

1 Act and section 504 of this Act that include accessi-
2 bility standards that are consistent with the guide-
3 lines issued under subsection (a); and

4 “(2) ensure that health care providers and
5 health care plans covered by the Affordable Health
6 Care for America Act meet the requirements of the
7 Americans with Disabilities Act and section 504, in-
8 cluding provisions ensuring that individuals with dis-
9 abilities receive equal access to all aspects of the
10 health care delivery system.

11 “(d) REVIEW AND AMEND.—The Architectural and
12 Transportation Barriers Compliance Board (Access
13 Board) shall periodically review and, as appropriate,
14 amend the guidelines as prescribed under subsection (a).
15 Not later than 6 months after the date of the issuance
16 of such revised guidelines, revised regulations consistent
17 with such guidelines shall be promulgated in an accessible
18 format by the appropriate Federal agencies described in
19 subsection (e).”.

20 **DIVISION D—INDIAN HEALTH**
21 **CARE IMPROVEMENT**

22 **SEC. 3001. SHORT TITLE; TABLE OF CONTENTS.**

23 (a) SHORT TITLE.—This division may be cited as the
24 “Indian Health Care Improvement Act Amendments of
25 2009”.

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

DIVISION D—INDIAN HEALTH CARE IMPROVEMENT

Sec. 3001. Short title; table of contents.

TITLE I—AMENDMENTS TO INDIAN LAWS

Sec. 3101. Indian Health Care Improvement Act amended.

Sec. 3102. Soboba sanitation facilities.

Sec. 3103. Native American Health and Wellness Foundation.

Sec. 3104. GAO study and report on payments for contract health services.

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

Sec. 3201. Expansion of payments under Medicare, Medicaid, and SCHIP for all covered services furnished by Indian Health Programs.

Sec. 3202. Additional provisions to increase outreach to, and enrollment of, Indians in SCHIP and Medicaid.

Sec. 3203. Solicitation of proposals for safe harbors under the Social Security Act for facilities of Indian Health Programs and urban Indian organizations.

Sec. 3204. Annual report on Indians served by Social Security Act health benefit programs.

Sec. 3205. Development of recommendations to improve interstate coordination of Medicaid and SCHIP coverage of Indian children and other children who are outside of their State of residency because of educational or other needs.

3 **TITLE I—AMENDMENTS TO**
 4 **INDIAN LAWS**

5 **SEC. 3101. INDIAN HEALTH CARE IMPROVEMENT AMEND-**
 6 **ED.**

7 (a) IN GENERAL.—The Indian Health Care Improve-
 8 ment Act (25 U.S.C. 1601 et seq.) is amended to read
 9 as follows:

10 **“SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

11 “(a) SHORT TITLE.—This Act may be cited as the
 12 ‘Indian Health Care Improvement Act’.

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

- “Sec. 1. Short title; table of contents.
- “Sec. 2. Findings.
- “Sec. 3. Declaration of national Indian health policy.
- “Sec. 4. Definitions.

“TITLE I—INDIAN HEALTH, HUMAN RESOURCES, AND
DEVELOPMENT

- “Sec. 101. Purpose.
- “Sec. 102. Health professions recruitment program for Indians.
- “Sec. 103. Health professions preparatory scholarship program for Indians.
- “Sec. 104. Indian health professions scholarships.
- “Sec. 105. American Indians Into Psychology Program.
- “Sec. 106. Scholarship programs for Indian Tribes.
- “Sec. 107. Indian Health Service extern programs.
- “Sec. 108. Continuing education allowances.
- “Sec. 109. Community Health Representative Program.
- “Sec. 110. Indian Health Service Loan Repayment Program.
- “Sec. 111. Scholarship and Loan Repayment Recovery Fund.
- “Sec. 112. Recruitment activities.
- “Sec. 113. Indian recruitment and retention program.
- “Sec. 114. Advanced training and research.
- “Sec. 115. Quentin N. Burdick American Indians Into Nursing Program.
- “Sec. 116. Tribal cultural orientation.
- “Sec. 117. INMED Program.
- “Sec. 118. Health training programs of community colleges.
- “Sec. 119. Retention bonus.
- “Sec. 120. Nursing residency program.
- “Sec. 121. Community Health Aide Program.
- “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. Exemption from payment of certain fees.
- “Sec. 128. Authorization of appropriations.

“TITLE II—HEALTH SERVICES

- “Sec. 201. Indian Health Care Improvement Fund.
- “Sec. 202. Health promotion and disease prevention services.
- “Sec. 203. Diabetes prevention, treatment, and control.
- “Sec. 204. Shared services for long-term care.
- “Sec. 205. Health services research.
- “Sec. 206. Mammography and other cancer screening.
- “Sec. 207. Patient travel costs.
- “Sec. 208. Epidemiology centers.
- “Sec. 209. Comprehensive school health education programs.
- “Sec. 210. Indian youth program.
- “Sec. 211. Prevention, control, and elimination of communicable and infectious diseases.

- “See. 212. Other authority for provision of services.
- “See. 213. Indian women’s health care.
- “See. 214. Environmental and nuclear health hazards.
- “See. 215. Arizona as a contract health service delivery area.
- “See. 216. North Dakota and South Dakota as contract health service delivery area.
- “See. 217. California contract health services program.
- “See. 218. California as a contract health service delivery area.
- “See. 219. Contract health services for the Trenton Service Area.
- “See. 220. Programs operated by Indian Tribes and tribal organizations.
- “See. 221. Licensing.
- “See. 222. Notification of provision of emergency contract health services.
- “See. 223. Prompt action on payment of claims.
- “See. 224. Liability for payment.
- “See. 225. Office of Indian Men’s Health.
- “See. 226. Catastrophic health emergency fund.
- “See. 227. Authorization of appropriations.

“TITLE III—FACILITIES

- “See. 301. Consultation; construction and renovation of facilities; reports.
- “See. 302. Sanitation facilities.
- “See. 303. Preference to Indians and Indian firms.
- “See. 304. Expenditure of non-Service funds for renovation.
- “See. 305. Funding for the construction, expansion, and modernization of small ambulatory care facilities.
- “See. 306. Indian health care delivery demonstration project.
- “See. 307. Land transfer.
- “See. 308. Leases, contracts, and other agreements.
- “See. 309. Study on loans, loan guarantees, and loan repayment.
- “See. 310. Tribal leasing.
- “See. 311. Indian Health Service/tribal facilities joint venture program.
- “See. 312. Location of facilities.
- “See. 313. Maintenance and improvement of health care facilities.
- “See. 314. Tribal management of federally owned quarters.
- “See. 315. Applicability of Buy American Act requirement.
- “See. 316. Other funding for facilities.
- “See. 317. Authorization of appropriations.

“TITLE IV—ACCESS TO HEALTH SERVICES

- “See. 401. Treatment of payments under Social Security Act health benefits programs.
- “See. 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.
- “See. 403. Reimbursement from certain third parties of costs of health services.
- “See. 404. Crediting of reimbursements.
- “See. 405. Purchasing health care coverage.
- “See. 406. Sharing arrangements with Federal agencies.
- “See. 407. Eligible indian veteran services.
- “See. 408. Payor of last resort.
- “See. 409. Consultation.
- “See. 410. State Children’s Health Insurance Program (SCHIP).

- “Sec. 411. Premium and cost sharing protections and eligibility determinations under Medicaid and SCHIP and protection of certain Indian property from Medicaid estate recovery.
- “Sec. 412. Treatment under Medicaid and SCHIP managed care.
- “Sec. 413. Navajo Nation Medicaid Agency feasibility study.
- “Sec. 414. Exception for excepted benefits.
- “Sec. 415. Authorization of appropriations.

“TITLE V—HEALTH SERVICES FOR URBAN INDIANS

- “Sec. 501. Purpose.
- “Sec. 502. Contracts with, and grants to, urban Indian organizations.
- “Sec. 503. Contracts and grants for the provision of health care and referral services.
- “Sec. 504. Use of Federal Government Facilities and Sources of Supply.
- “Sec. 505. Contracts and grants for the determination of unmet health care needs.
- “Sec. 506. Evaluations; renewals.
- “Sec. 507. Other contract and grant requirements.
- “Sec. 508. Reports and records.
- “Sec. 509. Limitation on contract authority.
- “Sec. 510. Facilities.
- “Sec. 511. Division of Urban Indian Health.
- “Sec. 512. Grants for alcohol and substance abuse-related services.
- “Sec. 513. Treatment of certain demonstration projects.
- “Sec. 514. Urban NIAAA transferred programs.
- “Sec. 515. Conferring with urban Indian organizations.
- “Sec. 516. Urban youth treatment center demonstration.
- “Sec. 517. Grants for diabetes prevention, treatment, and control.
- “Sec. 518. Community health representatives.
- “Sec. 519. Effective date.
- “Sec. 520. Eligibility for services.
- “Sec. 521. Authorization of appropriations.
- “Sec. 522. Health information technology.

“TITLE VI—ORGANIZATIONAL IMPROVEMENTS

- “Sec. 601. Establishment of the Indian Health Service as an agency of the Public Health Service.
- “Sec. 602. Automated management information system.
- “Sec. 603. Authorization of appropriations.

“TITLE VII—BEHAVIORAL HEALTH PROGRAMS

- “Sec. 701. Behavioral health prevention and treatment services.
- “Sec. 702. Memoranda of agreement with the Department of the Interior.
- “Sec. 703. Comprehensive behavioral health prevention and treatment program.
- “Sec. 704. Mental health technician program.
- “Sec. 705. Licensing requirement for mental health care workers.
- “Sec. 706. Indian women treatment programs.
- “Sec. 707. Indian youth program.
- “Sec. 708. Indian youth telemental health demonstration project.
- “Sec. 709. Inpatient and community-based mental health facilities design, construction, and staffing.
- “Sec. 710. Training and community education.
- “Sec. 711. Behavioral health program.

- “Sec. 712. Fetal alcohol disorder programs.
- “Sec. 713. Child sexual abuse and prevention treatment programs.
- “Sec. 714. Domestic and sexual violence prevention and treatment.
- “Sec. 715. Behavioral health research.
- “Sec. 716. Definitions.
- “Sec. 717. Authorization of appropriations.

“TITLE VIII—MISCELLANEOUS

- “Sec. 801. Reports.
- “Sec. 802. Regulations.
- “Sec. 803. Plan of implementation.
- “Sec. 804. Limitation on use of funds appropriated to Indian Health Service.
- “Sec. 805. Eligibility of California Indians.
- “Sec. 806. Health services for ineligible persons.
- “Sec. 807. Reallocation of base resources.
- “Sec. 808. Results of demonstration projects.
- “Sec. 809. Provision of services in Montana.
- “Sec. 810. Moratorium.
- “Sec. 811. Severability provisions.
- “Sec. 812. Use of patient safety organizations.
- “Sec. 813. Confidentiality of medical quality assurance records; qualified immunity for participants.
- “Sec. 814. Claremore Indian Hospital.
- “Sec. 815. Sense of Congress regarding law enforcement and methamphetamine issues in Indian country.
- “Sec. 816. Permitting implementation through contracts with Tribal Health Programs.
- “Sec. 817. Authorization of appropriations; availability.

1 **“SEC. 2. FINDINGS.**

2 “Congress makes the following findings:

3 “(1) Federal health services to maintain and
 4 improve the health of the Indians are consonant
 5 with and required by the Federal Government’s his-
 6 torical and unique legal relationship with, and re-
 7 sulting responsibility to, the American Indian people.

8 “(2) A major national goal of the United States
 9 is to provide the resources, processes, and structure
 10 that will enable Indian tribes and tribal members to
 11 obtain the quantity and quality of health care serv-

1 ices and opportunities that will eradicate the health
2 disparities between Indians the general population.

3 “(3) A major national goal of the United States
4 is to provide the quantity and quality of health serv-
5 ices which will permit the health status of Indians
6 to be raised to the highest possible level and to en-
7 courage the maximum participation of Indians in the
8 planning and management of those services.

9 “(4) Federal health services to Indians have re-
10 sulted in a reduction in the prevalence and incidence
11 of preventable illnesses among, and unnecessary and
12 premature deaths of, Indians.

13 “(5) Despite such services, the unmet health
14 needs of the American Indian people are severe and
15 the health status of the Indians is far below that of
16 the general population of the United States.

17 **“SEC. 3. DECLARATION OF NATIONAL INDIAN HEALTH POL-**
18 **ICY.**

19 “Congress declares that it is the policy of this Nation,
20 in fulfillment of its special trust responsibilities and legal
21 obligations to Indians—

22 “(1) to assure the highest possible health status
23 for Indians and Urban Indians and to provide all re-
24 sources necessary to effect that policy;

1 “(2) to raise the health status of Indians and
2 Urban Indians to at least the levels set forth in the
3 goals contained within the Health People 2010 or
4 successor objectives;

5 “(3) to the greatest extent possible, to allow In-
6 dians to set their own health care priorities and es-
7 tablish goals that reflect their unmet needs;

8 “(4) to increase the proportion of all degrees in
9 the health professions and allied and associated
10 health professions awarded to Indians so that the
11 proportion of Indian health professionals in each
12 Service Area is raised to at least the level of that of
13 the general population;

14 “(5) to require meaningful consultation with In-
15 dian Tribes, Tribal Organizations, and urban Indian
16 organizations to implement this Act and the national
17 policy of Indian self-determination; and

18 “(6) to provide funding for programs and facili-
19 ties operated by Indian Tribes, Tribal Organizations,
20 and Urban Indian Organizations in amounts that
21 are not less than the amounts provided to programs
22 and facilities operated directly by the Service.

23 **“SEC. 4. DEFINITIONS.**

24 “For purposes of this Act:

1 “(1) The term ‘accredited and accessible’ means
2 on or near a reservation and accredited by a na-
3 tional or regional organization with accrediting au-
4 thority.

5 “(2) The term ‘Area Office’ means an adminis-
6 trative entity, including a program office, within the
7 Service through which services and funds are pro-
8 vided to the Service Units within a defined geo-
9 graphic area.

10 “(3) The term ‘Assistant Secretary’ means the
11 Assistant Secretary of Indian Health.

12 “(4)(A) The term ‘behavioral health’ means the
13 blending of substance (including alcohol, drugs,
14 inhalants, and tobacco) abuse and mental health
15 prevention and treatment, for the purpose of pro-
16 viding comprehensive services.

17 “(B) The term ‘behavioral health’ includes the
18 joint development of substance abuse and mental
19 health treatment planning and coordinated case
20 management using a multidisciplinary approach.

21 “(5) The term ‘California Indians’ means those
22 Indians who are eligible for health services of the
23 Service pursuant to section 805.

24 “(6) The term ‘community college’ means—

25 “(A) a tribal college or university, or

1 “(B) a junior or community college.

2 “(7) The term ‘contract health service’ means
3 health services provided at the expense of the Serv-
4 ice or a Tribal Health Program by public or private
5 medical providers or hospitals, other than the Serv-
6 ice Unit or the Tribal Health Program at whose ex-
7 pense the services are provided.

8 “(8) The term ‘Department’ means, unless oth-
9 erwise designated, the Department of Health and
10 Human Services.

11 “(9) The term ‘disease prevention’ means the
12 reduction, limitation, and prevention of disease and
13 its complications and reduction in the consequences
14 of disease, including—

15 “(A) controlling—

16 “(i) the development of diabetes;

17 “(ii) high blood pressure;

18 “(iii) infectious agents;

19 “(iv) injuries;

20 “(v) occupational hazards and disabil-
21 ities;

22 “(vi) sexually transmittable diseases;

23 and

24 “(vii) toxic agents; and

25 “(B) providing—

1 “(i) fluoridation of water; and

2 “(ii) immunizations.

3 “(10) The term ‘health profession’ means
4 allopathic medicine, family medicine, internal medi-
5 cine, pediatrics, geriatric medicine, obstetrics and
6 gynecology, podiatric medicine, nursing, public
7 health nursing, dentistry, psychiatry, osteopathy, op-
8 tometry, pharmacy, psychology, public health, social
9 work, marriage and family therapy, chiropractic
10 medicine, environmental health and engineering, al-
11 lied health professions, naturopathic medicine, and
12 any other health profession.

13 “(11) The term ‘health promotion’ means—

14 “(A) fostering social, economic, environ-
15 mental, and personal factors conducive to
16 health, including raising public awareness about
17 health matters and enabling the people to cope
18 with health problems by increasing their knowl-
19 edge and providing them with valid information;

20 “(B) encouraging adequate and appro-
21 priate diet, exercise, and sleep;

22 “(C) promoting education and work in con-
23 formity with physical and mental capacity;

24 “(D) making available safe water and sani-
25 tary facilities;

1 “(E) improving the physical, economic, cul-
2 tural, psychological, and social environment;

3 “(F) promoting culturally competent care;
4 and

5 “(G) providing adequate and appropriate
6 programs, which may include—

7 “(i) abuse prevention (mental and
8 physical);

9 “(ii) community health;

10 “(iii) community safety;

11 “(iv) consumer health education;

12 “(v) diet and nutrition;

13 “(vi) immunization and other preven-
14 tion of communicable diseases, including
15 HIV/AIDS;

16 “(vii) environmental health;

17 “(viii) exercise and physical fitness;

18 “(ix) avoidance of fetal alcohol dis-
19 orders;

20 “(x) first aid and CPR education;

21 “(xi) human growth and development;

22 “(xii) injury prevention and personal
23 safety;

24 “(xiii) behavioral health;

- 1 “(xiv) monitoring of disease indicators
2 between health care provider visits,
3 through appropriate means, including
4 Internet-based health care management
5 systems;
- 6 “(xv) personal health and wellness
7 practices;
- 8 “(xvi) personal capacity building;
- 9 “(xvii) prenatal, pregnancy, and in-
10 fant care;
- 11 “(xviii) psychological well-being;
- 12 “(xix) reproductive health and family
13 planning;
- 14 “(xx) safe and adequate water;
- 15 “(xxi) healthy work environments;
- 16 “(xxii) elimination, reduction, and
17 prevention of contaminants that create
18 unhealthy household conditions (including
19 mold and other allergens);
- 20 “(xxiii) stress control;
- 21 “(xxiv) substance abuse;
- 22 “(xxv) sanitary facilities;
- 23 “(xxvi) sudden infant death syndrome
24 prevention;

1 “(xxvii) tobacco use cessation and re-
2 duction;

3 “(xxviii) violence prevention; and

4 “(xxix) activities to promote achieve-
5 ment of any of the objectives described in
6 section 3(2).

7 “(12) The term ‘Indian’, unless otherwise des-
8 ignated, means any person who is a member of an
9 Indian Tribe or is eligible for health services under
10 section 805, except that, for the purpose of sections
11 102 and 103, the term also means any individual
12 who—

13 “(A)(i) irrespective of whether the indi-
14 vidual lives on or near a reservation, is a mem-
15 ber of a tribe, band, or other organized group
16 of Indians, including those tribes, bands, or
17 groups terminated since 1940 and those recog-
18 nized now or in the future by the State in
19 which they reside; or

20 “(ii) is a descendant, in the first or second
21 degree, of any such member;

22 “(B) is an Eskimo or Aleut or other Alas-
23 ka Native;

24 “(C) is considered by the Secretary of the
25 Interior to be an Indian for any purpose; or

1 “(D) is determined to be an Indian under
2 regulations promulgated by the Secretary.

3 “(13) The term ‘Indian Health Program’
4 means—

5 “(A) any health program administered di-
6 rectly by the Service;

7 “(B) any Tribal Health Program; or

8 “(C) any Indian Tribe or Tribal Organiza-
9 tion to which the Secretary provides funding
10 pursuant to section 23 of the Act of June 25,
11 1910 (25 U.S.C. 47) (commonly known as the
12 ‘Buy Indian Act’).

13 “(14) The term ‘Indian Tribe’ has the meaning
14 given the term in the Indian Self-Determination and
15 Education Assistance Act (25 U.S.C. 450 et seq.).

16 “(15) The term ‘junior or community college’
17 has the meaning given the term by section 312(f) of
18 the Higher Education Act of 1965 (20 U.S.C.
19 1058(f)).

20 “(16) The term ‘reservation’ means any feder-
21 ally recognized Indian Tribe’s reservation, Pueblo, or
22 colony, including former reservations in Oklahoma,
23 Indian allotments, and Alaska Native Regions estab-
24 lished pursuant to the Alaska Native Claims Settle-
25 ment Act (43 U.S.C. 1601 et seq.).

1 “(17) The term ‘Secretary’, unless otherwise
2 designated, means the Secretary of Health and
3 Human Services.

4 “(18) The term ‘Service’ means the Indian
5 Health Service.

6 “(19) The term ‘Service Area’ means the geo-
7 graphical area served by each Area Office.

8 “(20) The term ‘Service Unit’ means an admin-
9 istrative entity of the Service, or a Tribal Health
10 Program through which services are provided, di-
11 rectly or by contract, to eligible Indians within a de-
12 fined geographic area.

13 “(21) The term ‘telehealth’ has the meaning
14 given the term in section 330K(a) of the Public
15 Health Service Act (42 U.S.C. 254e–16(a)).

16 “(22) The term ‘telemedicine’ means a tele-
17 communications link to an end user through the use
18 of eligible equipment that electronically links health
19 professionals or patients and health professionals at
20 separate sites in order to exchange health care infor-
21 mation in audio, video, graphic, or other format for
22 the purpose of providing improved health care serv-
23 ices.

1 “(23) The term ‘tribal college or university’ has
2 the meaning given the term in section 316(b)(3) of
3 the Higher Education Act (20 U.S.C. 1059c(b)(3)).

4 “(24) The term ‘Tribal Health Program’ means
5 an Indian Tribe or Tribal Organization that oper-
6 ates any health program, service, function, activity,
7 or facility funded, in whole or part, by the Service
8 through, or provided for in, a contract or compact
9 with the Service under the Indian Self-Determina-
10 tion and Education Assistance Act (25 U.S.C. 450
11 et seq.).

12 “(25) The term ‘Tribal Organization’ has the
13 meaning given the term in the Indian Self-Deter-
14 mination and Education Assistance Act (25 U.S.C.
15 450 et seq.).

16 “(26) The term ‘Urban Center’ means any com-
17 munity which has a sufficient Urban Indian popu-
18 lation with unmet health needs to warrant assistance
19 under title V of this Act, as determined by the Sec-
20 retary.

21 “(27) The term ‘Urban Indian’ means any indi-
22 vidual who resides in an Urban Center and who
23 meets 1 or more of the following criteria:

24 “(A) Irrespective of whether the individual
25 lives on or near a reservation, the individual is

1 a member of a tribe, band, or other organized
2 group of Indians, including those tribes, bands,
3 or groups terminated since 1940 and those
4 tribes, bands, or groups that are recognized by
5 the States in which they reside, or who is a de-
6 scendant in the first or second degree of any
7 such member.

8 “(B) The individual is an Eskimo, Aleut,
9 or other Alaska Native.

10 “(C) The individual is considered by the
11 Secretary of the Interior to be an Indian for
12 any purpose.

13 “(D) The individual is determined to be an
14 Indian under regulations promulgated by the
15 Secretary.

