulations (including regulations).

(2) SUBSEQUENT ALLOCATIONS.—  

(A) IN GENERAL.—For calendar year 2013 and each calendar year thereafter, the Administrator shall allocate emission allowances for sulfur dioxide and nitrogen oxides as the Administrator determines to be appropriate in accordance with subparagraphs (B) and (C).

(B) ALLOCATION FACTORS.—In allocating emission allowances for sulfur dioxide and nitrogen oxides under subparagraph (A), the Administrator, in consultation with the Secretary of Commerce, shall take into consideration the factors described in subsection (c)(1).

(C) ALLOCATION BASES.—Subject to paragraph (2), the Administrator shall allocate emission allowances for sulfur dioxide and nitrogen oxides for each calendar year after the calendar year of enactment of this Act, in accordance with the factors described in subsection (c)(1) until, by not later than 15 years after the date of enactment of this Act, the Administrator determines to be appropriate in accordance with subparagraphs (B) and (C).

(d) EMISSION ALLOWANCE TRADING.—  

(A) STUDIES.—  

(i) FACTOR STUDIES.—In 2015 and at the end of each 3-year period thereafter, the Administrator shall complete a study of the impacts of the emission allowance trading authorized under this title.

(ii) REQUIRED ASSESSMENT.—The study shall include an assessment of ambient air quality in areas surrounding electric generation facilities in addition to the reductions required under the other provisions of this title.

(1) USE OF CERTAIN OTHER EMISSION ALLOWANCES.—  

(A) IN GENERAL.—The Administrator may use emission allowances created under this title to reduce emissions from electric generation facilities.

(B) LIMITATION ON EMISSIONS.—If the Administrator determines, based on the results of a study under subparagraph (A), that adverse local impacts result from emission allowance trading, the Administrator may require reductions in emissions from electric generation facilities in addition to the reductions required under the other provisions of this title.

(2) INTERIM ALLOCATIONS.—  

(A) USE OF CERTAIN OTHER EMISSION ALLOWANCES.—  

(i) IN GENERAL.—For calendar year 2010, the Administrator shall transfer to each entity that participated pursuant to paragraph (4)(A) for auction not less than 50 percent of the quantity of emission allowances available for allocation for global warming pollutants for the purposes described in paragraph (4).

(ii) INCREASE IN QUANTITY.—For calendar year 2011 and each calendar year thereafter, the Administrator may increase the quantity of emission allowances transferred to auction under paragraph (1) until not later than 15 years after the date of enactment of this title, 100 percent of the emission allowances available for allocation for global warming pollutants for a calendar year are available for auction.

(3) ALLOCATION FACTORS.—In transferring emission allowances for auction under paragraph (1), the Administrator, in consultation with the Secretary of Commerce, shall take into consideration the factors described in subsection (c)(1).

(4) REQUIREMENTS.—Regulations promulgated to carry out this subsection may provide for, as the Administrator determines to be necessary, the appointment of 1 or more trustees.

(A)(i) to receive emission allowances for the benefit of households, communities, and other entities that have experienced disproportionate adverse impacts as a result of—

(II) the transition to a lower carbon-emitting economy.

(ii) to sell the emission allowances at fair market value; and

(iii) to distribute the proceeds of any sale of emission allowances to the appropriate beneficiaries; or

(B) to allocate emission allowances, in accordance with applicable regulations, to communities (including protection of children, pregnant women, minority or low-income communities, and other sensitive populations), the Administrator may require reductions in emissions from electric generation facilities in addition to the reductions required under the other provisions of this title.

(2) REQUIREMENTS.—Regulations promulgated to carry out this subsection may provide for, as the Administrator determines to be necessary, the appointment of 1 or more trustees.

(A)(i) to receive emission allowances for the benefit of households, communities, and other entities that have experienced disproportionate adverse impacts as a result of—

(II) the transition to a lower carbon-emitting economy.

(ii) to sell the emission allowances at fair market value; and

(iii) to distribute the proceeds of any sale of emission allowances to the appropriate beneficiaries; or

(B) to allocate emission allowances, in accordance with applicable regulations, to communities (including protection of children, pregnant women, minority or low-income communities, and other sensitive populations), the Administrator may require reductions in emissions from electric generation facilities in addition to the reductions required under the other provisions of this title.

SEC. 707. PERMITTING AND TRADING OF EMISSION ALLOWANCES.  

(1) INITIAL PERMITTING.—Before any allocation or transfer of emission allowances under subsection (a) or (b), the Administrator, in consultation with the Secretary of Commerce, shall take into consideration—

(A) the distributive effect of the allocations on household income and net worth of individuals;

(B) the impact of the allocations on corporate income, taxes, and asset value;

(C) the impact of the allocations on coal and electricity prices; and

(D) the impact of the allocations with respect to economic efficiency.

(2) ALLOCATION REQUIREMENTS.—The Administrator may require reductions in emissions from electric generation facilities to pass through compliance costs to customers of the electric generation facilities.

(i) communities, individuals, and companies; and

(ii) to sell the emission allowances at fair market value; and

(iii) to distribute the proceeds of any sale of emission allowances to the appropriate beneficiaries; or

(B) to allocate emission allowances, in accordance with applicable regulations, to communities (including protection of children, pregnant women, minority or low-income communities, and other sensitive populations), the Administrator may require reductions in emissions from electric generation facilities in addition to the reductions required under the other provisions of this title.

(2) REQUIREMENTS.—Regulations promulgated to carry out this subsection may provide for, as the Administrator determines to be necessary, the appointment of 1 or more trustees.