16 “(28) The term ‘urban Indian organization’
17 means a nonprofit corporate body that (A) is situ-
18 ated in an Urban Center; (B) is governed by an
19 Urban Indian-controlled board of directors; (C) pro-
20 vides for the participation of all interested Indian
21 groups and individuals; and (D) is capable of legally
22 cooperating with other public and private entities for
23 the purpose of performing the activities described in
24 section 503(a).

1 **“TITLE I—INDIAN HEALTH,**
2 **HUMAN RESOURCES, AND DE-**
3 **VELOPMENT**

4 **“SEC. 101. PURPOSE.**

5 “The purpose of this title is to increase, to the max-
6 imum extent feasible, the number of Indians entering the
7 health professions and providing health services, and to
8 assure an optimum supply of health professionals to the
9 Indian Health Programs and urban Indian organizations
10 involved in the provision of health services to Indians.

11 **“SEC. 102. HEALTH PROFESSIONS RECRUITMENT PROGRAM**
12 **FOR INDIANS.**

13 “(a) IN GENERAL.—The Secretary, acting through
14 the Service, shall make grants to public or nonprofit pri-
15 vate health or educational entities, Tribal Health Pro-
16 grams, or urban Indian organizations to assist such enti-
17 ties in meeting the costs of—

18 “(1) identifying Indians with a potential for
19 education or training in the health professions and
20 encouraging and assisting them—

21 “(A) to enroll in courses of study in such
22 health professions; or

23 “(B) if they are not qualified to enroll in
24 any such courses of study, to undertake such

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

3 “(2) publicizing existing sources of financial aid
4 available to Indians enrolled in any course of study
5 referred to in paragraph (1) or who are undertaking
6 training necessary to qualify them to enroll in any
7 such course of study; or

8 “(3) establishing other programs which the Sec-
9 retary determines will enhance and facilitate the en-
10 rollment of Indians in, and the subsequent pursuit
11 and completion by them of, courses of study referred
12 to in paragraph (1).

13 “(b) GRANTS.—

14 “(1) APPLICATION.—No grant may be made
15 under this section unless an application has been
16 submitted to, and approved by, the Secretary. Such
17 application shall be in such form, submitted in such
18 manner, and contain such information, as the Sec-
19 retary shall by regulation prescribe pursuant to this
20 Act. The Secretary shall give a preference to appli-
21 cations submitted by Tribal Health Programs or
22 urban Indian organizations.

23 “(2) AMOUNT OF GRANTS; PAYMENT.—The
24 amount of a grant under this section shall be deter-
25 mined by the Secretary. Payments pursuant to this

1 section may be made in advance or by way of reim-
2 bursement, and at such intervals and on such condi-
3 tions as provided for in regulations issued pursuant
4 to this Act. To the extent not otherwise prohibited
5 by law, grants shall be for 3 years, as provided in
6 regulations issued pursuant to this Act.

7 **“SEC. 103. HEALTH PROFESSIONS PREPARATORY SCHOL-**
8 **ARSHIP PROGRAM FOR INDIANS.**

9 “(a) SCHOLARSHIPS AUTHORIZED.—The Secretary,
10 acting through the Service, shall provide scholarship
11 grants to Indians who—

12 “(1) have successfully completed their high
13 school education or high school equivalency; and

14 “(2) have demonstrated the potential to suc-
15 cessfully complete courses of study in the health pro-
16 fessions.

17 “(b) PURPOSES.—Scholarship grants provided pursu-
18 ant to this section shall be for the following purposes:

19 “(1) Compensatory preprofessional education of
20 any recipient, such scholarship not to exceed 2 years
21 on a full-time basis (or the part-time equivalent
22 thereof, as determined by the Secretary pursuant to
23 regulations issued under this Act).

24 “(2) Pregraduate education of any recipient
25 leading to a baccalaureate degree in an approved

1 course of study preparatory to a field of study in a
2 health profession, such scholarship not to exceed 4
3 years. An extension of up to 2 years (or the part-
4 time equivalent thereof, as determined by the Sec-
5 retary pursuant to regulations issued pursuant to
6 this Act) may be approved.

7 “(c) OTHER CONDITIONS.—Scholarships under this
8 section—

9 “(1) may cover costs of tuition, books, trans-
10 portation, board, and other necessary related ex-
11 penses of a recipient while attending school;

12 “(2) shall not be denied solely on the basis of
13 the applicant’s scholastic achievement if such appli-
14 cant has been admitted to, or maintained good
15 standing at, an accredited institution; and

16 “(3) shall not be denied solely by reason of such
17 applicant’s eligibility for assistance or benefits under
18 any other Federal program.

19 **“SEC. 104. INDIAN HEALTH PROFESSIONS SCHOLARSHIPS.**

20 “(a) IN GENERAL.—

21 “(1) AUTHORITY.—The Secretary, acting
22 through the Service, shall make scholarship grants
23 to Indians who are enrolled full or part time in ac-
24 credited schools pursuing courses of study in the
25 health professions. Such scholarships shall be des-

1 ignated Indian Health Scholarships and shall be
2 made in accordance with section 338A of the Public
3 Health Services Act (42 U.S.C. 254*l*), except as pro-
4 vided in subsection (b) of this section.

5 “(2) DETERMINATIONS BY SECRETARY.—The
6 Secretary, acting through the Service, shall deter-
7 mine—

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

10 “(B) the distribution of the scholarships
11 among health professions on the basis of the
12 relative needs of Indians for additional service
13 in the health professions.

14 “(3) CERTAIN DELEGATION NOT ALLOWED.—
15 The administration of this section shall be a respon-
16 sibility of the Assistant Secretary and shall not be
17 delegated in a contract or compact under the Indian
18 Self-Determination and Education Assistance Act
19 (25 U.S.C. 450 et seq.).

20 “(b) ACTIVE DUTY SERVICE OBLIGATION.—

21 “(1) OBLIGATION MET.—The active duty serv-
22 ice obligation under a written contract with the Sec-
23 retary under this section that an Indian has entered
24 into shall, if that individual is a recipient of an In-
25 dian Health Scholarship, be met in full-time practice

1 equal to 1 year for each school year for which the
2 participant receives a scholarship award under this
3 part, or 2 years, whichever is greater, by service in
4 1 or more of the following:

5 “(A) In an Indian Health Program.

6 “(B) In a program assisted under title V
7 of this Act.

8 “(C) In the private practice of the applica-
9 ble profession if, as determined by the Sec-
10 retary, in accordance with guidelines promul-
11 gated by the Secretary, such practice is situated
12 in a physician or other health professional
13 shortage area and addresses the health care
14 needs of a substantial number of Indians.

15 “(D) In a teaching capacity in a tribal col-
16 lege or university nursing program (or a related
17 health profession program) if, as determined by
18 the Secretary, the health service provided to In-
19 dians would not decrease.

20 “(2) OBLIGATION DEFERRED.—At the request
21 of any individual who has entered into a contract re-
22 ferred to in paragraph (1) and who receives a health
23 professions degree requiring postgraduate training
24 for licensure or to improve clinical skills, the Sec-
25 retary shall defer the active duty service obligation

1 of that individual under that contract, in order that
2 such individual may complete any internship, resi-
3 dency, or other advanced clinical training that is re-
4 quired for the practice of that health profession, for
5 an appropriate period (in years, as determined by
6 the Secretary), subject to the following conditions:

7 “(A) No period of internship, residency, or
8 other advanced clinical training shall be counted
9 as satisfying any period of obligated service
10 under this subsection.

11 “(B) The active duty service obligation of
12 that individual shall commence not later than
13 90 days after the completion of that advanced
14 clinical training (or by a date specified by the
15 Secretary).

16 “(C) The active duty service obligation will
17 be served in the health profession of that indi-
18 vidual in a manner consistent with paragraph
19 (1).

20 “(D) A recipient of a scholarship under
21 this section may, at the election of the recipient,
22 meet the active duty service obligation described
23 in paragraph (1) by service in a program speci-
24 fied under that paragraph that—

1 “(i) is located on the reservation of
2 the Indian Tribe in which the recipient is
3 enrolled; or

4 “(ii) serves the Indian Tribe in which
5 the recipient is enrolled.

6 “(3) PRIORITY WHEN MAKING ASSIGNMENTS.—
7 Subject to paragraph (2), the Secretary, in making
8 assignments of Indian Health Scholarship recipients
9 required to meet the active duty service obligation
10 described in paragraph (1), shall give priority to as-
11 signing individuals to service in those programs
12 specified in paragraph (1) that have a need for
13 health professionals to provide health care services
14 as a result of individuals having breached contracts
15 entered into under this section.

16 “(c) PART-TIME STUDENTS.—In the case of an indi-
17 vidual receiving a scholarship under this section who is
18 enrolled part time in an approved course of study—

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

22 “(2) the period of obligated service described in
23 subsection (b)(1) shall be equal to the greater of—

24 “(A) the part-time equivalent of 1 year for
25 each year for which the individual was provided

1 a scholarship (as determined by the Secretary);

2 or

3 “(B) 2 years; and

4 “(3) the amount of the monthly stipend speci-
5 fied in section 338A(g)(1)(B) of the Public Health
6 Service Act (42 U.S.C. 254l(g)(1)(B)) shall be re-
7 duced pro rata (as determined by the Secretary)
8 based on the number of hours such student is en-
9 rolled.

10 “(d) BREACH OF CONTRACT.—

11 “(1) SPECIFIED BREACHES.—An individual
12 shall be liable to the United States for the amount
13 which has been paid to the individual, or on behalf
14 of the individual, under a contract entered into with
15 the Secretary under this section on or after the date
16 of enactment of the Indian Health Care Improve-
17 ment Act Amendments of 2009 if that individual—

18 “(A) fails to maintain an acceptable level
19 of academic standing in the educational institu-
20 tion in which he or she is enrolled (such level
21 determined by the educational institution under
22 regulations of the Secretary);

23 “(B) is dismissed from such educational
24 institution for disciplinary reasons;

1 “(C) voluntarily terminates the training in
2 such an educational institution for which he or
3 she is provided a scholarship under such con-
4 tract before the completion of such training; or

5 “(D) fails to accept payment, or instructs
6 the educational institution in which he or she is
7 enrolled not to accept payment, in whole or in
8 part, of a scholarship under such contract, in
9 lieu of any service obligation arising under such
10 contract.

11 “(2) OTHER BREACHES.—If for any reason not
12 specified in paragraph (1) an individual breaches a
13 written contract by failing either to begin such indi-
14 vidual’s service obligation required under such con-
15 tract or to complete such service obligation, the
16 United States shall be entitled to recover from the
17 individual an amount determined in accordance with
18 the formula specified in subsection (l) of section 110
19 in the manner provided for in such subsection.

20 “(3) CANCELLATION UPON DEATH OF RECIPI-
21 ENT.—Upon the death of an individual who receives
22 an Indian Health Scholarship, any outstanding obli-
23 gation of that individual for service or payment that
24 relates to that scholarship shall be canceled.

1 “(4) WAIVERS AND SUSPENSIONS.—The Sec-
2 retary shall provide for the partial or total waiver or
3 suspension of any obligation of service or payment of
4 a recipient of an Indian Health Scholarship if the
5 Secretary determines that—

6 “(A) it is not possible for the recipient to
7 meet that obligation or make that payment;

8 “(B) requiring that recipient to meet that
9 obligation or make that payment would result
10 in extreme hardship to the recipient; or

11 “(C) the enforcement of the requirement to
12 meet the obligation or make the payment would
13 be unconscionable.

14 “(5) EXTREME HARDSHIP.—Notwithstanding
15 any other provision of law, in any case of extreme
16 hardship or for other good cause shown, the Sec-
17 retary may waive, in whole or in part, the right of
18 the United States to recover funds made available
19 under this section.

20 “(6) BANKRUPTCY.—Notwithstanding any
21 other provision of law, with respect to a recipient of
22 an Indian Health Scholarship, no obligation for pay-
23 ment may be released by a discharge in bankruptcy
24 under title 11, United States Code, unless that dis-
25 charge is granted after the expiration of the 5-year

1 period beginning on the initial date on which that
2 payment is due, and only if the bankruptcy court
3 finds that the nondischarge of the obligation would
4 be unconscionable.

5 **“SEC. 105. AMERICAN INDIANS INTO PSYCHOLOGY PRO-**
6 **GRAM.**

7 “(a) GRANTS AUTHORIZED.—The Secretary, acting
8 through the Service, shall make grants of not more than
9 \$300,000 to each of 9 colleges and universities for the pur-
10 pose of developing and maintaining Indian psychology ca-
11 reer recruitment programs as a means of encouraging In-
12 dians to enter the behavioral health field. These programs
13 shall be located at various locations throughout the coun-
14 try to maximize their availability to Indian students and
15 new programs shall be established in different locations
16 from time to time.

17 “(b) QUENTIN N. BURDICK PROGRAM GRANT.—The
18 Secretary shall provide a grant authorized under sub-
19 section (a) to develop and maintain a program at the Uni-
20 versity of North Dakota to be known as the ‘Quentin N.
21 Burdick American Indians Into Psychology Program’.
22 Such program shall, to the maximum extent feasible, co-
23 ordinate with the Quentin N. Burdick Indian Health Pro-
24 grams authorized under section 117(b), the Quentin N.
25 Burdick American Indians Into Nursing Program author-

1 ized under section 115(e), and existing university research
2 and communications networks.

3 “(c) REGULATIONS.—The Secretary shall issue regu-
4 lations pursuant to this Act for the competitive awarding
5 of grants provided under this section.

6 “(d) CONDITIONS OF GRANT.—Applicants under this
7 section shall agree to provide a program which, at a min-
8 imum—

9 “(1) provides outreach and recruitment for
10 health professions to Indian communities including
11 elementary, secondary, and accredited and accessible
12 community colleges that will be served by the pro-
13 gram;

14 “(2) incorporates a program advisory board
15 comprised of representatives from the tribes and
16 communities that will be served by the program;

17 “(3) provides summer enrichment programs to
18 expose Indian students to the various fields of psy-
19 chology through research, clinical, and experimental
20 activities;

21 “(4) provides stipends to undergraduate and
22 graduate students to pursue a career in psychology;

23 “(5) develops affiliation agreements with tribal
24 colleges and universities, the Service, university af-
25 filiated programs, and other appropriate accredited

1 and accessible entities to enhance the education of
2 Indian students;

3 “(6) to the maximum extent feasible, uses exist-
4 ing university tutoring, counseling, and student sup-
5 port services; and

6 “(7) to the maximum extent feasible, employs
7 qualified Indians in the program.

8 “(e) ACTIVE DUTY SERVICE REQUIREMENT.—The
9 active duty service obligation prescribed under section
10 338C of the Public Health Service Act (42 U.S.C. 254m)
11 shall be met by each graduate who receives a stipend de-
12 scribed in subsection (d)(4) that is funded under this sec-
13 tion. Such obligation shall be met by service—

14 “(1) in an Indian Health Program;

15 “(2) in a program assisted under title V of this
16 Act; or

17 “(3) in the private practice of psychology if, as
18 determined by the Secretary, in accordance with
19 guidelines promulgated by the Secretary, such prac-
20 tice is situated in a physician or other health profes-
21 sional shortage area and addresses the health care
22 needs of a substantial number of Indians.

23 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
24 is authorized to be appropriated such sums as may be nec-
25 essary to carry out this section.

1 **“SEC. 106. SCHOLARSHIP PROGRAMS FOR INDIAN TRIBES.**

2 “(a) IN GENERAL.—

3 “(1) GRANTS AUTHORIZED.—The Secretary,
4 acting through the Service, shall make grants to
5 Tribal Health Programs for the purpose of providing
6 scholarships for Indians to serve as health profes-
7 sionals in Indian communities.

8 “(2) AMOUNT.—Amounts available under para-
9 graph (1) for any fiscal year shall not exceed 5 per-
10 cent of the amounts available for each fiscal year for
11 Indian Health Scholarships under section 104.

12 “(3) APPLICATION.—An application for a grant
13 under paragraph (1) shall be in such form and con-
14 tain such agreements, assurances, and information
15 as consistent with this section.

16 “(b) REQUIREMENTS.—

17 “(1) IN GENERAL.—A Tribal Health Program
18 receiving a grant under subsection (a) shall provide
19 scholarships to Indians in accordance with the re-
20 quirements of this section.

21 “(2) COSTS.—With respect to costs of providing
22 any scholarship pursuant to subsection (a)—

23 “(A) 80 percent of the costs of the scholar-
24 ship shall be paid from the funds made avail-
25 able pursuant to subsection (a)(1) provided to
26 the Tribal Health Program; and

1 “(B) 20 percent of such costs may be paid
2 from any other source of funds.

3 “(c) COURSE OF STUDY.—A Tribal Health Program
4 shall provide scholarships under this section only to Indi-
5 ans enrolled or accepted for enrollment in a course of
6 study (approved by the Secretary) in 1 of the health pro-
7 fessions contemplated by this Act.

8 “(d) CONTRACT.—

9 “(1) IN GENERAL.—In providing scholarships
10 under subsection (b), the Secretary and the Tribal
11 Health Program shall enter into a written contract
12 with each recipient of such scholarship.

13 “(2) REQUIREMENTS.—Such contract shall—

14 “(A) obligate such recipient to provide
15 service in an Indian Health Program or urban
16 Indian organization, in the same Service Area
17 where the Tribal Health Program providing the
18 scholarship is located, for—

19 “(i) a number of years for which the
20 scholarship is provided (or the part-time
21 equivalent thereof, as determined by the
22 Secretary), or for a period of 2 years,
23 whichever period is greater; or

1 “(ii) such greater period of time as
2 the recipient and the Tribal Health Pro-
3 gram may agree;

4 “(B) provide that the amount of the schol-
5 arship—

6 “(i) may only be expended for—

7 “(I) tuition expenses, other rea-
8 sonable educational expenses, and rea-
9 sonable living expenses incurred in at-
10 tendance at the educational institu-
11 tion; and

12 “(II) payment to the recipient of
13 a monthly stipend of not more than
14 the amount authorized by section
15 338(g)(1)(B) of the Public Health
16 Service Act (42 U.S.C.
17 254m(g)(1)(B)), with such amount to
18 be reduced pro rata (as determined by
19 the Secretary) based on the number of
20 hours such student is enrolled, and
21 not to exceed, for any year of attend-
22 ance for which the scholarship is pro-
23 vided, the total amount required for
24 the year for the purposes authorized
25 in this clause; and

1 “(ii) may not exceed, for any year of
2 attendance for which the scholarship is
3 provided, the total amount required for the
4 year for the purposes authorized in clause
5 (i);

6 “(C) require the recipient of such scholar-
7 ship to maintain an acceptable level of academic
8 standing as determined by the educational insti-
9 tution in accordance with regulations issued
10 pursuant to this Act; and

11 “(D) require the recipient of such scholar-
12 ship to meet the educational and licensure re-
13 quirements appropriate to each health profes-
14 sion.

15 “(3) SERVICE IN OTHER SERVICE AREAS.—The
16 contract may allow the recipient to serve in another
17 Service Area, provided the Tribal Health Program
18 and Secretary approve and services are not dimin-
19 ished to Indians in the Service Area where the Trib-
20 al Health Program providing the scholarship is lo-
21 cated.

22 “(e) BREACH OF CONTRACT.—

23 “(1) SPECIFIC BREACHES.—An individual who
24 has entered into a written contract with the Sec-
25 retary and a Tribal Health Program under sub-

1 section (d) shall be liable to the United States for
2 the Federal share of the amount which has been
3 paid to him or her, or on his or her behalf, under
4 the contract if that individual—

5 “(A) fails to maintain an acceptable level
6 of academic standing in the educational institu-
7 tion in which he or she is enrolled (such level
8 as determined by the educational institution
9 under regulations of the Secretary);

10 “(B) is dismissed from such educational
11 institution for disciplinary reasons;

12 “(C) voluntarily terminates the training in
13 such an educational institution for which he or
14 she is provided a scholarship under such con-
15 tract before the completion of such training; or

16 “(D) fails to accept payment, or instructs
17 the educational institution in which he or she is
18 enrolled not to accept payment, in whole or in
19 part, of a scholarship under such contract, in
20 lieu of any service obligation arising under such
21 contract.

22 “(2) OTHER BREACHES.—If for any reason not
23 specified in paragraph (1), an individual breaches a
24 written contract by failing to either begin such indi-
25 vidual’s service obligation required under such con-

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

6 “(3) CANCELLATION UPON DEATH OF RECIPI-
7 ENT.—Upon the death of an individual who receives
8 an Indian Health Scholarship, any outstanding obli-
9 gation of that individual for service or payment that
10 relates to that scholarship shall be canceled.

11 “(4) INFORMATION.—The Secretary may carry
12 out this subsection on the basis of information re-
13 ceived from Tribal Health Programs involved or on
14 the basis of information collected through such other
15 means as the Secretary deems appropriate.

16 “(f) RELATION TO SOCIAL SECURITY ACT.—The re-
17 cipient of a scholarship under this section shall agree, in
18 providing health care pursuant to the requirements here-
19 in—

20 “(1) not to discriminate against an individual
21 seeking care on the basis of the ability of the indi-
22 vidual to pay for such care or on the basis that pay-
23 ment for such care will be made pursuant to a pro-
24 gram established in title XVIII of the Social Secu-

1 rity Act or pursuant to the programs established in
2 title XIX or title XXI of such Act; and

3 “(2) to accept assignment under section
4 1842(b)(3)(B)(ii) of the Social Security Act for all
5 services for which payment may be made under part
6 B of title XVIII of such Act, and to enter into an
7 appropriate agreement with the State agency that
8 administers the State plan for medical assistance
9 under title XIX, or the State child health plan under
10 title XXI, of such Act to provide service to individ-
11 uals entitled to medical assistance or child health as-
12 sistance, respectively, under the plan.

13 “(g) CONTINUANCE OF FUNDING.—The Secretary
14 shall make payments under this section to a Tribal Health
15 Program for any fiscal year subsequent to the first fiscal
16 year of such payments unless the Secretary determines
17 that, for the immediately preceding fiscal year, the Tribal
18 Health Program has not complied with the requirements
19 of this section.

20 **“SEC. 107. INDIAN HEALTH SERVICE EXTERN PROGRAMS.**

21 “(a) EMPLOYMENT PREFERENCE.—Any individual
22 who receives a scholarship pursuant to section 104 or 106
23 shall be given preference for employment in the Service,
24 or may be employed by a Tribal Health Program or an
25 urban Indian organization, or other agencies of the De-

1 partment as available, during any nonacademic period of
2 the year.

3 “(b) NOT COUNTED TOWARD ACTIVE DUTY SERVICE
4 OBLIGATION.—Periods of employment pursuant to this
5 subsection shall not be counted in determining fulfillment
6 of the service obligation incurred as a condition of the
7 scholarship.

8 “(c) TIMING; LENGTH OF EMPLOYMENT.—Any indi-
9 vidual enrolled in a program, including a high school pro-
10 gram, authorized under section 102(a) may be employed
11 by the Service or by a Tribal Health Program or an urban
12 Indian organization during any nonacademic period of the
13 year. Any such employment shall not exceed 120 days dur-
14 ing any calendar year.

15 “(d) NONAPPLICABILITY OF COMPETITIVE PER-
16 SONNEL SYSTEM.—Any employment pursuant to this sec-
17 tion shall be made without regard to any competitive per-
18 sonnel system or agency personnel limitation and to a po-
19 sition which will enable the individual so employed to re-
20 ceive practical experience in the health profession in which
21 he or she is engaged in study. Any individual so employed
22 shall receive payment for his or her services comparable
23 to the salary he or she would receive if he or she were
24 employed in the competitive system. Any individual so em-

1 ployed shall not be counted against any employment ceil-
2 ing affecting the Service or the Department.

3 **“SEC. 108. CONTINUING EDUCATION ALLOWANCES.**

4 “In order to encourage scholarship and stipend re-
5 cipients under sections 104, 105, 106, and 115 and health
6 professionals, including community health representatives
7 and emergency medical technicians, to join or continue in
8 an Indian Health Program and to provide their services
9 in the rural and remote areas where a significant portion
10 of Indians reside, the Secretary, acting through the Serv-
11 ice, may—

12 “(1) provide programs or allowances to transi-
13 tion into an Indian Health Program, including li-
14 censing, board or certification examination assist-
15 ance, and technical assistance in fulfilling service ob-
16 ligations under sections 104, 105, 106, and 115; and

17 “(2) provide programs or allowances to health
18 professionals employed in an Indian Health Program
19 to enable them for a period of time each year pre-
20 scribed by regulation of the Secretary to take leave
21 of their duty stations for professional consultation,
22 management, leadership, and refresher training
23 courses.

1 **“SEC. 109. COMMUNITY HEALTH REPRESENTATIVE PRO-**
2 **GRAM.**

3 “(a) IN GENERAL.—Under the authority of the Act
4 of November 2, 1921 (25 U.S.C. 13) (commonly known
5 as the ‘Snyder Act’), the Secretary, acting through the
6 Service, shall maintain a Community Health Representa-
7 tive Program under which Indian Health Programs—

8 “(1) provide for the training of Indians as com-
9 munity health representatives; and

10 “(2) use such community health representatives
11 in the provision of health care, health promotion,
12 and disease prevention services to Indian commu-
13 nities.

14 “(b) DUTIES.—The Community Health Representa-
15 tive Program of the Service, shall—

16 “(1) provide a high standard of training for
17 community health representatives to ensure that the
18 community health representatives provide quality
19 health care, health promotion, and disease preven-
20 tion services to the Indian communities served by
21 the Program;

22 “(2) in order to provide such training, develop
23 and maintain a curriculum that—

24 “(A) combines education in the theory of
25 health care with supervised practical experience
26 in the provision of health care; and

1 “(B) provides instruction and practical ex-
2 perience in health promotion and disease pre-
3 vention activities, with appropriate consider-
4 ation given to lifestyle factors that have an im-
5 pact on Indian health status, such as alco-
6 holism, family dysfunction, and poverty;

7 “(3) maintain a system which identifies the
8 needs of community health representatives for con-
9 tinuing education in health care, health promotion,
10 and disease prevention and develop programs that
11 meet the needs for continuing education;

12 “(4) maintain a system that provides close su-
13 pervision of Community Health Representatives;

14 “(5) maintain a system under which the work
15 of Community Health Representatives is reviewed
16 and evaluated; and

17 “(6) promote traditional health care practices
18 of the Indian Tribes served consistent with the Serv-
19 ice standards for the provision of health care, health
20 promotion, and disease prevention.

21 **“SEC. 110. INDIAN HEALTH SERVICE LOAN REPAYMENT**
22 **PROGRAM.**

23 “(a) ESTABLISHMENT.—The Secretary, acting
24 through the Service, shall establish and administer a pro-
25 gram to be known as the Service Loan Repayment Pro-

1 gram (hereinafter referred to as the ‘Loan Repayment
2 Program’) in order to ensure an adequate supply of
3 trained health professionals necessary to maintain accredi-
4 tation of, and provide health care services to Indians
5 through, Indian Health Programs and urban Indian orga-
6 nizations.

7 “(b) ELIGIBLE INDIVIDUALS.—To be eligible to par-
8 ticipate in the Loan Repayment Program, an individual
9 must—

10 “(1)(A) be enrolled—

11 “(i) in a course of study or program in an
12 accredited educational institution (as deter-
13 mined by the Secretary under section
14 338B(b)(1)(c)(i) of the Public Health Service
15 Act (42 U.S.C. 254l–1(b)(1)(c)(i))) and be
16 scheduled to complete such course of study in
17 the same year such individual applies to partici-
18 pate in such program; or

19 “(ii) in an approved graduate training pro-
20 gram in a health profession; or

21 “(B) have—

22 “(i) a degree in a health profession; and

23 “(ii) a license to practice a health profes-
24 sion;

1 “(2)(A) be eligible for, or hold, an appointment
2 as a commissioned officer in the Regular or Reserve
3 Corps of the Public Health Service;

4 “(B) meet the professional standards for civil
5 service employment in the Service; or

6 “(C) be employed in an Indian Health Program
7 or urban Indian organization without a service obli-
8 gation; and

9 “(3) submit to the Secretary an application for
10 a contract described in subsection (e).

11 “(c) APPLICATION.—

12 “(1) INFORMATION TO BE INCLUDED WITH
13 FORMS.—In disseminating application forms and
14 contract forms to individuals desiring to participate
15 in the Loan Repayment Program, the Secretary
16 shall include with such forms a fair summary of the
17 rights and liabilities of an individual whose applica-
18 tion is approved (and whose contract is accepted) by
19 the Secretary, including in the summary a clear ex-
20 planation of the damages to which the United States
21 is entitled under subsection (l) in the case of the in-
22 dividual’s breach of contract. The Secretary shall
23 provide such individuals with sufficient information
24 regarding the advantages and disadvantages of serv-
25 ice as a commissioned officer in the Regular or Re-

1 serve Corps of the Public Health Service or a civil-
2 ian employee of the Service to enable the individual
3 to make a decision on an informed basis.

4 “(2) CLEAR LANGUAGE.—The application form,
5 contract form, and all other information furnished
6 by the Secretary under this section shall be written
7 in a manner calculated to be understood by the aver-
8 age individual applying to participate in the Loan
9 Repayment Program.

10 “(3) TIMELY AVAILABILITY OF FORMS.—The
11 Secretary shall make such application forms, con-
12 tract forms, and other information available to indi-
13 viduals desiring to participate in the Loan Repay-
14 ment Program on a date sufficiently early to ensure
15 that such individuals have adequate time to carefully
16 review and evaluate such forms and information.

17 “(d) PRIORITIES.—

18 “(1) LIST.—Consistent with subsection (j), the
19 Secretary shall annually—

20 “(A) identify the positions in each Indian
21 Health Program or urban Indian organization
22 for which there is a need or a vacancy; and

23 “(B) rank those positions in order of pri-
24 ority.

1 “(2) APPROVALS.—Consistent with the priority
2 determined under paragraph (1), the Secretary, in
3 determining which applications under the Loan Re-
4 payment Program to approve (and which contracts
5 to accept), shall—

6 “(A) give first priority to applications
7 made by individual Indians; and

8 “(B) after making determinations on all
9 applications submitted by individual Indians as
10 required under subparagraph (A), give priority
11 to—

12 “(i) individuals recruited through the
13 efforts of an Indian Health Program or
14 urban Indian organization; and

15 “(ii) other individuals based on the
16 priority rankings under paragraph (1).

17 “(e) RECIPIENT CONTRACTS.—

18 “(1) CONTRACT REQUIRED.—An individual be-
19 comes a participant in the Loan Repayment Pro-
20 gram only upon the Secretary and the individual en-
21 tering into a written contract described in paragraph
22 (2).

23 “(2) CONTENTS OF CONTRACT.—The written
24 contract referred to in this section between the Sec-
25 retary and an individual shall contain—

1 “(A) an agreement under which—

2 “(i) subject to subparagraph (C), the
3 Secretary agrees—

4 “(I) to pay loans on behalf of the
5 individual in accordance with the pro-
6 visions of this section; and

7 “(II) to accept (subject to the
8 availability of appropriated funds for
9 carrying out this section) the indi-
10 vidual into the Service or place the in-
11 dividual with a Tribal Health Pro-
12 gram or urban Indian organization as
13 provided in clause (ii)(III); and

14 “(ii) subject to subparagraph (C), the
15 individual agrees—

16 “(I) to accept loan payments on
17 behalf of the individual;

18 “(II) in the case of an individual
19 described in subsection (b)(1)—

20 “(aa) to maintain enrollment
21 in a course of study or training
22 described in subsection (b)(1)(A)
23 until the individual completes the
24 course of study or training; and

1 “(bb) while enrolled in such
2 course of study or training, to
3 maintain an acceptable level of
4 academic standing (as deter-
5 mined under regulations of the
6 Secretary by the educational in-
7 stitution offering such course of
8 study or training); and

9 “(III) to serve for a time period
10 (in this section referred to as the ‘pe-
11 riod of obligated service’) equal to 2
12 years or such longer period as the in-
13 dividual may agree to serve in the
14 full-time clinical practice of such indi-
15 vidual’s profession in an Indian
16 Health Program or urban Indian or-
17 ganization to which the individual
18 may be assigned by the Secretary;

19 “(B) a provision permitting the Secretary
20 to extend for such longer additional periods, as
21 the individual may agree to, the period of obli-
22 gated service agreed to by the individual under
23 subparagraph (A)(ii)(III);

24 “(C) a provision that any financial obliga-
25 tion of the United States arising out of a con-

1 tract entered into under this section and any
2 obligation of the individual which is conditioned
3 thereon is contingent upon funds being appro-
4 priated for loan repayments under this section;

5 “(D) a statement of the damages to which
6 the United States is entitled under subsection
7 (k) for the individual’s breach of the contract;
8 and

9 “(E) such other statements of the rights
10 and liabilities of the Secretary and of the indi-
11 vidual, not inconsistent with this section.

12 “(f) DEADLINE FOR DECISION ON APPLICATION.—
13 The Secretary shall provide written notice to an individual
14 within 21 days on—

15 “(1) the Secretary’s approving, under sub-
16 section (e)(1), of the individual’s participation in the
17 Loan Repayment Program, including extensions re-
18 sulting in an aggregate period of obligated service in
19 excess of 4 years; or

20 “(2) the Secretary’s disapproving an individ-
21 ual’s participation in such Program.

22 “(g) PAYMENTS.—

23 “(1) IN GENERAL.—A loan repayment provided
24 for an individual under a written contract under the
25 Loan Repayment Program shall consist of payment,

1 in accordance with paragraph (2), on behalf of the
2 individual of the principal, interest, and related ex-
3 penses on government and commercial loans received
4 by the individual regarding the undergraduate or
5 graduate education of the individual (or both), which
6 loans were made for—

7 “(A) tuition expenses;

8 “(B) all other reasonable educational ex-
9 penses, including fees, books, and laboratory ex-
10 penses, incurred by the individual; and

11 “(C) reasonable living expenses as deter-
12 mined by the Secretary.

13 “(2) AMOUNT.—For each year of obligated
14 service that an individual contracts to serve under
15 subsection (e), the Secretary may pay up to \$35,000
16 or an amount equal to the amount specified in sec-
17 tion 338B(g)(2)(A) of the Public Health Service
18 Act, whichever is more, on behalf of the individual
19 for loans described in paragraph (1). In making a
20 determination of the amount to pay for a year of
21 such service by an individual, the Secretary shall
22 consider the extent to which each such determina-
23 tion—

24 “(A) affects the ability of the Secretary to
25 maximize the number of contracts that can be

1 provided under the Loan Repayment Program
2 from the amounts appropriated for such con-
3 tracts;

4 “(B) provides an incentive to serve in In-
5 dian Health Programs and urban Indian orga-
6 nizations with the greatest shortages of health
7 professionals; and

8 “(C) provides an incentive with respect to
9 the health professional involved remaining in an
10 Indian Health Program or urban Indian organi-
11 zation with such a health professional shortage,
12 and continuing to provide primary health serv-
13 ices, after the completion of the period of obli-
14 gated service under the Loan Repayment Pro-
15 gram.

16 “(3) TIMING.—Any arrangement made by the
17 Secretary for the making of loan repayments in ac-
18 cordance with this subsection shall provide that any
19 repayments for a year of obligated service shall be
20 made no later than the end of the fiscal year in
21 which the individual completes such year of service.

22 “(4) REIMBURSEMENTS FOR TAX LIABILITY.—
23 For the purpose of providing reimbursements for tax
24 liability resulting from a payment under paragraph
25 (2) on behalf of an individual, the Secretary—

1 “(A) in addition to such payments, may
2 make payments to the individual in an amount
3 equal to not less than 20 percent and not more
4 than 39 percent of the total amount of loan re-
5 payments made for the taxable year involved;
6 and

7 “(B) may make such additional payments
8 as the Secretary determines to be appropriate
9 with respect to such purpose.

10 “(5) PAYMENT SCHEDULE.—The Secretary
11 may enter into an agreement with the holder of any
12 loan for which payments are made under the Loan
13 Repayment Program to establish a schedule for the
14 making of such payments.

15 “(h) EMPLOYMENT CEILING.—Notwithstanding any
16 other provision of law, individuals who have entered into
17 written contracts with the Secretary under this section
18 shall not be counted against any employment ceiling af-
19 fecting the Department while those individuals are under-
20 going academic training.

21 “(i) RECRUITMENT.—The Secretary shall conduct re-
22 cruiting programs for the Loan Repayment Program and
23 other manpower programs of the Service at educational
24 institutions training health professionals or specialists
25 identified in subsection (a).

1 “(j) APPLICABILITY OF LAW.—Section 214 of the
2 Public Health Service Act (42 U.S.C. 215) shall not apply
3 to individuals during their period of obligated service
4 under the Loan Repayment Program.

5 “(k) ASSIGNMENT OF INDIVIDUALS.—The Secretary,
6 in assigning individuals to serve in Indian Health Pro-
7 grams or urban Indian organizations pursuant to con-
8 tracts entered into under this section, shall—

9 “(1) ensure that the staffing needs of Tribal
10 Health Programs and urban Indian organizations
11 receive consideration on an equal basis with pro-
12 grams that are administered directly by the Service;
13 and

14 “(2) give priority to assigning individuals to In-
15 dian Health Programs and urban Indian organiza-
16 tions that have a need for health professionals to
17 provide health care services as a result of individuals
18 having breached contracts entered into under this
19 section.

20 “(l) BREACH OF CONTRACT.—

21 “(1) SPECIFIC BREACHES.—An individual who
22 has entered into a written contract with the Sec-
23 retary under this section and has not received a
24 waiver under subsection (m) shall be liable, in lieu
25 of any service obligation arising under such contract,

1 to the United States for the amount which has been
2 paid on such individual's behalf under the contract
3 if that individual—

4 “(A) is enrolled in the final year of a
5 course of study and—

6 “(i) fails to maintain an acceptable
7 level of academic standing in the edu-
8 cational institution in which he or she is
9 enrolled (such level determined by the edu-
10 cational institution under regulations of
11 the Secretary);

12 “(ii) voluntarily terminates such en-
13 rollment; or

14 “(iii) is dismissed from such edu-
15 cational institution before completion of
16 such course of study; or

17 “(B) is enrolled in a graduate training pro-
18 gram and fails to complete such training pro-
19 gram.

20 “(2) OTHER BREACHES; FORMULA FOR
21 AMOUNT OWED.—If, for any reason not specified in
22 paragraph (1), an individual breaches his or her
23 written contract under this section by failing either
24 to begin, or complete, such individual's period of ob-
25 ligated service in accordance with subsection (e)(2),

1 the United States shall be entitled to recover from
2 such individual an amount to be determined in ac-
3 cordance with the following formula: $A=3Z(t-s/t)$
4 in which—

5 “(A) ‘A’ is the amount the United States
6 is entitled to recover;

7 “(B) ‘Z’ is the sum of the amounts paid
8 under this section to, or on behalf of, the indi-
9 vidual and the interest on such amounts which
10 would be payable if, at the time the amounts
11 were paid, they were loans bearing interest at
12 the maximum legal prevailing rate, as deter-
13 mined by the Secretary of the Treasury;

14 “(C) ‘t’ is the total number of months in
15 the individual’s period of obligated service; and

16 “(D) ‘s’ is the number of months of such
17 period served by such individual in accordance
18 with this section.

19 “(3) TIME PERIOD FOR REPAYMENT.—Any
20 amount of damages which the United States is enti-
21 tled to recover under this subsection shall be paid to
22 the United States within the 1-year period beginning
23 on the date of the breach or such longer period be-
24 ginning on such date as shall be specified by the
25 Secretary.

1 “(4) DEDUCTIONS IN MEDICARE PAYMENTS.—
2 Amounts not paid within such period shall be sub-
3 ject to collection through deductions in Medicare
4 payments pursuant to section 1892 of the Social Se-
5 curity Act.

6 “(5) RECOVERY OF DELINQUENCY.—

7 “(A) IN GENERAL.—If damages described
8 in paragraph (4) are delinquent for 3 months,
9 the Secretary shall, for the purpose of recov-
10 ering such damages—

11 “(i) use collection agencies contracted
12 with by the Administrator of General Serv-
13 ices; or

14 “(ii) enter into contracts for the re-
15 covery of such damages with collection
16 agencies selected by the Secretary.

17 “(B) REPORT.—Each contract for recov-
18 ering damages pursuant to this subsection shall
19 provide that the contractor will, not less than
20 once each 6 months, submit to the Secretary a
21 status report on the success of the contractor in
22 collecting such damages. Section 3718 of title
23 31, United States Code, shall apply to any such
24 contract to the extent not inconsistent with this
25 subsection.

1 “(m) WAIVER OR SUSPENSION OF OBLIGATION.—

2 “(1) IN GENERAL.—The Secretary shall by reg-
3 ulation provide for the partial or total waiver or sus-
4 pension of any obligation of service or payment by
5 an individual under the Loan Repayment Program
6 whenever compliance by the individual is impossible
7 or would involve extreme hardship to the individual
8 and if enforcement of such obligation with respect to
9 any individual would be unconscionable.

10 “(2) CANCELED UPON DEATH.—Any obligation
11 of an individual under the Loan Repayment Pro-
12 gram for service or payment of damages shall be
13 canceled upon the death of the individual.

14 “(3) HARDSHIP WAIVER.—The Secretary may
15 waive, in whole or in part, the rights of the United
16 States to recover amounts under this section in any
17 case of extreme hardship or other good cause shown,
18 as determined by the Secretary.

19 “(4) BANKRUPTCY.—Any obligation of an indi-
20 vidual under the Loan Repayment Program for pay-
21 ment of damages may be released by a discharge in
22 bankruptcy under title 11 of the United States Code
23 only if such discharge is granted after the expiration
24 of the 5-year period beginning on the first date that
25 payment of such damages is required, and only if

1 the bankruptcy court finds that nondischarge of the
2 obligation would be unconscionable.

3 “(n) REPORT.—The Secretary shall submit to the
4 President, for inclusion in the report required to be sub-
5 mitted to Congress under section 801, a report concerning
6 the previous fiscal year which sets forth by Service Area
7 the following:

8 “(1) A list of the health professional positions
9 maintained by Indian Health Programs and urban
10 Indian organizations for which recruitment or reten-
11 tion is difficult.

12 “(2) The number of Loan Repayment Program
13 applications filed with respect to each type of health
14 profession.

15 “(3) The number of contracts described in sub-
16 section (e) that are entered into with respect to each
17 health profession.

18 “(4) The amount of loan payments made under
19 this section, in total and by health profession.

20 “(5) The number of scholarships that are pro-
21 vided under sections 104 and 106 with respect to
22 each health profession.

23 “(6) The amount of scholarship grants provided
24 under sections 104 and 106, in total and by health
25 profession.

1 “(7) The number of providers of health care
2 that will be needed by Indian Health Programs and
3 urban Indian organizations, by location and profes-
4 sion, during the 3 fiscal years beginning after the
5 date the report is filed.

6 “(8) The measures the Secretary plans to take
7 to fill the health professional positions maintained
8 by Indian Health Programs or urban Indian organi-
9 zations for which recruitment or retention is dif-
10 ficult.

11 **“SEC. 111. SCHOLARSHIP AND LOAN REPAYMENT RECOV-**
12 **ERY FUND.**

13 “(a) ESTABLISHMENT.—There is established in the
14 Treasury of the United States a fund to be known as the
15 Indian Health Scholarship and Loan Repayment Recovery
16 Fund (hereafter in this section referred to as the ‘LRRF’).
17 The LRRF shall consist of such amounts as may be col-
18 lected from individuals under section 104(d), section
19 106(e), and section 110(l) for breach of contract, such
20 funds as may be appropriated to the LRRF, and interest
21 earned on amounts in the LRRF. All amounts collected,
22 appropriated, or earned relative to the LRRF shall remain
23 available until expended.

24 “(b) USE OF FUNDS.—

1 “(1) BY SECRETARY.—Amounts in the LRRF
2 may be expended by the Secretary, acting through
3 the Service, to make payments to an Indian Health
4 Program—

5 “(A) to which a scholarship recipient under
6 section 104 and 106 or a loan repayment pro-
7 gram participant under section 110 has been
8 assigned to meet the obligated service require-
9 ments pursuant to such sections; and

10 “(B) that has a need for a health profes-
11 sional to provide health care services as a result
12 of such recipient or participant having breached
13 the contract entered into under section 104,
14 106, or 110.

15 “(2) BY TRIBAL HEALTH PROGRAMS.—A Tribal
16 Health Program receiving payments pursuant to
17 paragraph (1) may expend the payments to provide
18 scholarships or recruit and employ, directly or by
19 contract, health professionals to provide health care
20 services.

21 “(c) INVESTMENT OF FUNDS.—The Secretary of the
22 Treasury shall invest such amounts of the LRRF as the
23 Secretary of Health and Human Services determines are
24 not required to meet current withdrawals from the LRRF.
25 Such investments may be made only in interest bearing

1 obligations of the United States. For such purpose, such
2 obligations may be acquired on original issue at the issue
3 price, or by purchase of outstanding obligations at the
4 market price.

5 “(d) SALE OF OBLIGATIONS.—Any obligation ac-
6 quired by the LRRF may be sold by the Secretary of the
7 Treasury at the market price.

8 **“SEC. 112. RECRUITMENT ACTIVITIES.**

9 “(a) REIMBURSEMENT FOR TRAVEL.—The Sec-
10 retary, acting through the Service, may reimburse health
11 professionals seeking positions with Indian Health Pro-
12 grams or urban Indian organizations, including individ-
13 uals considering entering into a contract under section
14 110 and their spouses, for actual and reasonable expenses
15 incurred in traveling to and from their places of residence
16 to an area in which they may be assigned for the purpose
17 of evaluating such area with respect to such assignment.

18 “(b) RECRUITMENT PERSONNEL.—The Secretary,
19 acting through the Service, shall assign 1 individual in
20 each Area Office to be responsible on a full-time basis for
21 recruitment activities.

22 **“SEC. 113. INDIAN RECRUITMENT AND RETENTION PRO-**
23 **GRAM.**

24 “(a) IN GENERAL.—The Secretary, acting through
25 the Service, shall fund, on a competitive basis, innovative

1 demonstration projects for a period not to exceed 3 years
2 to enable Indian Health Programs and urban Indian orga-
3 nizations to recruit, place, and retain health professionals
4 to meet their staffing needs.