(A)(i) to receive emission allowances for the benefit of households, communities, and other entities that have experienced disproportionate adverse impacts as a result of—

(II) the transition to a lower carbon-emitting economy.

(ii) to sell the emission allowances at fair market value; and

(iii) to distribute the proceeds of any sale of emission allowances to the appropriate beneficiaries; or

(B) to allocate emission allowances, in accordance with applicable regulations, to communities (including protection of children, pregnant women, minority or low-income communities, and other sensitive populations), the Administrator may require reductions in emissions from electric generation facilities in addition to the reductions required under the other provisions of this title.

SEC. 708. EMISSION ALLOWANCE ALLOCATION.  

(1) IN INITIAL PERMITTING.—Before any allocation or transfer of emission allowances under subsection (a) or (b), the Administrator, in consultation with the Secretary of Commerce, shall take into consideration—

(A) the distributive effect of the allocations on household income and net worth of individuals;

(B) the impact of the allocations on corporate income, taxes, and asset value;

(C) the impact of the allocations on coal and electricity prices; and

(D) the impact of the allocations with respect to economic efficiency.

(2) ALLOCATION REQUIREMENTS.—The Administrator may require reductions in emissions from electric generation facilities to pass through compliance costs to customers of the electric generation facilities.

(i) communities, individuals, and companies; and

(ii) to sell the emission allowances at fair market value; and

(iii) to distribute the proceeds of any sale of emission allowances to the appropriate beneficiaries; or

(B) to allocate emission allowances, in accordance with applicable regulations, to communities (including protection of children, pregnant women, minority or low-income communities, and other sensitive populations), the Administrator may require reductions in emissions from electric generation facilities in addition to the reductions required under the other provisions of this title.

(2) REQUIREMENTS.—Regulations promulgated to carry out this subsection may provide for, as the Administrator determines to be necessary, the appointment of 1 or more trustees.

(A)(i) to receive emission allowances for the benefit of households, communities, and other entities that have experienced disproportionate adverse impacts as a result of—

(II) the transition to a lower carbon-emitting economy.

(ii) to sell the emission allowances at fair market value; and

(iii) to distribute the proceeds of any sale of emission allowances to the appropriate beneficiaries; or

(B) to allocate emission allowances, in accordance with applicable regulations, to communities (including protection of children, pregnant women, minority or low-income communities, and other sensitive populations), the Administrator may require reductions in emissions from electric generation facilities in addition to the reductions required under the other provisions of this title.

SEC. 709. PERMITTING AND TRADING OF EMISSION ALLOWANCES.  

(1) INITIAL PERMITTING.—Before any allocation or transfer of emission allowances under subsection (a) or (b), the Administrator, in consultation with the Secretary of Commerce, shall take into consideration—

(A) the distributive effect of the allocations on household income and net worth of individuals;

(B) the impact of the allocations on corporate income, taxes, and asset value;

(C) the impact of the allocations on coal and electricity prices; and

(D) the impact of the allocations with respect to economic efficiency.

(2) ALLOCATION REQUIREMENTS.—The Administrator may require reductions in emissions from electric generation facilities to pass through compliance costs to customers of the electric generation facilities.

(i) communities, individuals, and companies; and

(ii) to sell the emission allowances at fair market value; and

(iii) to distribute the proceeds of any sale of emission allowances to the appropriate beneficiaries; or

(B) to allocate emission allowances, in accordance with applicable regulations, to communities (including protection of children, pregnant women, minority or low-income communities, and other sensitive populations), the Administrator may require reductions in emissions from electric generation facilities in addition to the reductions required under the other provisions of this title.

(2) REQUIREMENTS.—Regulations promulgated to carry out this subsection may provide for, as the Administrator determines to be necessary, the appointment of 1 or more trustees.

(A)(i) to receive emission allowances for the benefit of households, communities, and other entities that have experienced disproportionate adverse impacts as a result of—

(II) the transition to a lower carbon-emitting economy.

(ii) to sell the emission allowances at fair market value; and

(iii) to distribute the proceeds of any sale of emission allowances to the appropriate beneficiaries; or

(B) to allocate emission allowances, in accordance with applicable regulations, to communities (including protection of children, pregnant women, minority or low-income communities, and other sensitive populations), the Administrator may require reductions in emissions from electric generation facilities in addition to the reductions required under the other provisions of this title.

SEC. 710. FUTURE PROVISIONS.  

(1) IN GENERAL.—On the date of enactment of this title, the Administrator or any entity that is a participant in the emission allowance trading program may request the Administrator to promulgate regulations to establish a permitting and emission allowance trading compliance program to implement the limitations on control and reduction requirements from electric generation facilities established under section 708.
technology for the generation of electricity that—

(1) involves the combustion of coal in a boiler; and

(2) is not provided for the capture or sequestration of carbon.

(2) PROTECTION.—

(A) IN GENERAL.—Subject to paragraph (3) and subsections (b) and (c) of this section, no owner or lessor of an affected facility who sells, at wholesale or retail, any electricity generated by the affected facility at an authorized rate shall recover through the authorized rate, in whole or in part, the cost of compliance with any Federal greenhouse gas reduction requirement relating to emissions from the affected facility.

(B) EXCEPTION.—Subparagraph (A) shall not apply to an owner or lessor of an affected facility if the appropriate regulatory agency determines no feasible alternative exists to the use of conventional coal technology by the affected facility.