5 “(b) ELIGIBLE ENTITIES; APPLICATION.—Any In-
6 dian Health Program or Urban Indian organization may
7 submit an application for funding of a project pursuant
8 to this section.

9 **“SEC. 114. ADVANCED TRAINING AND RESEARCH.**

10 “(a) DEMONSTRATION PROGRAM.—The Secretary,
11 acting through the Service, shall establish a demonstration
12 project to enable health professionals who have worked in
13 an Indian Health Program or urban Indian organization
14 for a substantial period of time to pursue advanced train-
15 ing or research areas of study for which the Secretary de-
16 termines a need exists.

17 “(b) SERVICE OBLIGATION.—An individual who par-
18 ticipates in a program under subsection (a), where the
19 educational costs are borne by the Service, shall incur an
20 obligation to serve in an Indian Health Program or urban
21 Indian organization for a period of obligated service equal
22 to at least the period of time during which the individual
23 participates in such program. In the event that the indi-
24 vidual fails to complete such obligated service, the indi-
25 vidual shall be liable to the United States for the period

1 of service remaining. In such event, with respect to indi-
2 viduals entering the program after the date of enactment
3 of the Indian Health Care Improvement Act Amendments
4 of 2009, the United States shall be entitled to recover
5 from such individual an amount to be determined in ac-
6 cordance with the formula specified in subsection (l) of
7 section 110 in the manner provided for in such subsection.

8 “(c) EQUAL OPPORTUNITY FOR PARTICIPATION.—
9 Health professionals from Tribal Health Programs and
10 urban Indian organizations shall be given an equal oppor-
11 tunity to participate in the program under subsection (a).

12 **“SEC. 115. QUENTIN N. BURDICK AMERICAN INDIANS INTO**
13 **NURSING PROGRAM.**

14 “(a) GRANTS AUTHORIZED.—For the purpose of in-
15 creasing the number of nurses, nurse midwives, and nurse
16 practitioners who deliver health care services to Indians,
17 the Secretary, acting through the Service, shall provide
18 grants to the following:

19 “(1) Public or private schools of nursing.

20 “(2) Tribal colleges or universities.

21 “(3) Nurse midwife programs and advanced
22 practice nurse programs that are provided by any
23 tribal college or university accredited nursing pro-
24 gram, or in the absence of such, any other public or
25 private institutions.

1 “(b) USE OF GRANTS.—Grants provided under sub-
2 section (a) may be used for 1 or more of the following:

3 “(1) To recruit individuals for programs which
4 train individuals to be nurses, nurse midwives, or
5 advanced practice nurses.

6 “(2) To provide scholarships to Indians enrolled
7 in such programs that may pay the tuition charged
8 for such program and other expenses incurred in
9 connection with such program, including books, fees,
10 room and board, and stipends for living expenses.

11 “(3) To provide a program that encourages
12 nurses, nurse midwives, and advanced practice
13 nurses to provide, or continue to provide, health care
14 services to Indians.

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

19 “(5) To provide any program that is designed
20 to achieve the purpose described in subsection (a).

21 “(c) APPLICATIONS.—Each application for a grant
22 under subsection (a) shall include such information as the
23 Secretary may require to establish the connection between
24 the program of the applicant and a health care facility
25 that primarily serves Indians.

1 “(d) PREFERENCES FOR GRANT RECIPIENTS.—In
2 providing grants under subsection (a), the Secretary shall
3 extend a preference to the following:

4 “(1) Programs that provide a preference to In-
5 dians.

6 “(2) Programs that train nurse midwives or ad-
7 vanced practice nurses.

8 “(3) Programs that are interdisciplinary.

9 “(4) Programs that are conducted in coopera-
10 tion with a program for gifted and talented Indian
11 students.

12 “(5) Programs conducted by tribal colleges and
13 universities.

14 “(e) QUENTIN N. BURDICK PROGRAM GRANT.—The
15 Secretary shall provide 1 of the grants authorized under
16 subsection (a) to establish and maintain a program at the
17 University of North Dakota to be known as the ‘Quentin
18 N. Burdick American Indians Into Nursing Program’.
19 Such program shall, to the maximum extent feasible, co-
20 ordinate with the Quentin N. Burdick Indian Health Pro-
21 grams established under section 117(b) and the Quentin
22 N. Burdick American Indians Into Psychology Program
23 established under section 105(b).

24 “(f) ACTIVE DUTY SERVICE OBLIGATION.—The ac-
25 tive duty service obligation prescribed under section 338C

1 of the Public Health Service Act (42 U.S.C. 254m) shall
2 be met by each individual who receives training or assist-
3 ance described in paragraph (1) or (2) of subsection (b)
4 that is funded by a grant provided under subsection (a).
5 Such obligation shall be met by service—

6 “(1) in the Service;

7 “(2) in a program of an Indian Tribe or Tribal
8 Organization conducted under the Indian Self-Deter-
9 mination and Education Assistance Act (25 U.S.C.
10 450 et seq.) (including programs under agreements
11 with the Bureau of Indian Affairs);

12 “(3) in a program assisted under title V of this
13 Act;

14 “(4) in the private practice of nursing if, as de-
15 termined by the Secretary, in accordance with guide-
16 lines promulgated by the Secretary, such practice is
17 situated in a physician or other health shortage area
18 and addresses the health care needs of a substantial
19 number of Indians; or

20 “(5) in a teaching capacity in a tribal college or
21 university nursing program (or a related health pro-
22 fession program) if, as determined by the Secretary,
23 health services provided to Indians would not de-
24 crease.

1 **“SEC. 116. TRIBAL CULTURAL ORIENTATION.**

2 “(a) CULTURAL EDUCATION OF EMPLOYEES.—The
3 Secretary, acting through the Service, shall require that
4 appropriate employees of the Service who serve Indian
5 Tribes in each Service Area receive educational instruction
6 in the history and culture of such Indian Tribes and their
7 relationship to the Service.

8 “(b) PROGRAM.—In carrying out subsection (a), the
9 Secretary shall establish a program which shall, to the ex-
10 tent feasible—

11 “(1) be developed in consultation with the af-
12 fected Indian Tribes, Tribal Organizations, and
13 urban Indian organizations;

14 “(2) be carried out through tribal colleges or
15 universities;

16 “(3) include instruction in American Indian
17 studies; and

18 “(4) describe the use and place of traditional
19 health care practices of the Indian Tribes in the
20 Service Area.

21 **“SEC. 117. INMED PROGRAM.**

22 “(a) GRANTS AUTHORIZED.—The Secretary, acting
23 through the Service, is authorized to provide grants to col-
24 leges and universities for the purpose of maintaining and
25 expanding the Indian health careers recruitment program
26 known as the ‘Indians Into Medicine Program’ (herein-

1 after in this section referred to as ‘INMED’) as a means
2 of encouraging Indians to enter the health professions.

3 “(b) QUENTIN N. BURDICK GRANT.—The Secretary
4 shall provide 1 of the grants authorized under subsection
5 (a) to maintain the INMED program at the University
6 of North Dakota, to be known as the ‘Quentin N. Burdick
7 Indian Health Programs’, unless the Secretary makes a
8 determination, based upon program reviews, that the pro-
9 gram is not meeting the purposes of this section. Such
10 program shall, to the maximum extent feasible, coordinate
11 with the Quentin N. Burdick American Indians Into Psy-
12 chology Program established under section 105(b) and the
13 Quentin N. Burdick American Indians Into Nursing Pro-
14 gram established under section 115.

15 “(c) REGULATIONS.—The Secretary, pursuant to this
16 Act, shall develop regulations to govern grants pursuant
17 to this section.

18 “(d) REQUIREMENTS.—Applicants for grants pro-
19 vided under this section shall agree to provide a program
20 which—

21 “(1) provides outreach and recruitment for
22 health professions to Indian communities including
23 elementary and secondary schools and community
24 colleges located on reservations which will be served
25 by the program;

1 “(2) incorporates a program advisory board
2 comprised of representatives from the Indian Tribes
3 and Indian communities which will be served by the
4 program;

5 “(3) provides summer preparatory programs for
6 Indian students who need enrichment in the subjects
7 of math and science in order to pursue training in
8 the health professions;

9 “(4) provides tutoring, counseling, and support
10 to students who are enrolled in a health career pro-
11 gram of study at the respective college or university;
12 and

13 “(5) to the maximum extent feasible, employs
14 qualified Indians in the program.

15 **“SEC. 118. HEALTH TRAINING PROGRAMS OF COMMUNITY**
16 **COLLEGES.**

17 “(a) GRANTS TO ESTABLISH PROGRAMS.—

18 “(1) IN GENERAL.—The Secretary, acting
19 through the Service, shall award grants to accredited
20 and accessible community colleges for the purpose of
21 assisting such community colleges in the establish-
22 ment of programs which provide education in a
23 health profession leading to a degree or diploma in
24 a health profession for individuals who desire to

1 practice such profession on or near a reservation or
2 in an Indian Health Program.

3 “(2) AMOUNT OF GRANTS.—The amount of any
4 grant awarded to a community college under para-
5 graph (1) for the first year in which such a grant
6 is provided to the community college shall not exceed
7 \$250,000.

8 “(b) GRANTS FOR MAINTENANCE AND RECRUIT-
9 ING.—

10 “(1) IN GENERAL.—The Secretary, acting
11 through the Service, shall award grants to accredited
12 and accessible community colleges that have estab-
13 lished a program described in subsection (a)(1) for
14 the purpose of maintaining the program and recruit-
15 ing students for the program.

16 “(2) REQUIREMENTS.—Grants may only be
17 made under this section to a community college
18 which—

19 “(A) is accredited;

20 “(B) has a relationship with a hospital fa-
21 cility, Service facility, or hospital that could
22 provide training of nurses or health profes-
23 sionals;

1 “(C) has entered into an agreement with
2 an accredited college or university medical
3 school, the terms of which—

4 “(i) provide a program that enhances
5 the transition and recruitment of students
6 into advanced baccalaureate or graduate
7 programs that train health professionals;
8 and

9 “(ii) stipulate certifications necessary
10 to approve internship and field placement
11 opportunities at Indian Health Programs;

12 “(D) has a qualified staff which has the
13 appropriate certifications;

14 “(E) is capable of obtaining State or re-
15 gional accreditation of the program described in
16 subsection (a)(1); and

17 “(F) agrees to provide for Indian pref-
18 erence for applicants for programs under this
19 section.

20 “(c) TECHNICAL ASSISTANCE.—The Secretary shall
21 encourage community colleges described in subsection
22 (b)(2) to establish and maintain programs described in
23 subsection (a)(1) by—

24 “(1) entering into agreements with such col-
25 leges for the provision of qualified personnel of the

1 Service to teach courses of study in such programs;
2 and

3 “(2) providing technical assistance and support
4 to such colleges.

5 “(d) ADVANCED TRAINING.—

6 “(1) REQUIRED.—Any program receiving as-
7 sistance under this section that is conducted with re-
8 spect to a health profession shall also offer courses
9 of study which provide advanced training for any
10 health professional who—

11 “(A) has already received a degree or di-
12 ploma in such health profession; and

13 “(B) provides clinical services on or near a
14 reservation or for an Indian Health Program.

15 “(2) MAY BE OFFERED AT ALTERNATE SITE.—

16 Such courses of study may be offered in conjunction
17 with the college or university with which the commu-
18 nity college has entered into the agreement required
19 under subsection (b)(2)(C).

20 “(e) PRIORITY.—Where the requirements of sub-
21 section (b) are met, grant award priority shall be provided
22 to tribal colleges and universities in Service Areas where
23 they exist.

1 **“SEC. 119. RETENTION BONUS.**

2 “(a) BONUS AUTHORIZED.—The Secretary may pay
3 a retention bonus to any health professional employed by,
4 or assigned to, and serving in, an Indian Health Program
5 or urban Indian organization either as a civilian employee
6 or as a commissioned officer in the Regular or Reserve
7 Corps of the Public Health Service who—

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

11 “(2) the Secretary determines is needed by In-
12 dian Health Programs and urban Indian organiza-
13 tions;

14 “(3) has—

15 “(A) completed 2 years of employment
16 with an Indian Health Program or urban In-
17 dian organization; or

18 “(B) completed any service obligations in-
19 curred as a requirement of—

20 “(i) any Federal scholarship program;

21 or

22 “(ii) any Federal education loan re-
23 payment program; and

24 “(4) enters into an agreement with an Indian
25 Health Program or urban Indian organization for

1 continued employment for a period of not less than
2 1 year.

3 “(b) RATES.—The Secretary may establish rates for
4 the retention bonus which shall provide for a higher an-
5 nual rate for multiyear agreements than for single year
6 agreements referred to in subsection (a)(4), but in no
7 event shall the annual rate be more than \$25,000 per
8 annum.

9 “(c) DEFAULT OF RETENTION AGREEMENT.—Any
10 health professional failing to complete the agreed upon
11 term of service, except where such failure is through no
12 fault of the individual, shall be obligated to refund to the
13 Government the full amount of the retention bonus for the
14 period covered by the agreement, plus interest as deter-
15 mined by the Secretary in accordance with section
16 110(l)(2)(B).

17 “(d) OTHER RETENTION BONUS.—The Secretary
18 may pay a retention bonus to any health professional em-
19 ployed by a Tribal Health Program if such health profes-
20 sional is serving in a position which the Secretary deter-
21 mines is—

22 “(1) a position for which recruitment or reten-
23 tion is difficult; and

24 “(2) necessary for providing health care services
25 to Indians.

1 **“SEC. 120. NURSING RESIDENCY PROGRAM.**

2 “(a) ESTABLISHMENT OF PROGRAM.—The Sec-
3 retary, acting through the Service, shall establish a pro-
4 gram to enable Indians who are licensed practical nurses,
5 licensed vocational nurses, and registered nurses who are
6 working in an Indian Health Program or urban Indian
7 organization, and have done so for a period of not less
8 than 1 year, to pursue advanced training. Such program
9 shall include a combination of education and work study
10 in an Indian Health Program or urban Indian organiza-
11 tion leading to an associate or bachelor’s degree (in the
12 case of a licensed practical nurse or licensed vocational
13 nurse), a bachelor’s degree (in the case of a registered
14 nurse), or advanced degrees or certifications in nursing
15 and public health.

16 “(b) SERVICE OBLIGATION.—An individual who par-
17 ticipates in a program under subsection (a), where the
18 educational costs are paid by the Service, shall incur an
19 obligation to serve in an Indian Health Program or urban
20 Indian organization for a period of obligated service equal
21 to 1 year for every year that nonprofessional employee (li-
22 censed practical nurses, licensed vocational nurses, nurs-
23 ing assistants, and various health care technicians), or 2
24 years for every year that professional nurse (associate de-
25 gree and bachelor-prepared registered nurses), partici-
26 pates in such program. In the event that the individual

1 fails to complete such obligated service, the United States
2 shall be entitled to recover from such individual an amount
3 determined in accordance with the formula specified sub-
4 section (d)(1) of Section 104 for individuals failing to
5 graduate from their degree program and subsection (l) of
6 Section 110 for individuals failing to start or complete the
7 obligated service.

8 **“SEC. 121. COMMUNITY HEALTH AIDE PROGRAM.**

9 “(a) GENERAL PURPOSES OF PROGRAM.—Under the
10 authority of the Act of November 2, 1921 (25 U.S.C. 13)
11 (commonly known as the ‘Snyder Act’), the Secretary, act-
12 ing through the Service, shall develop and operate a Com-
13 munity Health Aide Program in Alaska under which the
14 Service—

15 “(1) provides for the training of Alaska Natives
16 as health aides or community health practitioners;

17 “(2) uses such aides or practitioners in the pro-
18 vision of health care, health promotion, and disease
19 prevention services to Alaska Natives living in vil-
20 lages in rural Alaska; and

21 “(3) provides for the establishment of tele-
22 conferencing capacity in health clinics located in or
23 near such villages for use by community health aides
24 or community health practitioners.

1 “(b) SPECIFIC PROGRAM REQUIREMENTS.—The Sec-
2 retary, acting through the Community Health Aide Pro-
3 gram of the Service, shall—

4 “(1) using trainers accredited by the Program,
5 provide a high standard of training to community
6 health aides and community health practitioners to
7 ensure that such aides and practitioners provide
8 quality health care, health promotion, and disease
9 prevention services to the villages served by the Pro-
10 gram;

11 “(2) in order to provide such training, develop
12 a curriculum that—

13 “(A) combines education in the theory of
14 health care with supervised practical experience
15 in the provision of health care;

16 “(B) provides instruction and practical ex-
17 perience in the provision of acute care, emer-
18 gency care, health promotion, disease preven-
19 tion, and the efficient and effective manage-
20 ment of clinic pharmacies, supplies, equipment,
21 and facilities; and

22 “(C) promotes the achievement of the
23 health status objectives specified in section
24 3(2);

1 “(3) establish and maintain a Community
2 Health Aide Certification Board to certify as com-
3 munity health aides or community health practi-
4 tioners individuals who have successfully completed
5 the training described in paragraph (1) or can dem-
6 onstrate equivalent experience;

7 “(4) develop and maintain a system which iden-
8 tifies the needs of community health aides and com-
9 munity health practitioners for continuing education
10 in the provision of health care, including the areas
11 described in paragraph (2)(B), and develop pro-
12 grams that meet the needs for such continuing edu-
13 cation;

14 “(5) develop and maintain a system that pro-
15 vides close supervision of community health aides
16 and community health practitioners;

17 “(6) develop a system under which the work of
18 community health aides and community health prac-
19 titioners is reviewed and evaluated to assure the pro-
20 vision of quality health care, health promotion, and
21 disease prevention services; and

22 “(7) ensure that pulpal therapy (not including
23 pulpotomies on deciduous teeth) or extraction of
24 adult teeth can be performed by a dental health aide
25 therapist only after consultation with a licensed den-

1 tist who determines that the procedure is a medical
2 emergency that cannot be resolved with palliative
3 treatment, and further that dental health aide thera-
4 pists are strictly prohibited from performing all
5 other oral or jaw surgeries, provided that uncompli-
6 cated extractions shall not be considered oral sur-
7 gery under this section.

8 “(c) PROGRAM REVIEW.—

9 “(1) NEUTRAL PANEL.—

10 “(A) ESTABLISHMENT.—The Secretary,
11 acting through the Service, shall establish a
12 neutral panel to carry out the study under
13 paragraph (2).

14 “(B) MEMBERSHIP.—Members of the neu-
15 tral panel shall be appointed by the Secretary
16 from among clinicians, economists, community
17 practitioners, oral epidemiologists, and Alaska
18 Natives.

19 “(2) STUDY.—

20 “(A) IN GENERAL.—The neutral panel es-
21 tablished under paragraph (1) shall conduct a
22 study of the dental health aide therapist serv-
23 ices provided by the Community Health Aide
24 Program under this section to ensure that the

1 quality of care provided through those services
2 is adequate and appropriate.

3 “(B) PARAMETERS OF STUDY.—The Sec-
4 retary, in consultation with interested parties,
5 including professional dental organizations,
6 shall develop the parameters of the study.

7 “(C) INCLUSIONS.—The study shall in-
8 clude a determination by the neutral panel with
9 respect to—

10 “(i) the ability of the dental health
11 aide therapist services under this section to
12 address the dental care needs of Alaska
13 Natives;

14 “(ii) the quality of care provided
15 through those services, including any train-
16 ing, improvement, or additional oversight
17 required to improve the quality of care;
18 and

19 “(iii) whether safer and less costly al-
20 ternatives to the dental health aide thera-
21 pist services exist.

22 “(D) CONSULTATION.—In carrying out the
23 study under this paragraph, the neutral panel
24 shall consult with Alaska Tribal Organizations

1 with respect to the adequacy and accuracy of
2 the study.

3 “(3) REPORT.—The neutral panel shall submit
4 to the Secretary, the Committee on Indian Affairs of
5 the Senate, and the Committee on Natural Re-
6 sources of the House of Representatives a report de-
7 scribing the results of the study under paragraph
8 (2), including a description of—

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

11 “(B) any comments received from an Alas-
12 ka Tribal Organization under paragraph
13 (2)(D).

14 “(d) NATIONALIZATION OF PROGRAM.—

15 “(1) IN GENERAL.—Except as provided in para-
16 graph (2), the Secretary, acting through the Service,
17 may establish a national Community Health Aide
18 Program in accordance with the program under this
19 section, as the Secretary determines to be appro-
20 priate.

21 “(2) EXCEPTION.—The national Community
22 Health Aide Program under paragraph (1) shall not
23 include dental health aide therapist services.

24 “(3) REQUIREMENT.—In establishing a na-
25 tional program under paragraph (1), the Secretary

1 shall not reduce the amount of funds provided for
2 the Community Health Aide Program described in
3 subsections (a) and (b).

4 **“SEC. 122. TRIBAL HEALTH PROGRAM ADMINISTRATION.**

5 “The Secretary shall, by contract or otherwise, pro-
6 vide training for individuals in the administration and
7 planning of Tribal Health Programs, with priority to Indi-
8 ans.

9 **“SEC. 123. HEALTH PROFESSIONAL CHRONIC SHORTAGE**
10 **DEMONSTRATION PROGRAMS.**

11 “(a) DEMONSTRATION PROGRAMS AUTHORIZED.—
12 The Secretary, acting through the Service, may fund dem-
13 onstration programs for Tribal Health Programs to ad-
14 dress the chronic shortages of health professionals.

15 “(b) PURPOSES OF PROGRAMS.—The purposes of
16 demonstration programs funded under subsection (a) shall
17 be—

18 “(1) to provide direct clinical and practical ex-
19 perience at a Service Unit to health profession stu-
20 dents and residents from medical schools;

21 “(2) to improve the quality of health care for
22 Indians by assuring access to qualified health care
23 professionals; and

24 “(3) to provide academic and scholarly opportu-
25 nities for health professionals serving Indians by

1 identifying all academic and scholarly resources of
2 the region.

3 “(c) ADVISORY BOARD.—The demonstration pro-
4 grams established pursuant to subsection (a) shall incor-
5 porate a program advisory board composed of representa-
6 tives from the Indian Tribes and Indian communities in
7 the area which will be served by the program.

8 **“SEC. 124. NATIONAL HEALTH SERVICE CORPS.**

9 “(a) NO REDUCTION IN SERVICES.—The Secretary
10 shall not—

11 “(1) remove a member of the National Health
12 Service Corps from an Indian Health Program or
13 urban Indian organization; or

14 “(2) withdraw funding used to support such
15 member, unless the Secretary, acting through the
16 Service, has ensured that the Indians receiving serv-
17 ices from such member will experience no reduction
18 in services.

19 “(b) TREATMENT OF INDIAN HEALTH PROGRAMS.—
20 At the request of an Indian Health Program, the services
21 of a member of the National Health Service Corps as-
22 signed to an Indian Health Program may be limited to
23 the persons who are eligible for services from such Pro-
24 gram.

1 **“SEC. 125. SUBSTANCE ABUSE COUNSELOR EDUCATIONAL**
2 **CURRICULA DEMONSTRATION PROGRAMS.**

3 “(a) **CONTRACTS AND GRANTS.**—The Secretary, act-
4 ing through the Service, may enter into contracts with,
5 or make grants to, accredited tribal colleges and univer-
6 sities and eligible accredited and accessible community col-
7 leges to establish demonstration programs to develop edu-
8 cational curricula for substance abuse counseling.

9 “(b) **USE OF FUNDS.**—Funds provided under this
10 section shall be used only for developing and providing
11 educational curriculum for substance abuse counseling (in-
12 cluding paying salaries for instructors). Such curricula
13 may be provided through satellite campus programs.

14 “(c) **TIME PERIOD OF ASSISTANCE; RENEWAL.**—A
15 contract entered into or a grant provided under this sec-
16 tion shall be for a period of 3 years. Such contract or
17 grant may be renewed for an additional 2-year period
18 upon the approval of the Secretary.

19 “(d) **CRITERIA FOR REVIEW AND APPROVAL OF AP-**
20 **PLICATIONS.**—Not later than 180 days after the date of
21 enactment of the Indian Health Care Improvement Act
22 Amendments of 2009, the Secretary, after consultation
23 with Indian Tribes and administrators of tribal colleges
24 and universities and eligible accredited and accessible com-
25 munity colleges, shall develop and issue criteria for the
26 review and approval of applications for funding (including

1 applications for renewals of funding) under this section.
2 Such criteria shall ensure that demonstration programs
3 established under this section promote the development of
4 the capacity of such entities to educate substance abuse
5 counselors.

6 “(e) ASSISTANCE.—The Secretary shall provide such
7 technical and other assistance as may be necessary to en-
8 able grant recipients to comply with the provisions of this
9 section.

10 “(f) REPORT.—Each fiscal year, the Secretary shall
11 submit to the President, for inclusion in the report which
12 is required to be submitted under section 801 for that fis-
13 cal year, a report on the findings and conclusions derived
14 from the demonstration programs conducted under this
15 section during that fiscal year.

16 “(g) DEFINITION.—For the purposes of this section,
17 the term ‘educational curriculum’ means 1 or more of the
18 following:

19 “(1) Classroom education.

20 “(2) Clinical work experience.

21 “(3) Continuing education workshops.

22 **“SEC. 126. BEHAVIORAL HEALTH TRAINING AND COMMU-**
23 **NITY EDUCATION PROGRAMS.**

24 “(a) STUDY; LIST.—The Secretary, acting through
25 the Service, and the Secretary of the Interior, in consulta-

1 tion with Indian Tribes and Tribal Organizations, shall
2 conduct a study and compile a list of the types of staff
3 positions specified in subsection (b) whose qualifications
4 include, or should include, training in the identification,
5 prevention, education, referral, or treatment of mental ill-
6 ness, or dysfunctional and self-destructive behavior.

7 “(b) POSITIONS.—The positions referred to in sub-
8 section (a) are—

9 “(1) staff positions within the Bureau of Indian
10 Affairs, including existing positions, in the fields
11 of—

12 “(A) elementary and secondary education;

13 “(B) social services and family and child
14 welfare;

15 “(C) law enforcement and judicial services;

16 and

17 “(D) alcohol and substance abuse;

18 “(2) staff positions within the Service; and

19 “(3) staff positions similar to those identified in
20 paragraphs (1) and (2) established and maintained
21 by Indian Tribes, Tribal Organizations (without re-
22 gard to the funding source), and urban Indian orga-
23 nizations.

24 “(c) TRAINING CRITERIA.—

1 “(1) IN GENERAL.—The appropriate Secretary
2 shall provide training criteria appropriate to each
3 type of position identified in subsection (b)(1) and
4 (b)(2) and ensure that appropriate training has
5 been, or shall be provided to any individual in any
6 such position. With respect to any such individual in
7 a position identified pursuant to subsection (b)(3),
8 the respective Secretaries shall provide appropriate
9 training to, or provide funds to, an Indian Tribe,
10 Tribal Organization, or urban Indian organization
11 for training of appropriate individuals. In the case of
12 positions funded under a contract or compact under
13 the Indian Self-Determination and Education Assist-
14 ance Act (25 U.S.C. 450 et seq.), the appropriate
15 Secretary shall ensure that such training costs are
16 included in the contract or compact, as the Sec-
17 retary determines necessary.

18 “(2) POSITION SPECIFIC TRAINING CRITERIA.—
19 Position specific training criteria shall be culturally
20 relevant to Indians and Indian Tribes and shall en-
21 sure that appropriate information regarding tradi-
22 tional health care practices is provided.

23 “(d) COMMUNITY EDUCATION ON MENTAL ILL-
24 NESS.—The Service shall develop and implement, on re-
25 quest of an Indian Tribe, Tribal Organization, or urban

1 Indian organization, or assist the Indian Tribe, Tribal Or-
2 ganization, or urban Indian organization to develop and
3 implement, a program of community education on mental
4 illness. In carrying out this subsection, the Service shall,
5 upon request of an Indian Tribe, Tribal Organization, or
6 urban Indian organization, provide technical assistance to
7 the Indian Tribe, Tribal Organization, or urban Indian or-
8 ganization to obtain and develop community educational
9 materials on the identification, prevention, referral, and
10 treatment of mental illness and dysfunctional and self-de-
11 structive behavior.

12 “(e) PLAN.—Not later than 90 days after the date
13 of enactment of the Indian Health Care Improvement Act
14 Amendments of 2009, the Secretary shall develop a plan
15 under which the Service will increase the health care staff
16 providing behavioral health services by at least 500 posi-
17 tions within 5 years after the date of enactment of this
18 section, with at least 200 of such positions devoted to
19 child, adolescent, and family services. The plan developed
20 under this subsection shall be implemented under the Act
21 of November 2, 1921 (25 U.S.C. 13) (commonly known
22 as the ‘Snyder Act’).

23 **“SEC. 127. EXEMPTION FROM PAYMENT OF CERTAIN FEES.**

24 “Employees of a Tribal Health Program or an Urban
25 Indian Organization shall be exempt from payment of li-

1 censing, registration, and other fees imposed by a Federal
2 agency to the same extent that Commissioned Corps Offi-
3 cers or other employees of the Indian Health Service are
4 exempt from such fees.

5 **“SEC. 128. AUTHORIZATION OF APPROPRIATIONS.**

6 “There are authorized to be appropriated such sums
7 as may be necessary to carry out this title.

8 **“TITLE II—HEALTH SERVICES**

9 **“SEC. 201. INDIAN HEALTH CARE IMPROVEMENT FUND.**

10 “(a) USE OF FUNDS.—The Secretary, acting through
11 the Service, is authorized to expend funds, directly or
12 under the authority of the Indian Self-Determination and
13 Education Assistance Act (25 U.S.C. 450 et seq.), which
14 are appropriated under the authority of this section, for
15 the purposes of—

16 “(1) eliminating the deficiencies in health sta-
17 tus and health resources of all Indian Tribes;

18 “(2) eliminating backlogs in the provision of
19 health care services to Indians;

20 “(3) meeting the health needs of Indians in an
21 efficient and equitable manner, including the use of
22 telehealth and telemedicine when appropriate;

23 “(4) eliminating inequities in funding for both
24 direct care and contract health service programs;
25 and

1 “(5) augmenting the ability of the Service to
2 meet the following health service responsibilities with
3 respect to those Indian Tribes with the highest levels
4 of health status deficiencies and resource defi-
5 ciencies:

6 “(A) Clinical care, including inpatient care,
7 outpatient care (including audiology, clinical
8 eye, and vision care), primary care, secondary
9 and tertiary care, and long-term care.

10 “(B) Preventive health, including mam-
11 mography and other cancer screening in accord-
12 ance with section 207.

13 “(C) Dental care.

14 “(D) Mental health, including community
15 mental health services, inpatient mental health
16 services, dormitory mental health services,
17 therapeutic and residential treatment centers,
18 and training of traditional health care practi-
19 tioners.

20 “(E) Emergency medical services.

21 “(F) Treatment and control of, and reha-
22 bilitative care related to, alcoholism and drug
23 abuse (including fetal alcohol syndrome) among
24 Indians.

1 “(G) Injury prevention programs, includ-
2 ing data collection and evaluation, demonstra-
3 tion projects, training, and capacity building.

4 “(H) Home health care.

5 “(I) Community health representatives.

6 “(J) Maintenance and improvement.

7 “(b) NO OFFSET OR LIMITATION.—Any funds appro-
8 priated under the authority of this section shall not be
9 used to offset or limit any other appropriations made to
10 the Service under this Act or the Act of November 2, 1921
11 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’),
12 or any other provision of law.

13 “(c) ALLOCATION; USE.—

14 “(1) IN GENERAL.—Funds appropriated under
15 the authority of this section shall be allocated to
16 Service Units, Indian Tribes, or Tribal Organiza-
17 tions. The funds allocated to each Indian Tribe,
18 Tribal Organization, or Service Unit under this
19 paragraph shall be used by the Indian Tribe, Tribal
20 Organization, or Service Unit under this paragraph
21 to improve the health status and reduce the resource
22 deficiency of each Indian Tribe served by such Serv-
23 ice Unit, Indian Tribe, or Tribal Organization.

24 “(2) APPORTIONMENT OF ALLOCATED
25 FUNDS.—The apportionment of funds allocated to a

1 Service Unit, Indian Tribe, or Tribal Organization
2 under paragraph (1) among the health service re-
3 sponsibilities described in subsection (a)(5) shall be
4 determined by the Service in consultation with, and
5 with the active participation of, the affected Indian
6 Tribes and Tribal Organizations.

7 “(d) PROVISIONS RELATING TO HEALTH STATUS
8 AND RESOURCE DEFICIENCIES.—For the purposes of this
9 section, the following definitions apply:

10 “(1) DEFINITION.—The term ‘health status
11 and resource deficiency’ means the extent to
12 which—

13 “(A) the health status objectives set forth
14 in section 3(2) are not being achieved; and

15 “(B) the Indian Tribe or Tribal Organiza-
16 tion does not have available to it the health re-
17 sources it needs, taking into account the actual
18 cost of providing health care services given local
19 geographic, climatic, rural, or other cir-
20 cumstances.

21 “(2) AVAILABLE RESOURCES.—The health re-
22 sources available to an Indian Tribe or Tribal Orga-
23 nization include health resources provided by the
24 Service as well as health resources used by the In-
25 dian Tribe or Tribal Organization, including services

1 and financing systems provided by any Federal pro-
2 grams, private insurance, and programs of State or
3 local governments.

4 “(3) PROCESS FOR REVIEW OF DETERMINA-
5 TIONS.—The Secretary shall establish procedures
6 which allow any Indian Tribe or Tribal Organization
7 to petition the Secretary for a review of any deter-
8 mination of the extent of the health status and re-
9 source deficiency of such Indian Tribe or Tribal Or-
10 ganization.

11 “(e) ELIGIBILITY FOR FUNDS.—Tribal Health Pro-
12 grams shall be eligible for funds appropriated under the
13 authority of this section on an equal basis with programs
14 that are administered directly by the Service.

15 “(f) REPORT.—By no later than the date that is 3
16 years after the date of enactment of the Indian Health
17 Care Improvement Act Amendments of 2009, the Sec-
18 retary shall submit to Congress the current health status
19 and resource deficiency report of the Service for each
20 Service Unit, including newly recognized or acknowledged
21 Indian Tribes. Such report shall set out—

22 “(1) the methodology then in use by the Service
23 for determining Tribal health status and resource
24 deficiencies, as well as the most recent application of
25 that methodology;

1 “(2) the extent of the health status and re-
2 source deficiency of each Indian Tribe served by the
3 Service or a Tribal Health Program;

4 “(3) the amount of funds necessary to eliminate
5 the health status and resource deficiencies of all In-
6 dian Tribes served by the Service or a Tribal Health
7 Program; and

8 “(4) an estimate of—

9 “(A) the amount of health service funds
10 appropriated under the authority of this Act, or
11 any other Act, including the amount of any
12 funds transferred to the Service for the pre-
13 ceding fiscal year which is allocated to each
14 Service Unit, Indian Tribe, or Tribal Organiza-
15 tion;

16 “(B) the number of Indians eligible for
17 health services in each Service Unit or Indian
18 Tribe or Tribal Organization; and

19 “(C) the number of Indians using the
20 Service resources made available to each Service
21 Unit, Indian Tribe or Tribal Organization, and,
22 to the extent available, information on the wait-
23 ing lists and number of Indians turned away for
24 services due to lack of resources.

1 and disease prevention services to Indians to achieve the
2 health status objectives set forth in section 3(2).

3 “(c) EVALUATION.—The Secretary, after obtaining
4 input from the affected Tribal Health Programs, shall
5 submit to the President for inclusion in the report which
6 is required to be submitted to Congress under section 801
7 an evaluation of—

8 “(1) the health promotion and disease preven-
9 tion needs of Indians;

10 “(2) the health promotion and disease preven-
11 tion activities which would best meet such needs;

12 “(3) the internal capacity of the Service and
13 Tribal Health Programs to meet such needs; and

14 “(4) the resources which would be required to
15 enable the Service and Tribal Health Programs to
16 undertake the health promotion and disease preven-
17 tion activities necessary to meet such needs.

18 **“SEC. 203. DIABETES PREVENTION, TREATMENT, AND CON-**

19 **TROL.**

20 “(a) DETERMINATIONS REGARDING DIABETES.—

21 The Secretary, acting through the Service, and in con-
22 sultation with Indian Tribes and Tribal Organizations,
23 shall determine—

1 “(1) by Indian Tribe and by Service Unit, the
2 incidence of, and the types of complications resulting
3 from, diabetes among Indians; and

4 “(2) based on the determinations made pursu-
5 ant to paragraph (1), the measures (including pa-
6 tient education and effective ongoing monitoring of
7 disease indicators) each Service Unit should take to
8 reduce the incidence of, and prevent, treat, and con-
9 trol the complications resulting from, diabetes
10 among Indian Tribes within that Service Unit.

11 “(b) DIABETES SCREENING.—To the extent medi-
12 cally indicated and with informed consent, the Secretary
13 shall screen each Indian who receives services from the
14 Service for diabetes and for conditions which indicate a
15 high risk that the individual will become diabetic and es-
16 tablish a cost-effective approach to ensure ongoing moni-
17 toring of disease indicators. Such screening and moni-
18 toring may be conducted by a Tribal Health Program and
19 may be conducted through appropriate Internet-based
20 health care management programs.

21 “(c) DIABETES PROJECTS.—The Secretary shall con-
22 tinue to maintain each model diabetes project in existence
23 on the date of enactment of the Indian Health Care Im-
24 provement Act Amendments of 2009.

1 “(d) DIALYSIS PROGRAMS.—The Secretary is author-
2 ized to provide, through the Service, Indian Tribes, and
3 Tribal Organizations, dialysis programs, including the
4 purchase of dialysis equipment and the provision of nec-
5 essary staffing.

6 “(e) OTHER DUTIES OF THE SECRETARY.—

7 “(1) IN GENERAL.—The Secretary shall, to the
8 extent funding is available—

9 “(A) in each Area Office, consult with In-
10 dian Tribes and Tribal Organizations regarding
11 programs for the prevention, treatment, and
12 control of diabetes;

13 “(B) establish in each Area Office a reg-
14 istry of patients with diabetes to track the inci-
15 dence of diabetes and the complications from
16 diabetes in that area; and

17 “(C) ensure that data collected in each
18 Area Office regarding diabetes and related com-
19 plications among Indians are disseminated to
20 all other Area Offices, subject to applicable pa-
21 tient privacy laws.

22 “(2) DIABETES CONTROL OFFICERS.—

23 “(A) IN GENERAL.—The Secretary may es-
24 tablish and maintain in each Area Office a posi-
25 tion of diabetes control officer to coordinate and

1 manage any activity of that Area Office relating
2 to the prevention, treatment, or control of dia-
3 betes to assist the Secretary in carrying out a
4 program under this section or section 330C of
5 the Public Health Service Act (42 U.S.C. 254c-
6 3).

7 “(B) CERTAIN ACTIVITIES.—Any activity
8 carried out by a diabetes control officer under
9 subparagraph (A) that is the subject of a con-
10 tract or compact under the Indian Self-Deter-
11 mination and Education Assistance Act (25
12 U.S.C. 450 et seq.), and any funds made avail-
13 able to carry out such an activity, shall not be
14 divisible for purposes of that Act.

15 **“SEC. 204. SHARED SERVICES FOR LONG-TERM CARE.**

16 “(a) LONG-TERM CARE.—Notwithstanding any other
17 provision of law, the Secretary, acting through the Service,
18 is authorized to provide directly, or enter into contracts
19 or compacts under the Indian Self-Determination and
20 Education Assistance Act (25 U.S.C. 450 et seq.) with
21 Indian Tribes or Tribal Organizations for, the delivery of
22 long-term care (including health care services associated
23 with long-term care) provided in a facility to Indians. Such
24 agreements shall provide for the sharing of staff or other
25 services between the Service or a Tribal Health Program

1 and a long-term care or related facility owned and oper-
2 ated (directly or through a contract or compact under the
3 Indian Self-Determination and Education Assistance Act
4 (25 U.S.C. 450 et seq.)) by such Indian Tribe or Tribal
5 Organization.

6 “(b) CONTENTS OF AGREEMENTS.—An agreement
7 entered into pursuant to subsection (a)—

8 “(1) may, at the request of the Indian Tribe or
9 Tribal Organization, delegate to such Indian Tribe
10 or Tribal Organization such powers of supervision
11 and control over Service employees as the Secretary
12 deems necessary to carry out the purposes of this
13 section;

14 “(2) shall provide that expenses (including sala-
15 ries) relating to services that are shared between the
16 Service and the Tribal Health Program be allocated
17 proportionately between the Service and the Indian
18 Tribe or Tribal Organization; and

19 “(3) may authorize such Indian Tribe or Tribal
20 Organization to construct, renovate, or expand a
21 long-term care or other similar facility (including the
22 construction of a facility attached to a Service facil-
23 ity).

24 “(c) MINIMUM REQUIREMENT.—Any nursing facility
25 provided for under this section shall meet the require-

1 ments for nursing facilities under section 1919 of the So-
2 cial Security Act.

3 “(d) OTHER ASSISTANCE.—The Secretary shall pro-
4 vide such technical and other assistance as may be nec-
5 essary to enable applicants to comply with the provisions
6 of this section.

7 “(e) USE OF EXISTING OR UNDERUSED FACILI-
8 TIES.—The Secretary shall encourage the use of existing
9 facilities that are underused or allow the use of swing beds
10 for long-term or similar care.

11 **“SEC. 205. HEALTH SERVICES RESEARCH.**

12 “(a) IN GENERAL.—The Secretary, acting through
13 the Service, shall make funding available for research to
14 further the performance of the health service responsibil-
15 ities of Indian Health Programs.

16 “(b) COORDINATION OF RESOURCES AND ACTIVI-
17 TIES.—The Secretary shall also, to the maximum extent
18 practicable, coordinate departmental research resources
19 and activities to address relevant Indian Health Program
20 research needs.

21 “(c) AVAILABILITY.—Tribal Health Programs shall
22 be given an equal opportunity to compete for, and receive,
23 research funds under this section.

24 “(d) USE OF FUNDS.—This funding may be used for
25 both clinical and nonclinical research.

1 “(e) EVALUATION AND DISSEMINATION.—The Sec-
2 retary shall periodically—

3 “(1) evaluate the impact of research conducted
4 under this section; and

5 “(2) disseminate to Tribal Health Programs in-
6 formation regarding that research as the Secretary
7 determines to be appropriate.

8 **“SEC. 206. MAMMOGRAPHY AND OTHER CANCER SCREEN-**
9 **ING.**

10 “The Secretary, acting through the Service, shall pro-
11 vide for screening as follows:

12 “(1) Screening mammography (as defined in
13 section 1861(jj) of the Social Security Act) for In-
14 dian women at a frequency appropriate to such
15 women under accepted and appropriate national
16 standards, and under such terms and conditions as
17 are consistent with standards established by the Sec-
18 retary to ensure the safety and accuracy of screen-
19 ing mammography under part B of title XVIII of
20 such Act.

21 “(2) Other cancer screening that receives an A
22 or B rating as recommended by the United States
23 Preventive Services Task Force established under
24 section 915(a)(1) of the Public Health Service Act
25 (42 U.S.C. 299b–4(a)(1)). The Secretary shall en-

1 sure that screening provided for under this para-
2 graph complies with the recommendations of the
3 Task Force with respect to—

4 “(A) frequency;

5 “(B) the population to be served;

6 “(C) the procedure or technology to be
7 used;

8 “(D) evidence of effectiveness; and

9 “(E) other matters that the Secretary de-
10 termines appropriate.

11 **“SEC. 207. PATIENT TRAVEL COSTS.**

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

14 “(1) an adult escort (including a parent, guard-
15 ian, or other family member) who is required be-
16 cause of the physical or mental condition, or age, of
17 the applicable patient;

18 “(2) a health professional for the purpose of
19 providing necessary medical care during travel by
20 the applicable patient; or

21 “(3) other escorts, as the Secretary or applica-
22 ble Indian Health Program determines to be appro-
23 priate.

24 “(b) PROVISION OF FUNDS.—The Secretary, acting
25 through the Service, is authorized to provide funds for the

1 following patient travel costs, including qualified escorts,
2 associated with receiving health care services provided (ei-
3 ther through direct or contract care or through a contract
4 or compact under the Indian Self-Determination and Edu-
5 cation Assistance Act (25 U.S.C. 450 et seq.)) under this
6 Act—

7 “(1) emergency air transportation and non-
8 emergency air transportation where ground trans-
9 portation is infeasible;

10 “(2) transportation by private vehicle (where no
11 other means of transportation is available), specially
12 equipped vehicle, and ambulance; and

13 “(3) transportation by such other means as
14 may be available and required when air or motor ve-
15 hicle transportation is not available.

16 **“SEC. 208. EPIDEMIOLOGY CENTERS.**

17 “(a) ESTABLISHMENT OF CENTERS.—The Secretary
18 shall establish an epidemiology center in each Service Area
19 to carry out the functions described in subsection (b). Any
20 new center established after the date of enactment of the
21 Indian Health Care Improvement Act Amendments of
22 2008 may be operated under a grant authorized by sub-
23 section (d), but funding under such a grant shall not be
24 divisible.

1 “(b) FUNCTIONS OF CENTERS.—In consultation with
2 and upon the request of Indian Tribes, Tribal Organiza-
3 tions, and Urban Indian communities, each Service Area
4 epidemiology center established under this section shall,
5 with respect to such Service Area—

6 “(1) collect data relating to, and monitor
7 progress made toward meeting, each of the health
8 status objectives of the Service, the Indian Tribes,
9 Tribal Organizations, and Urban Indian commu-
10 nities in the Service Area;

11 “(2) evaluate existing delivery systems, data
12 systems, and other systems that impact the improve-
13 ment of Indian health;

14 “(3) assist Indian Tribes, Tribal Organizations,
15 and Urban Indian Organizations in identifying their
16 highest priority health status objectives and the
17 services needed to achieve such objectives, based on
18 epidemiological data;

19 “(4) make recommendations for the targeting
20 of services needed by the populations served;

21 “(5) make recommendations to improve health
22 care delivery systems for Indians and Urban Indi-
23 ans;

24 “(6) provide requested technical assistance to
25 Indian Tribes, Tribal Organizations, and Urban In-

1 dian Organizations in the development of local
2 health service priorities and incidence and prevalence
3 rates of disease and other illness in the community;
4 and

5 “(7) provide disease surveillance and assist In-
6 dian Tribes, Tribal Organizations, and Urban Indian
7 communities to promote public health.