(3) APPLYABILITY.—Paragraph (2)(A) shall apply to an owner or lessor described in that paragraph only if—

(A) the affected facility enters operation after January 1, 2008; and

(B) the cost of compliance described in paragraph (2) is incurred after the date of enactment of this title.

SEC. 709. MERCURY EMISSION LIMITATIONS.

(a) General.

(1) REGULATIONS.—The regulations promulgated pursuant to this section shall establish limitations on mercury emissions by coal-fired electric generation facilities.

(2) EXCEEDANCE OF NATIONAL LIMITATION.—The regulations shall ensure that the national limitation for mercury emissions from each coal-fired electric generation facility described in section 705(a)(4)(A) (and, to the maximum extent practicable, the goal described in section 705(a)(4)(B)) is not exceeded.

(3) EMISSION LIMITATIONS FOR 2012 AND THEREAFTER.—In carrying out subparagraph (A), for calendar year 2012 and each calendar year thereafter, the Administrator shall not—

(i) subject to subsections (e) and (f) of section 112, establish limitations on emissions of mercury from coal-fired electric generation facilities; and

(ii) limit mercury emissions from electric generation facilities subject to an emission limitation under this section or section 709 affects any requirement of subsection (e) or (f), or (n)(1)(A) of section 112, except that the emissions limitations established by regulations promulgated under this section shall be deemed to represent the maximum achievable control technology for mercury emissions from electric generation units under section 112(d).

(b) EMISSION STANDARDS FOR AFFECTED UNITS.

(A) DEFINITION OF AFFECTED UNIT.—In this subsection, the term ‘‘affected unit’’ means a unit that—

(1) is designed and intended to provide electricity at a unit capacity factor of at least 60 percent; and

(2) begins operation after December 31, 2011.

(B) INITIAL STANDARD.—

(1) IN GENERAL.—Not later than 2 years after the date of enactment of this title, the Administrator shall promulgate regulations requiring each affected unit to meet the standard described in paragraph (2).

(2) STANDARD.—Beginning on December 31, 2011, an affected unit’s global warming pollution emission standard that is not higher than the emission rate of a new combined cycle natural gas generating unit.

(C) MORE STRINGENT REQUIREMENTS.—For the period beginning on January 1 of the calendar year following the effective date of the regulations promulgated pursuant to paragraph (1) and ending on December 31, 2029, the Administrator may increase the stringency of the global warming pollution emission standard described in paragraph (2) with respect to affected units as the Administrator determines to be appropriate to ensure a reduction in the emission rate of global warming pollutants of at least 90 percent from each affected unit.

(d) PROHIBITION ON EXCESS EMISSIONS.

(1) REGULATIONS.—Not later than January 1, 2008, the Administrator shall promulgate regulations to ensure that any mercury captured or recovered by emission controls installed at an electric generation facility is not re-released to the atmosphere.

(2) REQUIRED ELEMENTS.—The regulations shall require—

(A) a daily cover on all active waste disposal units, and permanent covers on all inactive waste disposal units, to prevent the release of mercury into the air;

(B) monitoring of groundwater to ensure that mercury or mercury compounds do not migrate from the waste disposal unit;

(C) waste disposal siting requirements and cleanup requirements to protect groundwater and surface water resources;

(D) elimination of agricultural application of coal combustion waste; and

(E) appropriate limitations on mercury emissions from sources or processes that reprocess or use coal combustion waste, including manufacturers of wallboard and cement.

(3) NEW AFFECTED UNIT LIMITATION.—An affected unit that enters operation on or after the date of enactment of this title shall achieve, on an annual average basis, a mercury emission rate of more than 1.48 grams of mercury per 1,000 megawatt hours, regardless of the type of coal used at the affected unit.

SEC. 710. OTHER HAZARDOUS AIR POLLUTANTS.

(a) IN GENERAL.—Not later than January 1, 2008, the Administrator shall issue to owners and operators of coal-fired electric generation facilities a request for information under section 114 that are of sufficient scope to generate data sufficient to support issuance of standards under section 112(d) for hazardous air pollutants other than mercury and

(b) DEADLINE FOR SUBMISSION OF REQUESTED INFORMATION.—The Administrator shall require each recipient of a request for information described in subsection (a) to submit the requested data not later than 180 days after the date of the request.

(c) PROMULGATION OF EMISSION STANDARDS.—

(A) The Administrator shall—

(1) not later than January 1, 2008, promulgate a standard under section 112(d)(3) for hazardous air pollutants other than mercury; and

(2) not later than January 1, 2009, promulgate a standard under section 112(d)(1) for hazardous air pollutants other than mercury.

(d) PROHIBITION ON EXCESS EMISSIONS.—It shall be unlawful for an electric generation facility subject to standards for hazardous air pollutants other than mercury promulgated under subsection (c) to emit, after December 31, 2010, any such pollutant in excess of the standards.

(3) EFFECT ON OTHER LAW.—Nothing in this section or section 709 affects any requirement of subsection (e), (f), or (n)(1)(A) of section 112, except that the emissions limitations established by regulations promulgated under this section shall be deemed to represent the maximum achievable control technology for mercury emissions from electric generation units under section 112(d).

SEC. 711. EMISSION STANDARDS FOR AFFECTED UNITS.

(a) DEFINITION OF AFFECTED UNIT.—In this subsection, the term ‘‘affected unit’’ means a unit that—

(1) is designed and intended to provide electricity at a unit capacity factor of at least 60 percent; and

(2) begins operation after December 31, 2011.