8 “(c) TECHNICAL ASSISTANCE.—The Director of the
9 Centers for Disease Control and Prevention shall provide
10 technical assistance to the centers in carrying out the re-
11 quirements of this section.

12 “(d) GRANTS FOR STUDIES.—

13 “(1) IN GENERAL.—The Secretary may make
14 grants to Indian Tribes, Tribal Organizations, In-
15 dian organizations, and eligible intertribal consortia
16 to conduct epidemiological studies of Indian commu-
17 nities.

18 “(2) ELIGIBLE INTERTRIBAL CONSORTIA.—An
19 intertribal consortium or Indian organization is eligi-
20 ble to receive a grant under this subsection if—

21 “(A) the intertribal consortium is incor-
22 porated for the primary purpose of improving
23 Indian health; and

24 “(B) the intertribal consortium is rep-
25 resentative of the Indian Tribes or urban In-

1 dian communities in which the intertribal con-
2 sortium is located.

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

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

9 “(A) demonstrate the technical, adminis-
10 trative, and financial expertise necessary to
11 carry out the functions described in paragraph
12 (5);

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

16 “(C) demonstrate cooperation from Indian
17 Tribes or Urban Indian Organizations in the
18 area to be served.

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

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

23 “(B) to provide information to and consult
24 with tribal leaders, urban Indian community

1 leaders, and related health staff on health care
2 and health service management issues; and

3 “(C) in collaboration with Indian Tribes,
4 Tribal Organizations, and urban Indian com-
5 munities, to provide the Service with informa-
6 tion regarding ways to improve the health sta-
7 tus of Indians.

8 “(e) ACCESS TO INFORMATION.—

9 “(1) An epidemiology center operated by a
10 grantee pursuant to a grant awarded under sub-
11 section (d) shall be treated as a public health au-
12 thority for purposes of the Health Insurance Port-
13 ability and Accountability Act of 1996, as such enti-
14 ties are defined in part 164.501 of title 45, Code of
15 Federal Regulations.

16 “(2) The Secretary shall grant to such epidemi-
17 ology center access to use of the data, data sets,
18 monitoring systems, delivery systems, and other pro-
19 tected health information in the possession of the
20 Secretary.

21 “(3) The activities of such an epidemiology cen-
22 ter shall be for the purposes of research and for pre-
23 venting and controlling disease, injury, or disability
24 for purposes of the Health Insurance Portability and
25 Accountability Act of 1996 (Public Law 104–191;

1 110 Stat. 2033), as such activities are described in
2 part 164.512 of title 45, Code of Federal Regula-
3 tions (or a successor regulation).

4 “(f) FUNDS NOT DIVISIBLE.—An epidemiology cen-
5 ter established under this section shall be subject to the
6 provisions of the Indian Self-Determination and Edu-
7 cation Assistance Act (25 U.S.C. 450 et seq.), but the
8 funds for such center shall not be divisible.

9 **“SEC. 209. COMPREHENSIVE SCHOOL HEALTH EDUCATION**
10 **PROGRAMS.**

11 “(a) FUNDING FOR DEVELOPMENT OF PROGRAMS.—
12 In addition to carrying out any other program for health
13 promotion or disease prevention, the Secretary, acting
14 through the Service, is authorized to award grants to In-
15 dian Tribes and Tribal Organizations to develop com-
16 prehensive school health education programs for children
17 from pre-school through grade 12 in schools for the benefit
18 of Indian children.

19 “(b) USE OF GRANT FUNDS.—A grant awarded
20 under this section may be used for purposes which may
21 include, but are not limited to, the following:

22 “(1) Developing health education materials both
23 for regular school programs and afterschool pro-
24 grams.

1 “(2) Training teachers in comprehensive school
2 health education materials.

3 “(3) Integrating school-based, community-
4 based, and other public and private health promotion
5 efforts.

6 “(4) Encouraging healthy, tobacco-free school
7 environments.

8 “(5) Coordinating school-based health programs
9 with existing services and programs available in the
10 community.

11 “(6) Developing school programs on nutrition
12 education, personal health, oral health, and fitness.

13 “(7) Developing behavioral health wellness pro-
14 grams.

15 “(8) Developing chronic disease prevention pro-
16 grams.

17 “(9) Developing substance abuse prevention
18 programs.

19 “(10) Developing injury prevention and safety
20 education programs.

21 “(11) Developing activities for the prevention
22 and control of communicable diseases.

23 “(12) Developing community and environmental
24 health education programs that include traditional
25 health care practitioners.

1 “(13) Violence prevention.

2 “(14) Such other health issues as are appro-
3 priate.

4 “(c) TECHNICAL ASSISTANCE.—Upon request, the
5 Secretary, acting through the Service, shall provide tech-
6 nical assistance to Indian Tribes and Tribal Organizations
7 in the development of comprehensive health education
8 plans and the dissemination of comprehensive health edu-
9 cation materials and information on existing health pro-
10 grams and resources.

11 “(d) CRITERIA FOR REVIEW AND APPROVAL OF AP-
12 PLICATIONS.—The Secretary, acting through the Service,
13 and in consultation with Indian Tribes and Tribal Organi-
14 zations, shall establish criteria for the review and approval
15 of applications for grants awarded under this section.

16 “(e) DEVELOPMENT OF PROGRAM FOR BIA-FUNDED
17 SCHOOLS.—

18 “(1) IN GENERAL.—The Secretary of the Inte-
19 rior, acting through the Bureau of Indian Affairs
20 and in cooperation with the Secretary, acting
21 through the Service, shall develop a comprehensive
22 school health education program for children from
23 preschool through grade 12 in schools for which sup-
24 port is provided by the Bureau of Indian Affairs.

1 “(2) REQUIREMENTS FOR PROGRAMS.—Such
2 programs shall include—

3 “(A) school programs on nutrition edu-
4 cation, personal health, oral health, and fitness;

5 “(B) behavioral health wellness programs;

6 “(C) chronic disease prevention programs;

7 “(D) substance abuse prevention pro-
8 grams;

9 “(E) injury prevention and safety edu-
10 cation programs; and

11 “(F) activities for the prevention and con-
12 trol of communicable diseases.

13 “(3) DUTIES OF THE SECRETARY.—The Sec-
14 retary of the Interior shall—

15 “(A) provide training to teachers in com-
16 prehensive school health education materials;

17 “(B) ensure the integration and coordina-
18 tion of school-based programs with existing
19 services and health programs available in the
20 community; and

21 “(C) encourage healthy, tobacco-free school
22 environments.

23 **“SEC. 210. INDIAN YOUTH PROGRAM.**

24 “(a) PROGRAM AUTHORIZED.—The Secretary, acting
25 through the Service, is authorized to establish and admin-

1 ister a program to provide grants to Indian Tribes, Tribal
2 Organizations, and urban Indian organizations for innova-
3 tive mental and physical disease prevention and health
4 promotion and treatment programs for Indian and urban
5 Indian preadolescent and adolescent youths.

6 “(b) USE OF FUNDS.—

7 “(1) ALLOWABLE USES.—Funds made available
8 under this section may be used to—

9 “(A) develop prevention and treatment
10 programs for Indian youth which promote men-
11 tal and physical health and incorporate cultural
12 values, community and family involvement, and
13 traditional health care practitioners; and

14 “(B) develop and provide community train-
15 ing and education.

16 “(2) PROHIBITED USE.—Funds made available
17 under this section may not be used to provide serv-
18 ices described in section 707(c).

19 “(c) DUTIES OF THE SECRETARY.—The Secretary
20 shall—

21 “(1) disseminate to Indian Tribes, Tribal Orga-
22 nizations, and urban Indian organizations informa-
23 tion regarding models for the delivery of comprehen-
24 sive health care services to Indian and urban Indian
25 adolescents;

1 “(2) encourage the implementation of such
2 models; and

3 “(3) at the request of an Indian Tribe, Tribal
4 Organization, or urban Indian organization, provide
5 technical assistance in the implementation of such
6 models.

7 “(d) CRITERIA FOR REVIEW AND APPROVAL OF AP-
8 PPLICATIONS.—The Secretary, in consultation with Indian
9 Tribes, Tribal Organizations, and urban Indian organiza-
10 tions, shall establish criteria for the review and approval
11 of applications or proposals under this section.

12 **“SEC. 211. PREVENTION, CONTROL, AND ELIMINATION OF**
13 **COMMUNICABLE AND INFECTIOUS DISEASES.**

14 “(a) GRANTS AUTHORIZED.—The Secretary, acting
15 through the Service, and after consultation with the Cen-
16 ters for Disease Control and Prevention, may make grants
17 available to Indian Tribes, Tribal Organizations, and
18 urban Indian organizations for the following:

19 “(1) Projects for the prevention, control, and
20 elimination of communicable and infectious diseases,
21 including tuberculosis, hepatitis, HIV, respiratory
22 syncytial virus, hanta virus, sexually transmitted dis-
23 eases, and H. Pylori.

1 “(2) Public information and education pro-
2 grams for the prevention, control, and elimination of
3 communicable and infectious diseases.

4 “(3) Education, training, and clinical skills im-
5 provement activities in the prevention, control, and
6 elimination of communicable and infectious diseases
7 for health professionals, including allied health pro-
8 fessionals.

9 “(4) Demonstration projects for the screening,
10 treatment, and prevention of hepatitis C virus
11 (HCV).

12 “(b) APPLICATION REQUIRED.—The Secretary may
13 provide funding under subsection (a) only if an application
14 or proposal for funding is submitted to the Secretary.

15 “(c) COORDINATION WITH HEALTH AGENCIES.—In-
16 dian Tribes, Tribal Organizations, and urban Indian orga-
17 nizations receiving funding under this section are encour-
18 aged to coordinate their activities with the Centers for
19 Disease Control and Prevention and State and local health
20 agencies.

21 “(d) TECHNICAL ASSISTANCE; REPORT.—In carrying
22 out this section, the Secretary—

23 “(1) may, at the request of an Indian Tribe,
24 Tribal Organization, or urban Indian organization,
25 provide technical assistance; and

1 “(2) shall prepare and submit a report to Con-
2 gress biennially on the use of funds under this sec-
3 tion and on the progress made toward the preven-
4 tion, control, and elimination of communicable and
5 infectious diseases among Indians and Urban Indi-
6 ans.

7 **“SEC. 212. OTHER AUTHORITY FOR PROVISION OF SERV-**
8 **ICES.**

9 “(a) **FUNDING AUTHORIZED.**—The Secretary may
10 provide funding under this Act to meet the objectives set
11 forth in section 3 of this Act through health care-related
12 services and programs of the Service, Indian Tribes, and
13 Tribal Organizations not otherwise described in this Act
14 for the following services:

15 “(1) Hospice care.

16 “(2) Assisted living services.

17 “(3) Long-term care services.

18 “(4) Home- and community-based services.

19 “(b) **ELIGIBILITY.**—The following individuals shall be
20 eligible to receive long-term care under this section:

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

24 “(2) Individuals with a mental impairment,
25 such as dementia, Alzheimer’s disease, or another

1 disabling mental illness, who may be able to perform
2 activities of daily living under supervision.

3 “(3) Such other individuals as an applicable In-
4 dian Health Program determines to be appropriate.

5 “(c) DEFINITIONS.—For the purposes of this section,
6 the following definitions shall apply:

7 “(1) The term ‘assisted living services’ means
8 any service provided by an assisted living facility (as
9 defined in section 232(b) of the National Housing
10 Act (12 U.S.C. 1715w(b))), except that such an as-
11 sisted living facility—

12 “(A) shall not be required to obtain a li-
13 cense; but

14 “(B) shall meet all applicable standards
15 for licensure.

16 “(2) The term ‘home- and community-based
17 services’ means 1 or more of the services specified
18 in paragraphs (1) through (9) of section 1929(a) of
19 the Social Security Act (42 U.S.C. 1396t(a))
20 (whether provided by the Service or by an Indian
21 Tribe or Tribal Organization pursuant to the Indian
22 Self-Determination and Education Assistance Act
23 (25 U.S.C. 450 et seq.)) that are or will be provided
24 in accordance with applicable standards.

1 “(3) The term ‘hospice care’ means the items
2 and services specified in subparagraphs (A) through
3 (H) of section 1861(dd)(1) of the Social Security
4 Act (42 U.S.C. 1395x(dd)(1)), and such other serv-
5 ices which an Indian Tribe or Tribal Organization
6 determines are necessary and appropriate to provide
7 in furtherance of this care.

8 “(4) The term ‘long-term care services’ has the
9 meaning given the term ‘qualified long-term care
10 services’ in section 7702B(c) of the Internal Rev-
11 enue Code of 1986.

12 “(d) AUTHORIZATION OF CONVENIENT CARE SERV-
13 ICES.—The Secretary, acting through the Service, Indian
14 Tribes, and Tribal Organizations, may also provide fund-
15 ing under this Act to meet the objectives set forth in sec-
16 tion 3 of this Act for convenient care services programs
17 pursuant to section 306(c)(2)(A).

18 **“SEC. 213. INDIAN WOMEN’S HEALTH CARE.**

19 “The Secretary, acting through the Service and In-
20 dian Tribes, Tribal Organizations, and Urban Indian Or-
21 ganizations, shall monitor and improve the quality of
22 health care for Indian women of all ages through the plan-
23 ning and delivery of programs administered by the Service,
24 in order to improve and enhance the treatment models of
25 care for Indian women.

1 **“SEC. 214. ENVIRONMENTAL AND NUCLEAR HEALTH HAZ-**
2 **ARDS.**

3 “(a) STUDIES AND MONITORING.—The Secretary
4 and the Service shall conduct, in conjunction with other
5 appropriate Federal agencies and in consultation with con-
6 cerned Indian Tribes and Tribal Organizations, studies
7 and ongoing monitoring programs to determine trends in
8 the health hazards to Indian miners and to Indians on
9 or near reservations and Indian communities as a result
10 of environmental hazards which may result in chronic or
11 life threatening health problems, such as nuclear resource
12 development, petroleum contamination, and contamination
13 of water source and of the food chain. Such studies shall
14 include—

15 “(1) an evaluation of the nature and extent of
16 health problems caused by environmental hazards
17 currently exhibited among Indians and the causes of
18 such health problems;

19 “(2) an analysis of the potential effect of ongo-
20 ing and future environmental resource development
21 on or near reservations and Indian communities, in-
22 cluding the cumulative effect over time on health;

23 “(3) an evaluation of the types and nature of
24 activities, practices, and conditions causing or affect-
25 ing such health problems, including uranium mining
26 and milling, uranium mine tailing deposits, nuclear

1 power plant operation and construction, and nuclear
2 waste disposal; oil and gas production or transpor-
3 tation on or near reservations or Indian commu-
4 nities; and other development that could affect the
5 health of Indians and their water supply and food
6 chain;

7 “(4) a summary of any findings and rec-
8 ommendations provided in Federal and State stud-
9 ies, reports, investigations, and inspections during
10 the 5 years prior to the date of enactment of the In-
11 dian Health Care Improvement Act Amendments of
12 2009 that directly or indirectly relate to the activi-
13 ties, practices, and conditions affecting the health or
14 safety of such Indians; and

15 “(5) the efforts that have been made by Federal
16 and State agencies and resource and economic devel-
17 opment companies to effectively carry out an edu-
18 cation program for such Indians regarding the
19 health and safety hazards of such development.

20 “(b) HEALTH CARE PLANS.—Upon completion of
21 such studies, the Secretary and the Service shall take into
22 account the results of such studies and develop health care
23 plans to address the health problems studied under sub-
24 section (a). The plans shall include—

1 “(1) methods for diagnosing and treating Indi-
2 ans currently exhibiting such health problems;

3 “(2) preventive care and testing for Indians
4 who may be exposed to such health hazards, includ-
5 ing the monitoring of the health of individuals who
6 have or may have been exposed to excessive amounts
7 of radiation or affected by other activities that have
8 had or could have a serious impact upon the health
9 of such individuals; and

10 “(3) a program of education for Indians who,
11 by reason of their work or geographic proximity to
12 such nuclear or other development activities, may ex-
13 perience health problems.

14 “(c) SUBMISSION OF REPORT AND PLAN TO CON-
15 GRESS.—The Secretary and the Service shall submit to
16 Congress the study prepared under subsection (a) no later
17 than 18 months after the date of enactment of the Indian
18 Health Care Improvement Act Amendments of 2009. The
19 health care plan prepared under subsection (b) shall be
20 submitted in a report no later than 1 year after the study
21 prepared under subsection (a) is submitted to Congress.
22 Such report shall include recommended activities for the
23 implementation of the plan, as well as an evaluation of
24 any activities previously undertaken by the Service to ad-
25 dress such health problems.

1 “(d) INTERGOVERNMENTAL TASK FORCE.—

2 “(1) ESTABLISHMENT; MEMBERS.—There is es-
3 tablished an Intergovernmental Task Force to be
4 composed of the following individuals (or their des-
5 ignees):

6 “(A) The Secretary of Energy.

7 “(B) The Secretary of the Environmental
8 Protection Agency.

9 “(C) The Director of the Bureau of Mines.

10 “(D) The Assistant Secretary for Occupa-
11 tional Safety and Health.

12 “(E) The Secretary of the Interior.

13 “(F) The Secretary of Health and Human
14 Services.

15 “(G) The Director of the Indian Health
16 Service.

17 “(2) DUTIES.—The Task Force shall—

18 “(A) identify existing and potential oper-
19 ations related to nuclear resource development
20 or other environmental hazards that affect or
21 may affect the health of Indians on or near a
22 reservation or in an Indian community; and

23 “(B) enter into activities to correct exist-
24 ing health hazards and ensure that current and
25 future health problems resulting from nuclear

1 resource or other development activities are
2 minimized or reduced.

3 “(3) CHAIRMAN; MEETINGS.—The Secretary of
4 Health and Human Services shall be the Chairman
5 of the Task Force. The Task Force shall meet at
6 least twice each year.

7 “(e) HEALTH SERVICES TO CERTAIN EMPLOYEES.—
8 In the case of any Indian who—

9 “(1) as a result of employment in or near a
10 uranium mine or mill or near any other environ-
11 mental hazard, suffers from a work-related illness or
12 condition;

13 “(2) is eligible to receive diagnosis and treat-
14 ment services from an Indian Health Program; and

15 “(3) by reason of such Indian’s employment, is
16 entitled to medical care at the expense of such mine
17 or mill operator or entity responsible for the environ-
18 mental hazard, the Indian Health Program shall, at
19 the request of such Indian, render appropriate med-
20 ical care to such Indian for such illness or condition
21 and may be reimbursed for any medical care so ren-
22 dered to which such Indian is entitled at the expense
23 of such operator or entity from such operator or en-
24 tity. Nothing in this subsection shall affect the
25 rights of such Indian to recover damages other than

1 such amounts paid to the Indian Health Program
2 from the employer for providing medical care for
3 such illness or condition.

4 **“SEC. 215. ARIZONA AS A CONTRACT HEALTH SERVICE DE-**
5 **LIVERY AREA.**

6 “(a) IN GENERAL.—For fiscal years beginning with
7 the fiscal year ending September 30, 1983, and ending
8 with the fiscal year ending September 30, 2025, the State
9 of Arizona shall be designated as a contract health service
10 delivery area by the Service for the purpose of providing
11 contract health care services to members of federally rec-
12 ognized Indian Tribes of Arizona.

13 “(b) MAINTENANCE OF SERVICES.—The Service
14 shall not curtail any health care services provided to Indi-
15 ans residing on reservations in the State of Arizona if such
16 curtailment is due to the provision of contract services in
17 such State pursuant to the designation of such State as
18 a contract health service delivery area pursuant to sub-
19 section (a).

20 **“SEC. 216. NORTH DAKOTA AND SOUTH DAKOTA AS CON-**
21 **TRACT HEALTH SERVICE DELIVERY AREA.**

22 “(a) IN GENERAL.—Beginning in fiscal year 2003,
23 the States of North Dakota and South Dakota shall be
24 designated as a contract health service delivery area by
25 the Service for the purpose of providing contract health

1 care services to members of federally recognized Indian
2 Tribes of North Dakota and South Dakota.

3 “(b) LIMITATION.—The Service shall not curtail any
4 health care services provided to Indians residing on any
5 reservation, or in any county that has a common boundary
6 with any reservation, in the State of North Dakota or
7 South Dakota if such curtailment is due to the provision
8 of contract services in such States pursuant to the des-
9 ignation of such States as a contract health service deliv-
10 ery area pursuant to subsection (a).

11 **“SEC. 217. CALIFORNIA CONTRACT HEALTH SERVICES PRO-**
12 **GRAM.**

13 “(a) FUNDING AUTHORIZED.—The Secretary is au-
14 thorized to fund a program using the California Rural In-
15 dian Health Board (hereafter in this section referred to
16 as the ‘CRIHB’) as a contract care intermediary to im-
17 prove the accessibility of health services to California Indi-
18 ans.

19 “(b) REIMBURSEMENT CONTRACT.—The Secretary
20 shall enter into an agreement with the CRIHB to reim-
21 burse the CRIHB for costs (including reasonable adminis-
22 trative costs) incurred pursuant to this section, in pro-
23 viding medical treatment under contract to California In-
24 dians described in section 805(a) throughout the Cali-

1 ornia contract health services delivery area described in
2 section 219 with respect to high cost contract care cases.

3 “(c) ADMINISTRATIVE EXPENSES.—Not more than 5
4 percent of the amounts provided to the CRIHB under this
5 section for any fiscal year may be for reimbursement for
6 administrative expenses incurred by the CRIHB during
7 such fiscal year.

8 “(d) LIMITATION ON PAYMENT.—No payment may
9 be made for treatment provided hereunder to the extent
10 payment may be made for such treatment under the In-
11 dian Catastrophic Health Emergency Fund described in
12 section 202 or from amounts appropriated or otherwise
13 made available to the California contract health service de-
14 livery area for a fiscal year.

15 “(e) ADVISORY BOARD.—There is established an ad-
16 visory board which shall advise the CRIHB in carrying
17 out this section. The advisory board shall be composed of
18 representatives, selected by the CRIHB, from not less
19 than 8 Tribal Health Programs serving California Indians
20 covered under this section at least 1/2 of whom of whom
21 are not affiliated with the CRIHB.

22 **“SEC. 218. CALIFORNIA AS A CONTRACT HEALTH SERVICE**
23 **DELIVERY AREA.**

24 “The State of California, excluding the counties of
25 Alameda, Contra Costa, Los Angeles, Marin, Orange, Sac-

1 ramento, San Francisco, San Mateo, Santa Clara, Kern,
2 Merced, Monterey, Napa, San Benito, San Joaquin, San
3 Luis Obispo, Santa Cruz, Solano, Stanislaus, and Ven-
4 tura, shall be designated as a contract health service deliv-
5 ery area by the Service for the purpose of providing con-
6 tract health services to California Indians. However, any
7 of the counties listed herein may only be included in the
8 contract health services delivery area if funding is specifi-
9 cally provided by the Service for such services in those
10 counties.

11 **“SEC. 219. CONTRACT HEALTH SERVICES FOR THE TREN-**
12 **TON SERVICE AREA.**

13 “(a) **AUTHORIZATION FOR SERVICES.**—The Sec-
14 retary, acting through the Service, is directed to provide
15 contract health services to members of the Turtle Moun-
16 tain Band of Chippewa Indians that reside in the Trenton
17 Service Area of Divide, McKenzie, and Williams counties
18 in the State of North Dakota and the adjoining counties
19 of Richland, Roosevelt, and Sheridan in the State of Mon-
20 tana.

21 “(b) **NO EXPANSION OF ELIGIBILITY.**—Nothing in
22 this section may be construed as expanding the eligibility
23 of members of the Turtle Mountain Band of Chippewa In-
24 dians for health services provided by the Service beyond

1 the scope of eligibility for such health services that applied
2 on May 1, 1986.

3 **“SEC. 220. PROGRAMS OPERATED BY INDIAN TRIBES AND**
4 **TRIBAL ORGANIZATIONS.**

5 “The Service shall provide funds for health care pro-
6 grams, functions, services, activities, information tech-
7 nology, and facilities operated by Tribal Health Programs
8 on the same basis as such funds are provided to programs,
9 functions, services, activities, information technology, and
10 facilities operated directly by the Service.

11 **“SEC. 221. LICENSING.**

12 “Licensed health care professionals employed by a
13 Tribal Health Program shall, if licensed in any State, be
14 exempt from the licensing requirements of the State in
15 which the Tribal Health Program performs the services
16 described in its contract or compact under the Indian Self-
17 Determination and Education Assistance Act (25 U.S.C.
18 450 et seq.) while performing such services.

19 **“SEC. 222. NOTIFICATION OF PROVISION OF EMERGENCY**
20 **CONTRACT HEALTH SERVICES.**

21 “With respect to an elderly Indian or an Indian with
22 a disability receiving emergency medical care or services
23 from a non-Service provider or in a non-Service facility
24 under the authority of this Act, the time limitation (as

1 a condition of payment) for notifying the Service of such
2 treatment or admission shall be 30 days.

3 **“SEC. 223. PROMPT ACTION ON PAYMENT OF CLAIMS.**

4 “(a) DEADLINE FOR RESPONSE.—The Service shall
5 respond to a notification of a claim by a provider of a
6 contract care service with either an individual purchase
7 order or a denial of the claim within 5 working days after
8 the receipt of such notification.

9 “(b) EFFECT OF UNTIMELY RESPONSE.—If the
10 Service fails to respond to a notification of a claim in ac-
11 cordance with subsection (a), the Service shall accept as
12 valid the claim submitted by the provider of a contract
13 care service.

14 “(c) DEADLINE FOR PAYMENT OF VALID CLAIM.—
15 The Service shall pay a valid contract care service claim
16 within 30 days after the completion of the claim.

17 **“SEC. 224. LIABILITY FOR PAYMENT.**

18 “(a) NO PATIENT LIABILITY.—A patient who re-
19 ceives contract health care services that are authorized by
20 the Service shall not be liable for the payment of any
21 charges or costs associated with the provision of such serv-
22 ices.

23 “(b) NOTIFICATION.—The Secretary shall notify a
24 contract care provider and any patient who receives con-
25 tract health care services authorized by the Service that

1 such patient is not liable for the payment of any charges
2 or costs associated with the provision of such services not
3 later than 5 business days after receipt of a notification
4 of a claim by a provider of contract care services.

5 “(c) NO RECOURSE.—Following receipt of the notice
6 provided under subsection (b), or, if a claim has been
7 deemed accepted under section 224(b), the provider shall
8 have no further recourse against the patient who received
9 the services.

10 **“SEC. 225. OFFICE OF INDIAN MEN’S HEALTH.**

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

15 “(b) DIRECTOR.—

16 “(1) IN GENERAL.—The Office shall be headed
17 by a director, to be appointed by the Secretary.

18 “(2) DUTIES.—The director shall coordinate
19 and promote the status of the health of Indian men
20 in the United States.

21 “(c) REPORT.—Not later than 2 years after the date
22 of enactment of the Indian Health Care Improvement Act
23 Amendments of 2009, the Secretary, acting through the
24 director of the Office, shall submit to Congress a report
25 describing—

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

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

5 **“SEC. 226. CATASTROPHIC HEALTH EMERGENCY FUND.**

6 “(a) ESTABLISHMENT.—There is established an In-
7 dian Catastrophic Health Emergency Fund (hereafter in
8 this section referred to as the ‘CHEF’) consisting of—

9 “(1) the amounts deposited under subsection
10 (f); and

11 “(2) the amounts appropriated to CHEF’ under
12 this section.

13 “(b) ADMINISTRATION.—CHEF’ shall be adminis-
14 tered by the Secretary, acting through the headquarters
15 of the Service, solely for the purpose of meeting the ex-
16 traordinary medical costs associated with the treatment of
17 victims of disasters or catastrophic illnesses who are with-
18 in the responsibility of the Service.

19 “(c) CONDITIONS ON USE OF FUND.—No part of
20 CHEF’ or its administration shall be subject to contract
21 or grant under any law, including the Indian Self-Deter-
22 mination and Education Assistance Act (25 U.S.C. 450
23 et seq.), nor shall CHEF’ funds be allocated, apportioned,
24 or delegated on an Area Office, Service Unit, or other
25 similar basis.

1 “(d) REGULATIONS.—The Secretary shall promul-
2 gate regulations consistent with the provisions of this sec-
3 tion to—

4 “(1) establish a definition of disasters and cata-
5 strophic illnesses for which the cost of the treatment
6 provided under contract would qualify for payment
7 from CHEF;

8 “(2) provide that a Service Unit shall not be el-
9 igible for reimbursement for the cost of treatment
10 from CHEF until its cost of treating any victim of
11 such catastrophic illness or disaster has reached a
12 certain threshold cost which the Secretary shall es-
13 tablish at—

14 “(A) the 2000 level of \$19,000; and

15 “(B) for any subsequent year, not less
16 than the threshold cost of the previous year in-
17 creased by the percentage increase in the med-
18 ical care expenditure category of the consumer
19 price index for all urban consumers (United
20 States city average) for the 12-month period
21 ending with December of the previous year;

22 “(3) establish a procedure for the reimburse-
23 ment of the portion of the costs that exceeds such
24 threshold cost incurred by—

25 “(A) Service Units; or

1 “(B) whenever otherwise authorized by the
2 Service, non-Service facilities or providers;

3 “(4) establish a procedure for payment from
4 CHEF in cases in which the exigencies of the med-
5 ical circumstances warrant treatment prior to the
6 authorization of such treatment by the Service; and

7 “(5) establish a procedure that will ensure that
8 no payment shall be made from CHEF to any pro-
9 vider of treatment to the extent that such provider
10 is eligible to receive payment for the treatment from
11 any other Federal, State, local, or private source of
12 reimbursement for which the patient is eligible.

13 “(e) NO OFFSET OR LIMITATION.—Amounts appro-
14 priated to CHEF under this section shall not be used to
15 offset or limit appropriations made to the Service under
16 the authority of the Act of November 2, 1921 (25 U.S.C.
17 13) (commonly known as the ‘Snyder Act’), or any other
18 law.

19 “(f) DEPOSIT OF REIMBURSEMENT FUNDS.—There
20 shall be deposited into CHEF all reimbursements to which
21 the Service is entitled from any Federal, State, local, or
22 private source (including third party insurance) by reason
23 of treatment rendered to any victim of a disaster or cata-
24 strophic illness the cost of which was paid from CHEF.

1 **“SEC. 227. AUTHORIZATION OF APPROPRIATIONS.**

2 “There are authorized to be appropriated such sums
3 as may be necessary to carry out this title.

4 **“TITLE III—FACILITIES**

5 **“SEC. 301. CONSULTATION; CONSTRUCTION AND RENOVA-**
6 **TION OF FACILITIES; REPORTS.**

7 “(a) PREREQUISITES FOR EXPENDITURE OF
8 FUNDS.—Prior to the expenditure of, or the making of
9 any binding commitment to expend, any funds appro-
10 priated for the planning, design, construction, or renova-
11 tion of facilities pursuant to the Act of November 2, 1921
12 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’),
13 the Secretary, acting through the Service, shall—

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

20 “(2) ensure, whenever practicable and applica-
21 ble, that such facility meets the construction stand-
22 ards of any accrediting body recognized by the Sec-
23 retary for the purposes of the Medicare, Medicaid,
24 and SCHIP programs under titles XVIII, XIX, and
25 XXI of the Social Security Act by not later than 1

1 year after the date on which the construction or ren-
2 ovation of such facility is completed.

3 “(b) CLOSURES.—

4 “(1) EVALUATION REQUIRED.—Notwith-
5 standing any other provision of law, no facility oper-
6 ated by the Service may be closed if the Secretary
7 has not submitted to Congress, not less than 1 year
8 and not more than 2 years before the date of the
9 proposed closure, an evaluation, completed not more
10 than 2 years before such submission, of the impact
11 of the proposed closure that specifies, in addition to
12 other considerations—

13 “(A) the accessibility of alternative health
14 care resources for the population served by such
15 facility;

16 “(B) the cost-effectiveness of such closure;

17 “(C) the quality of health care to be pro-
18 vided to the population served by such facility
19 after such closure;

20 “(D) the availability of contract health
21 care funds to maintain existing levels of service;

22 “(E) the views of the Indian Tribes served
23 by such facility concerning such closure;

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

1 “(G) the distance between such facility and
2 the nearest operating Service hospital.

3 “(2) EXCEPTION FOR CERTAIN TEMPORARY
4 CLOSURES.—Paragraph (1) shall not apply to any
5 temporary closure of a facility or any portion of a
6 facility if such closure is necessary for medical, envi-
7 ronmental, or construction safety reasons.

8 “(c) HEALTH CARE FACILITY PRIORITY SYSTEM.—

9 “(1) IN GENERAL.—

10 “(A) PRIORITY SYSTEM.—The Secretary,
11 acting through the Service, shall maintain a
12 health care facility priority system, which—

13 “(i) shall be developed in consultation
14 with Indian Tribes and Tribal Organiza-
15 tions;

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

18 “(iii)(I) may include the lists required
19 in paragraph (2)(B)(ii); and

20 “(II) shall include the methodology re-
21 quired in paragraph (2)(B)(v); and

22 “(III) may include such other facili-
23 ties, and such renovation or expansion
24 needs of any health care facility, as the

1 Service, Indian Tribes, and Tribal Organi-
2 zations may identify; and

3 “(iv) shall provide an opportunity for
4 the nomination of planning, design, and
5 construction projects by the Service, In-
6 dian Tribes, and Tribal Organizations for
7 consideration under the priority system at
8 least once every 3 years, or more fre-
9 quently as the Secretary determines to be
10 appropriate.

11 “(B) NEEDS OF FACILITIES UNDER
12 ISDEAA AGREEMENTS.—The Secretary shall en-
13 sure that the planning, design, construction,
14 renovation, and expansion needs of Service and
15 non-Service facilities operated under contracts
16 or compacts in accordance with the Indian Self-
17 Determination and Education Assistance Act
18 (25 U.S.C. 450 et seq.) are fully and equitably
19 integrated into the health care facility priority
20 system.

21 “(C) CRITERIA FOR EVALUATING
22 NEEDS.—For purposes of this subsection, the
23 Secretary, in evaluating the needs of facilities
24 operated under a contract or compact under the
25 Indian Self-Determination and Education As-

1 sistance Act (25 U.S.C. 450 et seq.), shall use
2 the criteria used by the Secretary in evaluating
3 the needs of facilities operated directly by the
4 Service.

5 “(D) PRIORITY OF CERTAIN PROJECTS
6 PROTECTED.—The priority of any project estab-
7 lished under the construction priority system in
8 effect on the date of enactment of the Indian
9 Health Care Improvement Act Amendments of
10 2009 shall not be affected by any change in the
11 construction priority system taking place after
12 that date if the project—

13 “(i) was identified in the fiscal year
14 2008 Service budget justification as—

15 “(I) 1 of the 10 top-priority inpa-
16 tient projects;

17 “(II) 1 of the 10 top-priority out-
18 patient projects;

19 “(III) 1 of the 10 top-priority
20 staff quarters developments; or

21 “(IV) 1 of the 10 top-priority
22 Youth Regional Treatment Centers;

23 “(ii) had completed both Phase I and
24 Phase II of the construction priority sys-

1 tem in effect on the date of enactment of
2 such Act; or

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

6 “(I) on the initiative of the Sec-
7 retary; or

8 “(II) pursuant to a request of an
9 Indian Tribe or Tribal Organization.

10 “(2) REPORT; CONTENTS.—

11 “(A) INITIAL COMPREHENSIVE REPORT.—

12 “(i) DEFINITIONS.—In this subpara-
13 graph:

14 “(I) FACILITIES APPROPRIATION
15 ADVISORY BOARD.—The term ‘Facili-
16 ties Appropriation Advisory Board’
17 means the advisory board, comprised
18 of 12 members representing Indian
19 tribes and 2 members representing
20 the Service, established at the discre-
21 tion of the Assistant Secretary—

22 “(aa) to provide advice and
23 recommendations for policies and
24 procedures of the programs fund-

1 ed pursuant to facilities appro-
2 priations; and

3 “(bb) to address other facili-
4 ties issues.

5 “(II) FACILITIES NEEDS ASSESS-
6 MENT WORKGROUP.—The term ‘Fa-
7 cilities Needs Assessment Workgroup’
8 means the workgroup established at
9 the discretion of the Assistant Sec-
10 retary—

11 “(aa) to review the health
12 care facilities construction pri-
13 ority system; and

14 “(bb) to make recommenda-
15 tions to the Facilities Appropria-
16 tion Advisory Board for revising
17 the priority system.

18 “(ii) INITIAL REPORT.—

19 “(I) IN GENERAL.—Not later
20 than 1 year after the date of enact-
21 ment of the Indian Health Care Im-
22 provement Act Amendments of 2009,
23 the Secretary shall submit to the
24 Committee on Indian Affairs of the
25 Senate and the Committee on Natural

1 Resources of the House of Represent-
2 atives a report that describes the com-
3 prehensive, national, ranked list of all
4 health care facilities needs for the
5 Service, Indian Tribes, and Tribal Or-
6 ganizations (including inpatient health
7 care facilities, outpatient health care
8 facilities, specialized health care facili-
9 ties (such as for long-term care and
10 alcohol and drug abuse treatment),
11 wellness centers, staff quarters and
12 hostels associated with health care fa-
13 cilities, and the renovation and expan-
14 sion needs, if any, of such facilities)
15 developed by the Service, Indian
16 Tribes, and Tribal Organizations for
17 the Facilities Needs Assessment
18 Workgroup and the Facilities Appro-
19 priation Advisory Board.

20 “(II) INCLUSIONS.—The initial
21 report shall include—

22 “(aa) the methodology and
23 criteria used by the Service in de-
24 termining the needs and estab-

1 lishing the ranking of the facili-
2 ties needs; and

3 “ (bb) such other information
4 as the Secretary determines to be
5 appropriate.

6 “(iii) UPDATES OF REPORT.—Begin-
7 ning in calendar year 2011, the Secretary
8 shall—

9 “ (I) update the report under
10 clause (ii) not less frequently than
11 once every 5 years; and

12 “ (II) include the updated report
13 in the appropriate annual report
14 under subparagraph (B) for submis-
15 sion to Congress under section 801.

16 “(B) ANNUAL REPORTS.—The Secretary
17 shall submit to the President, for inclusion in
18 the report required to be transmitted to Con-
19 gress under section 801, a report which sets
20 forth the following:

21 “(i) A description of the health care
22 facility priority system of the Service es-
23 tablished under paragraph (1).

24 “(ii) Health care facilities lists, which
25 may include—

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

3 “(II) the 10 top-priority out-
4 patient health care facilities;

5 “(III) the 10 top-priority special-
6 ized health care facilities (such as
7 long-term care and alcohol and drug
8 abuse treatment);

9 “(IV) the 10 top-priority staff
10 quarters developments associated with
11 health care facilities; and

12 “(V) the 10 top-priority hostels
13 associated with health care facilities.

14 “(iii) The justification for such order
15 of priority.

16 “(iv) The projected cost of such
17 projects.

18 “(v) The methodology adopted by the
19 Service in establishing priorities under its
20 health care facility priority system.

21 “(3) REQUIREMENTS FOR PREPARATION OF RE-
22 PORTS.—In preparing the report required under
23 paragraph (2), the Secretary shall—

24 “(A) consult with and obtain information
25 on all health care facilities needs from Indian

1 Tribes, Tribal Organizations, and urban Indian
2 organizations; and

3 “(B) review the total unmet needs of all
4 Indian Tribes, Tribal Organizations, and urban
5 Indian organizations for health care facilities
6 (including hostels and staff quarters), including
7 needs for renovation and expansion of existing
8 facilities.

9 “(d) REVIEW OF METHODOLOGY USED FOR HEALTH
10 FACILITIES CONSTRUCTION PRIORITY SYSTEM.—

11 “(1) IN GENERAL.—Not later than 1 year after
12 the establishment of the priority system under sub-
13 section (c)(1)(A), the Comptroller General of the
14 United States shall prepare and finalize a report re-
15 viewing the methodologies applied, and the processes
16 followed, by the Service in making each assessment
17 of needs for the list under subsection (c)(2)(A)(ii)
18 and developing the priority system under subsection
19 (c)(1), including a review of—

20 “(A) the recommendations of the Facilities
21 Appropriation Advisory Board and the Facili-
22 ties Needs Assessment Workgroup (as those
23 terms are defined in subsection (c)(2)(A)(i));
24 and

1 “(B) the relevant criteria used in ranking
2 or prioritizing facilities other than hospitals or
3 clinics.

4 “(2) SUBMISSION TO CONGRESS.—The Comp-
5 troller General of the United States shall submit the
6 report under paragraph (1) to—

7 “(A) the Committees on Indian Affairs and
8 Appropriations of the Senate;

9 “(B) the Committees on Natural Re-
10 sources and Appropriations of the House of
11 Representatives; and

12 “(C) the Secretary.

13 “(e) FUNDING CONDITION.—All funds appropriated
14 under the Act of November 2, 1921 (25 U.S.C. 13) (com-
15 monly known as the ‘Snyder Act’), for the planning, de-
16 sign, construction, or renovation of health facilities for the
17 benefit of 1 or more Indian Tribes shall be subject to the
18 provisions of the Indian Self-Determination and Edu-
19 cation Assistance Act (25 U.S.C. 450 et seq.).

20 “(f) DEVELOPMENT OF INNOVATIVE APPROACHES.—
21 The Secretary shall consult and cooperate with Indian
22 Tribes, Tribal Organizations, and urban Indian organiza-
23 tions in developing innovative approaches to address all
24 or part of the total unmet need for construction of health

1 facilities, including those provided for in other sections of
2 this title and other approaches.

3 **“SEC. 302. SANITATION FACILITIES.**

4 “(a) FINDINGS.—Congress finds the following:

5 “(1) The provision of sanitation facilities is pri-
6 marily a health consideration and function.

7 “(2) Indian people suffer an inordinately high
8 incidence of disease, injury, and illness directly at-
9 tributable to the absence or inadequacy of sanitation
10 facilities.

11 “(3) The long-term cost to the United States of
12 treating and curing such disease, injury, and illness
13 is substantially greater than the short-term cost of
14 providing sanitation facilities and other preventive
15 health measures.

16 “(4) Many Indian homes and Indian commu-
17 nities still lack sanitation facilities.

18 “(5) It is in the interest of the United States,
19 and it is the policy of the United States, that all In-
20 dian communities and Indian homes, new and exist-
21 ing, be provided with sanitation facilities.

22 “(b) FACILITIES AND SERVICES.—In furtherance of
23 the findings made in subsection (a), Congress reaffirms
24 the primary responsibility and authority of the Service to
25 provide the necessary sanitation facilities and services as

1 provided in section 7 of the Act of August 5, 1954 (42
2 U.S.C. 2004a). Under such authority, the Secretary, act-
3 ing through the Service, is authorized to provide the fol-
4 lowing:

5 “(1) Financial and technical assistance to In-
6 dian Tribes, Tribal Organizations, and Indian com-
7 munities in the establishment, training, and equip-
8 ping of utility organizations to operate and maintain
9 sanitation facilities, including the provision of exist-
10 ing plans, standard details, and specifications avail-
11 able in the Department, to be used at the option of
12 the Indian Tribe, Tribal Organization, or Indian
13 community.

14 “(2) Ongoing technical assistance and training
15 to Indian Tribes, Tribal Organizations, and Indian
16 communities in the management of utility organiza-
17 tions which operate and maintain sanitation facili-
18 ties.

19 “(3) Priority funding for operation and mainte-
20 nance assistance for, and emergency repairs to, sani-
21 tation facilities operated by an Indian Tribe, Tribal
22 Organization or Indian community when necessary
23 to avoid an imminent health threat or to protect the
24 investment in sanitation facilities and the investment

1 in the health benefits gained through the provision
2 of sanitation facilities.

3 “(c) FUNDING.—Notwithstanding any other provi-
4 sion of law—

5 “(1) the Secretary of Housing and Urban De-
6 velopment is authorized to transfer funds appro-
7 priated under the Native American Housing Assist-
8 ance and Self-Determination Act of 1996 (25 U.S.C.
9 4101 et seq.) to the Secretary of Health and Human
10 Services;

11 “(2) the Secretary of Health and Human Serv-
12 ices is authorized to accept and use such funds for
13 the purpose of providing sanitation facilities and
14 services for Indians under section 7 of the Act of
15 August 5, 1954 (42 U.S.C. 2004a);

16 “(3) unless specifically authorized when funds
17 are appropriated, the Secretary shall not use funds
18 appropriated under section 7 of the Act of August
19 5, 1954 (42 U.S.C. 2004a), to provide sanitation fa-
20 cilities to new homes constructed using funds pro-
21 vided by the Department of Housing and Urban De-
22 velopment;

23 “(4) the Secretary of Health and Human Serv-
24 ices is authorized to accept from any source, includ-
25 ing Federal and State agencies, funds for the pur-

1 pose of providing sanitation facilities and services
2 and place these funds into contracts or compacts
3 under the Indian Self-Determination and Education
4 Assistance Act (25 U.S.C. 450 et seq.);

5 “(5) except as otherwise prohibited by this sec-
6 tion, the Secretary may use funds appropriated
7 under the authority of section 7 of the Act of Au-
8 gust 5, 1954 (42 U.S.C. 2004a), to fund up to 100
9 percent of the amount of an Indian Tribe’s loan ob-
10 tained under any Federal program for new projects
11 to construct eligible sanitation facilities to serve In-
12 dian homes;

13 “(6) except as otherwise prohibited by this sec-
14 tion, the Secretary may use funds appropriated
15 under the authority of section 7 of the Act of Au-
16 gust 5, 1954 (42 U.S.C. 2004a), to meet matching
17 or cost participation requirements under other Fed-
18 eral and non-Federal programs for new projects to
19 construct eligible sanitation facilities;

20 “(7) all Federal agencies are authorized to
21 transfer to the Secretary funds identified, granted,
22 loaned, or appropriated whereby the Department’s
23 applicable policies, rules, and regulations shall apply
24 in the implementation of such projects;

1 “(8) the Secretary of Health and Human Serv-
2 ices shall enter into interagency agreements with
3 Federal and State agencies for the purpose of pro-
4 viding financial assistance for sanitation facilities
5 and services under this Act;

6 “(9) the Secretary of Health and Human Serv-
7 ices shall, by regulation, establish standards applica-
8 ble to the planning, design, and construction of sani-
9 tation facilities funded under this Act; and

10 “(10) the Secretary of Health and Human
11 Services is authorized to accept payments for goods
12 and services furnished by the Service from appro-
13 priate public authorities, nonprofit organizations or
14 agencies, or Indian Tribes, as contributions by that
15 authority, organization, agency, or tribe to agree-
16 ments made under section 7 of the Act of August 5,
17 1954 (42 U.S.C. 2004a), and such payments shall
18 be credited to the same or subsequent appropriation
19 account as funds appropriated under the authority
20 of section 7 of the Act of August 5, 1954 (42 U.S.C.
21 2004a).