(b) INITIAL STANDARD.—

(1) IN GENERAL.—Not later than 2 years after the date of enactment of this title, the Administrator shall promulgate regulations requiring each affected unit to meet the standard described in paragraph (2).

(2) STANDARD.—Beginning on December 31, 2011, an affected unit’s global warming pollution emission standard that is not higher than the emission rate of a new combined cycle natural gas generating unit.

(c) MORE STRINGENT REQUIREMENTS.—For the period beginning on January 1 of the calendar year following the effective date of the regulations promulgated pursuant to paragraph (1) and ending on December 31, 2029, the Administrator may increase the stringency of the global warming pollution emission standard described in paragraph (2) with respect to affected units as the Administrator determines to be appropriate to ensure a reduction in the emission rate of global warming pollutants of at least 90 percent from each affected unit.

(d) PROHIBITION ON EXCESS EMISSIONS.

(1) REGULATIONS.—Not later than January 1, 2008, the Administrator shall promulgate regulations to ensure that any mercury captured or recovered by emission controls installed at an electric generation facility is not re-released to the atmosphere.

(2) REQUIRED ELEMENTS.—The regulations shall require—

(A) a daily cover on all active waste disposal units, and permanent covers on all inactive waste disposal units, to prevent the release of mercury into the air;

(B) monitoring of groundwater to ensure that mercury or mercury compounds do not migrate from the waste disposal unit;

(C) waste disposal siting requirements and cleanup requirements to protect groundwater and surface water resources;

(D) elimination of agricultural application of coal combustion waste; and

(E) appropriate limitations on mercury emissions from sources or processes that reprocess or use coal combustion waste, including manufacturers of wallboard and cement.

(3) NEW AFFECTED UNIT LIMITATION.—An affected unit that enters operation on or after the date of enactment of this title shall achieve, on an annual average basis, a mercury emission rate of more than 1.48 grams of mercury per 1,000 megawatt hours, regardless of the type of coal used at the affected unit.

SEC. 712. LOW-CARBON GENERATION REQUIREMENT.

(a) DEFINITIONS.—In this section—

(1) BASE QUANTITY OF ELECTRICITY.—The term ‘‘base quantity of electricity’’ means the total quantity of electricity produced for sale by a covered generator during the calendar year immediately preceding a compliance period from—

(A) coal;

(B) petroleum coke;

(C) lignite; or

(D) any combination of the fuels described in subparagraphs (A) through (C).

(2) COVERED GENERATOR.—The term ‘‘covered generator’’ means an electric generation facility that—

(A) has a rated capacity of 25 megawatts or more; and

SEC. 713. ACADEMY STUDY OF LOW-CARBON GENERATION REQUIREMENT.

(a) STUDY.—The Administrator shall—

(1) request the National Academy of Sciences to conduct a study concerning the impact of the low-carbon generation requirement on the costs of electricity generation and transmission;

(2) ensure that the study is completed within 18 months of the date of enactment of this title; and

(3) transmit a report to the Committees on Environment and Public Works and Energy and Natural Resources of the Senate and the Committees on Energy and Commerce and Natural Resources of the House of Representatives containing the findings and recommendations of the Academy generated in connection with the study.

(b) ACADEMY DETERMINATION.—In this subsection, the term ‘‘Academy’’ means the National Academy of Sciences.
"(B) has an annual fuel input at least 50 percent of which is provided by—

(i) coal;

(ii) petroleum coke;

(iii) lignite; or

(iv) any combination of the fuels described in clauses (i) through (iii).

(3) LOW-CARBON GENERATION.—The term ‘low-carbon’ means electricity generated from an electric generation facility at least 50 percent of the annual fuel input of which, in any year—

(A) is provided by—

(i) coal;

(ii) petroleum coke;

(iii) lignite; or

(iv) any combination of the fuels described in clauses (i) through (iii) and

(B) results in an emission rate into the atmosphere of not more than 250 pounds of carbon dioxide per megawatt-hour (after adjustment for any carbon dioxide emitted from the electric generation facility that is geologically sequestered in a geological repository approved by the Administrator pursuant to section 713).

(4) PROGRAM.—The term ‘program’ means the low-carbon generation credit trading program established under subsection (d)(1).

(b) REQUIREMENT.—

(1) CALENDAR YEARS 2013 THROUGH 2025.—Of the base quantity of electricity produced for sale by a generator for a calendar year, the covered generator shall provide a minimum percentage of that base quantity of electricity for the calendar year from low-carbon generation, as specified in the following table:

<table>
<thead>
<tr>
<th>Calendar year</th>
<th>Minimum annual percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>0.5</td>
</tr>
<tr>
<td>2016</td>
<td>1.0</td>
</tr>
<tr>
<td>2017</td>
<td>2.0</td>
</tr>
<tr>
<td>2018</td>
<td>3.0</td>
</tr>
<tr>
<td>2019</td>
<td>4.0</td>
</tr>
<tr>
<td>2020</td>
<td>5.0</td>
</tr>
</tbody>
</table>

(2) CALENDAR YEARS 2026 THROUGH 2030.—For each of calendar years 2021 through 2025, the Administrator may increase the minimum percentage of the base quantity of electricity from low-carbon generation described in paragraph (1) by not more than 2 percent from the preceding year, as the Administrator determines to be necessary to achieve the emission reduction goal described in section 705(a)(3).

(3) CALENDAR YEARS 2026 THROUGH 2030.—For each of calendar years 2026 through 2030, the Administrator may increase the minimum percentage of the base quantity of electricity from low-carbon generation described in paragraph (1) by not more than 3 percentage points from the preceding year, as the Administrator determines to be necessary to achieve the emission reduction goal described in section 705(a)(3).

(c) MEANS OF COMPLIANCE.—An owner or operator of a covered generator shall comply with this section by—

(1) generating electric energy using low-carbon generation;

(2) purchasing electric energy generated by low-carbon generation;

(3) purchasing low-carbon generation credits issued under the program; or

(4) any combination of the actions described in paragraphs (1) through (3).

(d) LOW-CARBON GENERATION CREDIT TRADING PROGRAM.—

(1) IN GENERAL.—Not later than January 1, 2008, the Administrator shall establish, by regulation, after notice and opportunity for comment, a low-carbon generation trading program to permit an owner or operator of a covered generator to purchase sufficient low-carbon generation credits.

(2) REQUIREMENTS.—In carrying out the program, the Administrator shall—

(A) issue credits for low-carbon generation, on a quarterly basis, for a single low-carbon generation credit for each kilowatt hour of low-carbon generation sold during the preceding quarter that—

(B) ensure that a kilowatt hour, including the associated low-carbon generation credit, shall be used only once for purposes of compliance with this section;

(C) the permanency of carbon dioxide to a storage site;
“(A) IN GENERAL.—A geological disposal deployment project funded by a grant under this subsection shall begin construction not later than 3 years after the date on which the grant is first awarded.

(B) TERM.—The Administrator shall not provide grant funds to any applicant under this subsection for a period of more than 5 years after the date on which the grant is first awarded.

(C) TRANSFER OF INFORMATION AND KNOWLEDGE.—The Administrator shall establish mechanisms to ensure that the information and knowledge gained by participants in the program are published and disseminated, including to other applicants that submitted applications for a grant under this subsection.

(D) SCHEDULE.—

(A) PUBLICATION.—Not later than 180 days after the date of enactment of this title, the Administrator shall publish in the Federal Register, and elsewhere as appropriate, a request for applications to carry out geological disposal deployment projects.

(B) DATE FOR APPLICATIONS.—An application for a grant under this subsection shall be submitted not later than 180 days after the date of publication of the request under subsection (A).

(C) SELECTION.—After the date by which applications for grants are required to be submitted under subparagraph (B), the Administrator, in a timely manner, shall select, after peer review and based on the criteria under paragraph (6), those geological disposal deployment projects to be provided a grant under this subsection.

(D) INTERIM STANDARDS.—Not later than 3 years after the date of enactment of this title, the Administrator, in consultation with the Secretaries of Commerce and Energy, shall, by regulation, establish interim geological carbon dioxide disposal standards that address—

(i) site selection;

(ii) permitting processes;

(iii) monitoring requirements;

(iv) public participation; and

(v) such other issues as the Administrator and the Secretary of Energy determine to be appropriate.

(E) FINAL STANDARDS.—Not later than 6 years after the date of enactment of this title, taking into consideration the results of geological disposal deployment projects carried out under subsection (a), the Administrator, by regulation, shall establish final geological carbon dioxide disposal standards.

(F) CONSIDERATIONS.—In developing standards under subsections (b) and (c), the Administrator shall consider the experience in the Undergroundfähigkeit program.

(1) underground injection of waste;

(2) enhanced oil recovery;

(3) short-term storage of natural gas; and

(4) long-term waste storage.

(G) TERMINATION OF AUTHORITY.—This section and the authority provided by this section shall terminate on December 31, 2030.

SEC. 714. ELECTRICITY SAVINGS PERFORMANCE STANDARD.

(a) DEFINITIONS.—In this section:

(1) ELECTRICITY SAVINGS.—The term ‘‘electricity savings’’ means reductions in end-use electricity consumption relative to consumption by the same customer or at the same new or existing facility in a given year, as defined in regulations promulgated by the Administrator under subsection (e).

(b) INCLUSIONS.—The term ‘‘electricity savings’’ includes savings achieved as a result of—

(1) installation of energy-saving technologies and devices; and

(2) installation of combined heat and power systems, fuel cells, or any other technology identified by the Administrator that captures or generates energy solely for onsite customer use.

(c) EXCLUSION.—The term ‘‘electricity savings’’ does not include savings from measures that are eliminated in the absence of energy-efficiency programs, as determined by the Administrator.

(2) RETAIL ELECTRICITY SALES.—The term ‘‘retail electricity sales’’ means the total quantity of electric energy sold by a retail electricity supplier to retail customers during the most recent calendar year for which that information is available.

(3) RETAIL ELECTRICITY SUPPLIER.—The term ‘‘retail electricity supplier’’ means a distribution or transmission utility, or an independent contractor or entity, that sells electric energy to consumers.

(b) ENERGY EFFICIENCY PERFORMANCE STANDARD.—Each retail electricity supplier shall implement standards and procedures to achieve improvements in energy efficiency and peak load reduction, as verified by the Administrator.

(c) TARGETS.—For calendar year 2008 and each calendar year thereafter, the Administrator shall ensure that retail electric suppliers annually reduce energy savings and reduce peak power demand and electricity use by retail customers by a percentage that is not less than the applicable target percentage specified in the following table:

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>Reduction in peak demand</th>
<th>Reduction in electricity use</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>25 percent</td>
<td>25 percent</td>
</tr>
<tr>
<td>2009</td>
<td>75 percent</td>
<td>75 percent</td>
</tr>
<tr>
<td>2010</td>
<td>1.75 percent</td>
<td>1.5 percent</td>
</tr>
<tr>
<td>2011</td>
<td>2.75 percent</td>
<td>2.25 percent</td>
</tr>
<tr>
<td>2012</td>
<td>3.75 percent</td>
<td>3.0 percent</td>
</tr>
<tr>
<td>2013</td>
<td>4.75 percent</td>
<td>3.75 percent</td>
</tr>
<tr>
<td>2014</td>
<td>5.75 percent</td>
<td>4.5 percent</td>
</tr>
<tr>
<td>2015</td>
<td>6.75 percent</td>
<td>5.25 percent</td>
</tr>
<tr>
<td>2016</td>
<td>7.75 percent</td>
<td>6.0 percent</td>
</tr>
<tr>
<td>2017</td>
<td>8.75 percent</td>
<td>6.75 percent</td>
</tr>
<tr>
<td>2018</td>
<td>9.75 percent</td>
<td>7.5 percent</td>
</tr>
<tr>
<td>2019</td>
<td>10.75 percent</td>
<td>8.25 percent</td>
</tr>
<tr>
<td>2020 and each</td>
<td>11.75 percent</td>
<td>9.0 percent</td>
</tr>
<tr>
<td>calendar year there after</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(d) BEGINNING DATE.—For the purpose of meeting the targets established under subsection (c), electricity savings shall be calculated based on the sum of—

(1) electricity savings realized as a result of actions taken by the retail electric supplier during the calendar year and;

(2) cumulative electricity savings realized as a result of electricity savings achieved in all preceding calendar years (beginning with calendar year 2008).

(e) IMPLEMENTING REGULATIONS.—

(1) IN GENERAL.—Not later than 1 year after the date of enactment of this title, the Administrator shall promulgate regulations to implement the targets established under subsection (c).

(2) REQUIREMENTS.—The regulations shall establish—

(A) a national credit system permitting credits to be awarded, bought, sold, or traded by and among retail electricity suppliers;

(B) a facility equivalent to not less than 4 cents per kilowatt hour for retail energy suppliers that do not meet the targets established under subsection (c); and

(C) standards for monitoring and verification of electricity use and demand savings reported by the retail electricity suppliers.

(f) CONSIDERATION OF TRANSMISSION AND DISTRIBUTION EFFICIENCY.—In developing regulations under this subsection, the Administrator shall consider whether electricity savings, in whole or part, achieved by retail electricity suppliers by improving the efficiency of electric distribution and use should be eligible for credits established under this section.

(g) COMPLIANCE WITH STATE LAW.—Nothing in this section supersedes or otherwise affects the application of any State or local law, or otherwise relating to, reductions in total annual electricity consumption or peak power consumption by electric consumers to the extent that the State or local law requires more stringent reductions than the reductions required under this section.

(h) VOLUNTARY PARTICIPATION.—The Administrator may—

(1) pursuant to the regulations promulgated under subsection (e)(1), issue a credit to any entity that is not a retail electric supplier if the entity implements electricity savings; and

(2) in a case in which an entity described in paragraph (1) is a nonprofit or educational organization, provide to the entity 1 or more grants in lieu of a credit.

SEC. 715. RENEWABLE PORTFOLIO STANDARD.

(a) RENEWABLE ENERGY.—

(1) IN GENERAL.—The Administrator, in consultation with the Secretary of Energy, shall promulgate regulations defining the types and sources of renewable energy generation that may be carried out in accordance with this section.

(b) INCLUSIONS.—In promulgating regulations under paragraph (1), the Administrator shall include all of the types of renewable energy covered by the renewable energy credit issued under this section.

(c) REGULATORY POLICIES ACT OF 1978.—The Administrator shall consider whether electricity savings reported by the retail electricity supplier to electric consumers during a calendar year, the quantity generated by renewable energy sources shall be not less than the following percentages:

<table>
<thead>
<tr>
<th>Calendar year: Minimum annual percentage:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008 through 2009: ..................................................</td>
</tr>
<tr>
<td>2010 through 2014: ..................................................</td>
</tr>
<tr>
<td>2015 through 2019: ..................................................</td>
</tr>
<tr>
<td>2020 and subsequent years: .................</td>
</tr>
</tbody>
</table>

(d) RENEWABLE ENERGY REQUIREMENT.—The Administrator, in consultation with the Secretary of Energy, shall promulgate regulations establishing the base quantity of electricity sold by each retail electric supplier to electric consumers during a calendar year, the quantity generated by renewable energy sources shall be not less than the following percentages:

<table>
<thead>
<tr>
<th>Calendar year: Minimum annual percentage:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008 through 2009: ..................................................</td>
</tr>
<tr>
<td>2010 through 2014: ..................................................</td>
</tr>
<tr>
<td>2015 through 2019: ..................................................</td>
</tr>
<tr>
<td>2020 and subsequent years: .................</td>
</tr>
</tbody>
</table>

(e) SALE UNDER PURPA CONTRACT.—If the Administrator, after consultation with the Secretary of Energy, determines that a renewable energy generator is selling electricity to comply with this section to a regulated entity, the Administrator shall establish—

(1) a program to issue, establish the value of, monitor the sale or exchange of, and track renewable energy credits; and

(2) penalties for any retail electric supplier that does not comply with this section.

(f) PROHIBITION ON DOUBLE COUNTING.—A renewable energy credit issued under subsection (c) may be counted toward meeting the requirements of subsection (b) only once; and

(2) shall vest with the owner of the system or facility that generates the renewable energy that is covered by the renewable energy credit, unless the owner explicitly transfers the renewable energy credit.

(g) SELL UNDER PURPA CONTRACT.—If the Administrator, after consultation with the Secretary of Energy, determines that a renewable energy generator is selling electricity to comply with this section to a regulated entity, the Administrator shall establish—

(1) a program to issue, establish the value of, monitor the sale or exchange of, and track renewable energy credits; and

(2) penalties for any retail electric supplier that does not comply with this section.
“(f) STATISTICAL PROGRAMS.—Nothing in this section precludes any State from requiring additional renewable energy generation under any State renewable energy program.

“(g) Voluntary Participation.—The Administrator may issue a renewable energy credit pursuant to subsection (c) to any entity that is not subject to this section only if the entity applying for the renewable energy credit meets the terms and conditions of this section to the same extent as retail electric suppliers are required to meet the terms and conditions of this section.

“SEC. 718. STANDARDS TO ACCOUNT FOR BIOLOGICAL SEQUESTRATION OF CARBON.

“(a) IN GENERAL.—Not later than 2 years after the date of enactment of this title, the Secretary of Agriculture, with the concurrence of the Administrator, shall establish standards for credited reductions in the emission of carbon dioxide through above-ground and below-ground biological sequestration activities.

“(b) REQUIREMENTS.—The standards shall include—

“(1) a national biological carbon storage baseline or inventory; and

“(2) measurement, monitoring, and verification guidelines based on—

“(A) measurement increases in carbon storage from the carbon storage that would have occurred in the absence of a new management practice designed to achieve biological sequestration of carbon;

“(B) a comprehensive carbon accounting that—

“(i) reflects sustained net increases in carbon reservoirs; and

“(ii) takes into account any carbon emissions resulting from disturbance of carbon reservoirs in existence as of the date of commencement of any new management practice designed to achieve biological sequestration of carbon;

“(C) adjustments to account for—

“(i) emissions of carbon that may result at other locations as a result of the impact of the new biological sequestration management practice on timber supplies; or

“(ii) potential displacement of carbon emissions to other land owned by the entity that carries out the new biological sequestration management practice; and

“(D) adjustments to reflect the expected carbon storage during time periods taking into account the likely duration of the storage of carbon in a biological reservoir.

“(c) UPDATING OF STANDARDS.—Not later than 3 years after the date of establishment of the standards under subsection (a), and every 4 years thereafter, the Secretary of Agriculture shall update the standards to take into consideration the most recent scientific information.

“SEC. 719. MODIFICATION OF ELECTRIC GENERATION FACILITIES.

“(a) IN GENERAL.—Beginning on the later of January 1, 2015, or the date that is 40 years after the date on which the electric generation facility commences operation, each electric generation facility shall be subject to emission limitations reflecting the application of best available control technology on a new major source of a similar size and type (as determined by the Administrator) as determined in accordance with the procedures specified in part C of title I.

“(b) ADDITIONAL REQUIREMENTS.—The requirements of this section shall be in addition to the other requirements of this title.

“SEC. 720. PARAMOUNT INTEREST WAIVER.

“(a) IN GENERAL.—If the President determines that a national security emergency exists and that it is in the national interest to modify any requirement under this title to minimize the effects of the emergency, the President, after opportunity for notice and public comment, may temporarily adjust, suspend, or waive any regulation promulgated pursuant to this title to achieve that minimization.

“(b) CONSULTATION.—In making an emergency determination under subsection (a), the President, to the maximum extent practicable, shall consult with and take into consideration any advice received from—

“(1) the Administrator; and

“(2) the Secretary of Energy; and

“(3) the Administrator.

“(c) EFFECT.—An emergency determination under subsection (a) shall be subject to judicial review under section 307.

“SEC. 721. RELATIONSHIP TO OTHER LAWS.

“(a) IN GENERAL.—Except as expressly provided in this title, nothing in this title—

“(1) limits or otherwise affects the application of any other provision of this Act; or

“(2) supersedes or modifies any requirement of this Act or any other provision of law.

“(b) REGIONAL SEASONAL EMISSION CONTROLS.—Nothing in this title affects any regional seasonal emission control for nitrogen oxides established by the Administrator or a State under title I.

“SEC. 722. CONFORMING AMENDMENT.—Section 412(a) of the Clean Air Act (42 U.S.C. 7651k(a)) is amended in the first sentence by striking “opacity” and inserting “mercury, opacity,”

“SEC. 3. SAVINGS CLAUSE.

“Section 193 of the Clean Air Act (42 U.S.C. 7651) is amended by striking “of the Clean Air Act Amendments of 1900” each place it appears and inserting “of enactment of the Clean Power Act of 2007.”

“SEC. 4. ACID PRECIPITATION RESEARCH PROGRAM.

“Section 105(j) of the Clean Air Act (42 U.S.C. 7406(j)) is amended—

“(1) in paragraph (9)—

“(A) in subparagraph (F)(i), by striking “effects;” and

“(B) by adding at the end the following:

“(G) SENSITIVE ECOSYSTEMS.—

“(i) GENERAL.—In 2008, and every 4 years thereafter, the report under subparagraph (E) shall include—

“(I) an identification of environmental objectives necessary to be achieved (and related indicators to be used in measuring achievement of the objectives) to adequately protect and restore sensitive ecosystems;

“(II) an assessment of the status and trends of the environmental objectives and indicators identified in preceding reports under this paragraph;

“(II) SENSITIVE ECOSYSTEMS TO BE ADDRESSED.—Sensitive ecosystems to be addressed under clause (i) include—

“(I) the Adirondack Mountains, mid-Appalachian Mountains, Rocky Mountains, and southern Blue Ridge Mountains;

“(II) the Great Lakes, Lake Champlain, Long Island Sound, and the Chesapeake Bay; and

“(III) other sensitive ecosystems, as determined by the Administrator.

“(H) ACID DEPOSITION STANDARDS.—Beginning in 2008, and every 4 years thereafter, the report under paragraph (G)(ii) with an acid-neutralizing capacity greater than zero; and

“(I) by adding at the end the following:

“(4) PROTECTION OF SENSITIVE ECOSYSTEMS.—

“(A) DETERMINATION.—Not later than December 31, 2014, the Administrator, taking into consideration the findings and recommendations of the expert commissions under paragraph (3)(H), shall determine whether emission reductions under titles IV and VII are sufficient to—

“(I) achieve the necessary reductions identified under paragraph (3)(F); and

“(II) ensure achievement of the environmental objectives identified under paragraph (3)(G); and

“(B) REGULATIONS.—

“(1) IN GENERAL.—Not later than 2 years after the Administrator makes a determination under paragraph (A) that emission reductions are not sufficient, the Administrator shall promulgate regulations to protect the sensitive ecosystems referred to in paragraph (A)(ii).
SUBMITTED RESOLUTIONS

SENATE RESOLUTION 167—CONGRATULATING THE UNIVERSITY OF WISCONSIN MEN’S INDOOR TRACK AND FIELD TEAM ON BECOMING THE 2006–2007 NATIONAL COLLEGIATE ATHLETIC ASSOCIATION DIVISION I INDOOR TRACK AND FIELD CHAMPIONS

Mr. FEINGOLD (for himself and Mr. KOHL) submitted the following resolution; which was considered and agreed to:

S. Res. 167

Whereas, on March 10, 2007, in Fayetteville, Arkansas, the University of Wisconsin men’s indoor track and field team (referred to in this preamble as the “Badgers indoor track and field team”) became the first-ever Big 10 Conference school to win the National Collegiate Athletic Association (NCAA) Division I Indoor Track and Field Championship, by placing first with 40 points, 5 points ahead of the second place finisher Florida State University, and 6 points ahead of the third place finisher the University of Texas;

Whereas the Badgers indoor track and field team secured its victory through the strong performances of its members, including—

(1) freshman Craig Miller, who placed second in the 5,000-meter run, with a time of 13:38:61, and placed second in the 3,000-meter run, with a time of 7:51:69; senior Demi Omole, who placed second in the 60-meter dash with a time of 6.57; senior Tim Nelson, who placed fifth in the 5,000-meter run with a time of 13:48:08; senior Joe Detmer, who finished fifth in the Heptathlon with 5,761 points; and freshman Craig Miller, sophomore James Groce, junior Joe Pierre, and freshman Jack Bolas, who finished fifth in the Distance Medley Relay with a time of 9:35:81; Whereas the success of the Badgers indoor track and field team was facilitated by the knowledge and commitment of the team’s coaching staff, including—

(1) Head Coach Ed Nuttycombe;
(2) Assistant Coach Jerry Schumacher;
(3) Assistant Coach Mark Guthrie;
(4) Assistant Coach Will Wabansse;
(5) Volunteer Coach Pascall Dorbert;
(6) Volunteer Coach Nick Winkel; and
(7) Volunteer Coach Chris Ratzenberg;

Whereas, on February 24, 2007, in Bloomington, Indiana, the Badgers indoor track and field team won its seventh consecutive Big 10 Championship by placing first with 120 points, 27 points ahead of the second place finisher, the University of Minnesota, and 31 points, 27 points ahead of the third place finisher, the University of Michigan;

Whereas numerous members of the Badgers indoor track and field team were recognized for their performances in the Big 10 Conference, including—

(1) Demi Omole, who was named Track Athlete of the Year and Track Athlete of the Championships;
(2) Joe Detmer, who was named Field Athlete of the Year and was a Sportsmanship Award honoree;
(3) Craig Miller, who was named Freshman of the Year;
(4) Ed Nuttycombe, who was named Coach of the Year;
(5) Chris Solinsky, Demi Omole, and Joe Detmer, who were named First Team All-Big 10; and
(6) Brandon Bethke, Craig Miller, Luke Hoemecke, Steve Markson, and Tim Nelson, who were named Second Team All-Big 10;

Whereas numerous members of the Badgers indoor track and field team were recognized for their performance in the NCAA Indoor Track and Field Championships, including—

(1) Ed Nuttycombe, who was named Division I Men’s Indoor Track and Field Coach of the Year by the U.S. Track and Field and Cross Country Coaches Association;
(2) Jack Bolas, Joe Detmer, Stu Eagon, James Groce, Tim Nelson, Demi Omole, Joe Pierre, and Chris Solinsky, who were recognized as 2007 Men’s Indoor Track All-Americans;
(3) Chris Solinsky, who was named Division I Men’s Track Athlete of the Year by the U.S. Track and Field and Cross Country Coaches Association, and was the first University of Wisconsin men’s track athlete to be named national athlete of the year; and

Whereas several members of the 2007 Badgers indoor track and field team were also members of the 2005 University of Wisconsin men’s cross country NCAA Division I Championship team, including—

(1) Brandon Bethke;
(2) Stu Eagon;
(3) Ryan Gaper;
(4) Tim Nelson;
(5) Tim Pierre;
(6) Joe Pierre;
(7) Ben Porter;
(8) Codie See;

(1) (2) (3) (4) (5) (6) (7) (8)