22 “(d) CERTAIN CAPABILITIES NOT PREREQUISITE.—
23 The financial and technical capability of an Indian Tribe,
24 Tribal Organization, or Indian community to safely oper-
25 ate, manage, and maintain a sanitation facility shall not

1 be a prerequisite to the provision or construction of sanita-
2 tion facilities by the Secretary.

3 “(e) FINANCIAL ASSISTANCE.—The Secretary is au-
4 thorized to provide financial assistance to Indian Tribes,
5 Tribal Organizations, and Indian communities in an
6 amount equal to the Federal share of the costs of oper-
7 ating, managing, and maintaining the facilities provided
8 under the plan described in subsection (h)(1)(F).

9 “(f) OPERATION, MANAGEMENT, AND MAINTENANCE
10 OF FACILITIES.—The Indian Tribe has the primary re-
11 sponsibility to establish, collect, and use reasonable user
12 fees, or otherwise set aside funding, for the purpose of
13 operating, managing, and maintaining sanitation facilities.
14 If a sanitation facility serving a community that is oper-
15 ated by an Indian Tribe or Tribal Organization is threat-
16 ened with imminent failure and such operator lacks capac-
17 ity to maintain the integrity or the health benefits of the
18 sanitation facility, then the Secretary is authorized to as-
19 sist the Indian Tribe, Tribal Organization, or Indian com-
20 munity in the resolution of the problem on a short-term
21 basis through cooperation with the emergency coordinator
22 or by providing operation, management, and maintenance
23 service.

24 “(g) ISDEAA PROGRAM FUNDED ON EQUAL
25 BASIS.—Tribal Health Programs shall be eligible (on an

1 equal basis with programs that are administered directly
2 by the Service) for—

3 “(1) any funds appropriated pursuant to this
4 section; and

5 “(2) any funds appropriated for the purpose of
6 providing sanitation facilities.

7 “(h) REPORT.—

8 “(1) REQUIRED; CONTENTS.—The Secretary, in
9 consultation with the Secretary of Housing and
10 Urban Development, Indian Tribes, Tribal Organiza-
11 tions, and tribally designated housing entities (as de-
12 fined in section 4 of the Native American Housing
13 Assistance and Self-Determination Act of 1996 (25
14 U.S.C. 4103)) shall submit to the President, for in-
15 clusion in the report required to be transmitted to
16 Congress under section 801, a report which sets
17 forth—

18 “(A) the current Indian sanitation facility
19 priority system of the Service;

20 “(B) the methodology for determining
21 sanitation deficiencies and needs;

22 “(C) the criteria on which the deficiencies
23 and needs will be evaluated;

24 “(D) the level of initial and final sanitation
25 deficiency for each type of sanitation facility for

1 each project of each Indian Tribe or Indian
2 community;

3 “(E) the amount and most effective use of
4 funds, derived from whatever source, necessary
5 to accommodate the sanitation facilities needs
6 of new homes assisted with funds under the
7 Native American Housing Assistance and Self-
8 Determination Act (25 U.S.C. 4101 et seq.),
9 and to reduce the identified sanitation defi-
10 ciency levels of all Indian Tribes and Indian
11 communities to level I sanitation deficiency as
12 defined in paragraph (3)(A); and

13 “(F) a 10-year plan to provide sanitation
14 facilities to serve existing Indian homes and In-
15 dian communities and new and renovated In-
16 dian homes.

17 “(2) UNIFORM METHODOLOGY.—The method-
18 ology used by the Secretary in determining, pre-
19 paring cost estimates for, and reporting sanitation
20 deficiencies for purposes of paragraph (1) shall be
21 applied uniformly to all Indian Tribes and Indian
22 communities.

23 “(3) SANITATION DEFICIENCY LEVELS.—For
24 purposes of this subsection, the sanitation deficiency
25 levels for an individual, Indian Tribe, or Indian com-

1 munity sanitation facility to serve Indian homes are
2 determined as follows:

3 “(A) A level I deficiency exists if a sanita-
4 tion facility serving an individual, Indian Tribe,
5 or Indian community—

6 “(i) complies with all applicable water
7 supply, pollution control, and solid waste
8 disposal laws; and

9 “(ii) deficiencies relate to routine re-
10 placement, repair, or maintenance needs.

11 “(B) A level II deficiency exists if a sanita-
12 tion facility serving an individual, Indian Tribe,
13 or Indian community substantially or recently
14 complied with all applicable water supply, pollu-
15 tion control, and solid waste laws and any defi-
16 ciencies relate to—

17 “(i) small or minor capital improve-
18 ments needed to bring the facility back
19 into compliance;

20 “(ii) capital improvements that are
21 necessary to enlarge or improve the facili-
22 ties in order to meet the current needs for
23 domestic sanitation facilities; or

24 “(iii) the lack of equipment or train-
25 ing by an Indian Tribe, Tribal Organiza-

1 tion, or an Indian community to properly
2 operate and maintain the sanitation facili-
3 ties.

4 “(C) A level III deficiency exists if a sani-
5 tation facility serving an individual, Indian
6 Tribe or Indian community meets 1 or more of
7 the following conditions—

8 “(i) water or sewer service in the
9 home is provided by a haul system with
10 holding tanks and interior plumbing;

11 “(ii) major significant interruptions to
12 water supply or sewage disposal occur fre-
13 quently, requiring major capital improve-
14 ments to correct the deficiencies; or

15 “(iii) there is no access to or no ap-
16 proved or permitted solid waste facility
17 available.

18 “(D) A level IV deficiency exists—

19 “(i) if a sanitation facility for an indi-
20 vidual home, an Indian Tribe, or an Indian
21 community exists but—

22 “(I) lacks—

23 “(aa) a safe water supply
24 system; or

1 “(bb) a waste disposal sys-
2 tem;

3 “(II) contains no piped water or
4 sewer facilities; or

5 “(III) has become inoperable due
6 to a major component failure; or

7 “(ii) if only a washeteria or central fa-
8 cility exists in the community.

9 “(E) A level V deficiency exists in the ab-
10 sence of a sanitation facility, where individual
11 homes do not have access to safe drinking
12 water or adequate wastewater (including sew-
13 age) disposal.

14 “(i) DEFINITIONS.—For purposes of this section, the
15 following terms apply:

16 “(1) INDIAN COMMUNITY.—The term ‘Indian
17 community’ means a geographic area, a significant
18 proportion of whose inhabitants are Indians and
19 which is served by or capable of being served by a
20 facility described in this section.

21 “(2) SANITATION FACILITIES.—The terms
22 ‘sanitation facility’ and ‘sanitation facilities’ mean
23 safe and adequate water supply systems, sanitary
24 sewage disposal systems, and sanitary solid waste

1 systems (and all related equipment and support in-
2 frastructure).

3 **“SEC. 303. PREFERENCE TO INDIANS AND INDIAN FIRMS.**

4 “(a) BUY INDIAN ACT.—The Secretary, acting
5 through the Service, may use the negotiating authority of
6 section 23 of the Act of June 25, 1910 (25 U.S.C. 47,
7 commonly known as the ‘Buy Indian Act’), to give pref-
8 erence to any Indian or any enterprise, partnership, cor-
9 poration, or other type of business organization owned and
10 controlled by an Indian or Indians including former or
11 currently federally recognized Indian Tribes in the State
12 of New York (hereinafter referred to as an ‘Indian firm’)
13 in the construction and renovation of Service facilities pur-
14 suant to section 301 and in the construction of sanitation
15 facilities pursuant to section 302. Such preference may be
16 accorded by the Secretary unless the Secretary finds, pur-
17 suant to regulations, that the project or function to be
18 contracted for will not be satisfactory or such project or
19 function cannot be properly completed or maintained
20 under the proposed contract. The Secretary, in arriving
21 at such a finding, shall consider whether the Indian or
22 Indian firm will be deficient with respect to—

23 “(1) ownership and control by Indians;

24 “(2) equipment;

25 “(3) bookkeeping and accounting procedures;

1 “(4) substantive knowledge of the project or
2 function to be contracted for;

3 “(5) adequately trained personnel; or

4 “(6) other necessary components of contract
5 performance.

6 “(b) PAY RATES.—For the purposes of implementing
7 the provisions of this title, the Secretary shall assure that
8 the rates of pay for personnel engaged in the construction
9 or renovation of facilities constructed or renovated in
10 whole or in part by funds made available pursuant to this
11 title are not less than the prevailing local wage rates for
12 similar work as determined in accordance with the Act of
13 March 3, 1931 (40 U.S.C. 276a–276a-5, known as the
14 Davis-Bacon Act).

15 “(c) LABOR STANDARDS.—For the purposes of im-
16 plementing the provisions of this title, contracts for the
17 construction or renovation of health care facilities, staff
18 quarters, and sanitation facilities, and related support in-
19 frastructure, funded in whole or in part with funds made
20 available pursuant to this title, shall contain a provision
21 requiring compliance with subchapter IV of chapter 31 of
22 title 40, United States Code (commonly known as the
23 ‘Davis-Bacon Act’).

1 **“SEC. 304. EXPENDITURE OF NON-SERVICE FUNDS FOR**
2 **RENOVATION.**

3 “(a) IN GENERAL.—Notwithstanding any other pro-
4 vision of law, if the requirements of subsection (c) are met,
5 the Secretary, acting through the Service, is authorized
6 to accept any major expansion, renovation, or moderniza-
7 tion by any Indian Tribe or Tribal Organization of any
8 Service facility or of any other Indian health facility oper-
9 ated pursuant to a contract or compact under the Indian
10 Self-Determination and Education Assistance Act (25
11 U.S.C. 450 et seq.), including—

12 “(1) any plans or designs for such expansion,
13 renovation, or modernization; and

14 “(2) any expansion, renovation, or moderniza-
15 tion for which funds appropriated under any Federal
16 law were lawfully expended.

17 “(b) PRIORITY LIST.—

18 “(1) IN GENERAL.—The Secretary shall main-
19 tain a separate priority list to address the needs for
20 increased operating expenses, personnel, or equip-
21 ment for such facilities. The methodology for estab-
22 lishing priorities shall be developed through regula-
23 tions. The list of priority facilities will be revised an-
24 nually in consultation with Indian Tribes and Tribal
25 Organizations.

1 “(2) REPORT.—The Secretary shall submit to
2 the President, for inclusion in the report required to
3 be transmitted to Congress under section 801, the
4 priority list maintained pursuant to paragraph (1).

5 “(c) REQUIREMENTS.—The requirements of this sub-
6 section are met with respect to any expansion, renovation,
7 or modernization if—

8 “(1) the Indian Tribe or Tribal Organization—

9 “(A) provides notice to the Secretary of its
10 intent to expand, renovate, or modernize; and

11 “(B) applies to the Secretary to be placed
12 on a separate priority list to address the needs
13 of such new facilities for increased operating ex-
14 penses, personnel, or equipment; and

15 “(2) the expansion, renovation, or moderniza-
16 tion—

17 “(A) is approved by the appropriate area
18 director of the Service for Federal facilities; and

19 “(B) is administered by the Indian Tribe
20 or Tribal Organization in accordance with any
21 applicable regulations prescribed by the Sec-
22 retary with respect to construction or renova-
23 tion of Service facilities.

24 “(d) ADDITIONAL REQUIREMENT FOR EXPANSION.—

25 In addition to the requirements under subsection (c), for

1 any expansion, the Indian Tribe or Tribal Organization
2 shall provide to the Secretary additional information pur-
3 suant to regulations, including additional staffing, equip-
4 ment, and other costs associated with the expansion.

5 “(e) CLOSURE OR CONVERSION OF FACILITIES.—If
6 any Service facility which has been expanded, renovated,
7 or modernized by an Indian Tribe or Tribal Organization
8 under this section ceases to be used as a Service facility
9 during the 20-year period beginning on the date such ex-
10 pansion, renovation, or modernization is completed, such
11 Indian Tribe or Tribal Organization shall be entitled to
12 recover from the United States an amount which bears
13 the same ratio to the value of such facility at the time
14 of such cessation as the value of such expansion, renova-
15 tion, or modernization (less the total amount of any funds
16 provided specifically for such facility under any Federal
17 program that were expended for such expansion, renova-
18 tion, or modernization) bore to the value of such facility
19 at the time of the completion of such expansion, renova-
20 tion, or modernization.

21 **“SEC. 305. FUNDING FOR THE CONSTRUCTION, EXPANSION,**
22 **AND MODERNIZATION OF SMALL AMBULA-**
23 **TORY CARE FACILITIES.**

24 “(a) GRANTS.—

1 “(1) IN GENERAL.—The Secretary, acting
2 through the Service, shall make grants to Indian
3 Tribes and Tribal Organizations for the construc-
4 tion, expansion, or modernization of facilities for the
5 provision of ambulatory care services to eligible Indi-
6 ans (and noneligible persons pursuant to subsections
7 (b)(2) and (c)(1)(C)). A grant made under this sec-
8 tion may cover up to 100 percent of the costs of
9 such construction, expansion, or modernization. For
10 the purposes of this section, the term ‘construction’
11 includes the replacement of an existing facility.

12 “(2) GRANT AGREEMENT REQUIRED.—A grant
13 under paragraph (1) may only be made available to
14 a Tribal Health Program operating an Indian health
15 facility (other than a facility owned or constructed
16 by the Service, including a facility originally owned
17 or constructed by the Service and transferred to an
18 Indian Tribe or Tribal Organization).

19 “(b) USE OF GRANT FUNDS.—

20 “(1) ALLOWABLE USES.—A grant awarded
21 under this section may be used for the construction,
22 expansion, or modernization (including the planning
23 and design of such construction, expansion, or mod-
24 ernization) of an ambulatory care facility—

25 “(A) located apart from a hospital;

1 “(B) not funded under section 301 or sec-
2 tion 306; and

3 “(C) which, upon completion of such con-
4 struction or modernization will—

5 “(i) have a total capacity appropriate
6 to its projected service population;

7 “(ii) provide annually no fewer than
8 150 patient visits by eligible Indians and
9 other users who are eligible for services in
10 such facility in accordance with section
11 806(e)(2); and

12 “(iii) provide ambulatory care in a
13 Service Area (specified in the contract or
14 compact under the Indian Self-Determina-
15 tion and Education Assistance Act (25
16 U.S.C. 450 et seq.)) with a population of
17 no fewer than 1,500 eligible Indians and
18 other users who are eligible for services in
19 such facility in accordance with section
20 806(e)(2).

21 “(2) ADDITIONAL ALLOWABLE USE.—The Sec-
22 retary may also reserve a portion of the funding pro-
23 vided under this section and use those reserved
24 funds to reduce an outstanding debt incurred by In-
25 dian Tribes or Tribal Organizations for the con-

1 construction, expansion, or modernization of an ambula-
2 tory care facility that meets the requirements under
3 paragraph (1). The provisions of this section shall
4 apply, except that such applications for funding
5 under this paragraph shall be considered separately
6 from applications for funding under paragraph (1).

7 “(3) USE ONLY FOR CERTAIN PORTION OF
8 COSTS.—A grant provided under this section may be
9 used only for the cost of that portion of a construc-
10 tion, expansion, or modernization project that bene-
11 fits the Service population identified above in sub-
12 section (b)(1)(C) (ii) and (iii). The requirements of
13 clauses (ii) and (iii) of paragraph (1)(C) shall not
14 apply to an Indian Tribe or Tribal Organization ap-
15 plying for a grant under this section for a health
16 care facility located or to be constructed on an is-
17 land or when such facility is not located on a road
18 system providing direct access to an inpatient hos-
19 pital where care is available to the Service popu-
20 lation.

21 “(c) GRANTS.—

22 “(1) APPLICATION.—No grant may be made
23 under this section unless an application or proposal
24 for the grant has been approved by the Secretary in
25 accordance with applicable regulations and has set

1 forth reasonable assurance by the applicant that, at
2 all times after the construction, expansion, or mod-
3 ernization of a facility carried out using a grant re-
4 ceived under this section—

5 “(A) adequate financial support will be
6 available for the provision of services at such
7 facility;

8 “(B) such facility will be available to eligi-
9 ble Indians without regard to ability to pay or
10 source of payment; and

11 “(C) such facility will, as feasible without
12 diminishing the quality or quantity of services
13 provided to eligible Indians, serve noneligible
14 persons on a cost basis.

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

18 “(A) a need for increased ambulatory care
19 services; and

20 “(B) insufficient capacity to deliver such
21 services.

22 “(3) PEER REVIEW PANELS.—The Secretary
23 may provide for the establishment of peer review
24 panels, as necessary, to review and evaluate applica-
25 tions and proposals and to advise the Secretary re-

1 and Education Assistance Act (25 U.S.C. 450 et seq.) for
2 the purpose of carrying out a health care delivery dem-
3 onstration project to test alternative means of delivering
4 health care and services to Indians through facilities.

5 “(b) USE OF FUNDS.—The Secretary, in approving
6 projects pursuant to this section, may authorize such con-
7 tracts for the construction and renovation of hospitals,
8 health centers, health stations, and other facilities to de-
9 liver health care services and is authorized to—

10 “(1) waive any leasing prohibition;

11 “(2) permit carryover of funds appropriated for
12 the provision of health care services;

13 “(3) permit the use of other available funds;

14 “(4) permit the use of funds or property do-
15 nated from any source for project purposes;

16 “(5) provide for the reversion of donated real or
17 personal property to the donor; and

18 “(6) permit the use of Service funds to match
19 other funds, including Federal funds.

20 “(c) REGULATIONS.—The Secretary shall develop
21 and promulgate regulations, not later than 1 year after
22 the date of enactment of the Indian Health Care Improve-
23 ment Act Amendments of 2009, for the review and ap-
24 proval of applications submitted under this section.

1 “(d) CRITERIA.—The Secretary may approve projects
2 that meet the following criteria:

3 “(1) There is a need for a new facility or pro-
4 gram or the reorientation of an existing facility or
5 program.

6 “(2) A significant number of Indians, including
7 those with low health status, will be served by the
8 project.

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

11 “(4) The project is economically viable.

12 “(5) The Indian Tribe or Tribal Organization
13 has the administrative and financial capability to ad-
14 minister the project.

15 “(6) The project is integrated with providers of
16 related health and social services and is coordinated
17 with, and avoids duplication of, existing services.

18 “(e) PEER REVIEW PANELS.—The Secretary may
19 provide for the establishment of peer review panels, as nec-
20 essary, to review and evaluate applications using the cri-
21 teria developed pursuant to subsection (d).

22 “(f) PRIORITY.—The Secretary shall give priority to
23 applications for demonstration projects in each of the fol-
24 lowing Service Units to the extent that such applications

1 are timely filed and meet the criteria specified in sub-
2 section (d):

3 “(1) Cass Lake, Minnesota.

4 “(2) Mescalero, New Mexico.

5 “(3) Owyhee, Nevada.

6 “(4) Schurz, Nevada.

7 “(5) Ft. Yuma, California.

8 “(g) TECHNICAL ASSISTANCE.—The Secretary shall
9 provide such technical and other assistance as may be nec-
10 essary to enable applicants to comply with the provisions
11 of this section.

12 “(h) SERVICE TO INELIGIBLE PERSONS.—Subject to
13 section 806, the authority to provide services to persons
14 otherwise ineligible for the health care benefits of the
15 Service and the authority to extend hospital privileges in
16 Service facilities to non-Service health practitioners as
17 provided in section 806 may be included, subject to the
18 terms of such section, in any demonstration project ap-
19 proved pursuant to this section.

20 “(i) EQUITABLE TREATMENT.—For purposes of sub-
21 section (d)(1), the Secretary shall, in evaluating facilities
22 operated under any contract or compact under the Indian
23 Self-Determination and Education Assistance Act (25
24 U.S.C. 450 et seq.), use the same criteria that the Sec-

1 retary uses in evaluating facilities operated directly by the
2 Service.

3 “(j) **EQUITABLE INTEGRATION OF FACILITIES.**—The
4 Secretary shall ensure that the planning, design, construc-
5 tion, renovation, and expansion needs of Service and non-
6 Service facilities which are the subject of a contract or
7 compact under the Indian Self-Determination and Edu-
8 cation Assistance Act (25 U.S.C. 450 et seq.) for health
9 services are fully and equitably integrated into the imple-
10 mentation of the health care delivery demonstration
11 projects under this section.

12 **“SEC. 307. LAND TRANSFER.**

13 “Notwithstanding any other provision of law, the Bu-
14 reau of Indian Affairs and all other agencies and depart-
15 ments of the United States are authorized to transfer, at
16 no cost, land and improvements to the Service for the pro-
17 vision of health care services. The Secretary is authorized
18 to accept such land and improvements for such purposes.

19 **“SEC. 308. LEASES, CONTRACTS, AND OTHER AGREEMENTS.**

20 “The Secretary, acting through the Service, may
21 enter into leases, contracts, and other agreements with In-
22 dian Tribes and Tribal Organizations which hold (1) title
23 to, (2) a leasehold interest in, or (3) a beneficial interest
24 in (when title is held by the United States in trust for
25 the benefit of an Indian Tribe) facilities used or to be used

1 for the administration and delivery of health services by
2 an Indian Health Program. Such leases, contracts, or
3 agreements may include provisions for construction or ren-
4 ovation and provide for compensation to the Indian Tribe
5 or Tribal Organization of rental and other costs consistent
6 with section 105(l) of the Indian Self-Determination and
7 Education Assistance Act (25 U.S.C. 450j(l)) and regula-
8 tions thereunder.

9 **“SEC. 309. STUDY ON LOANS, LOAN GUARANTEES, AND**
10 **LOAN REPAYMENT.**

11 “(a) IN GENERAL.—The Secretary, in consultation
12 with the Secretary of the Treasury, Indian Tribes, and
13 Tribal Organizations, shall carry out a study to determine
14 the feasibility of establishing a loan fund to provide to In-
15 dian Tribes and Tribal Organizations direct loans or guar-
16 antees for loans for the construction of health care facili-
17 ties, including—

18 “(1) inpatient facilities;

19 “(2) outpatient facilities;

20 “(3) staff quarters;

21 “(4) hostels; and

22 “(5) specialized care facilities, such as behav-
23 ioral health and elder care facilities.

24 “(b) DETERMINATIONS.—In carrying out the study
25 under subsection (a), the Secretary shall determine—

1 “(1) the maximum principal amount of a loan
2 or loan guarantee that should be offered to a recipi-
3 ent from the loan fund;

4 “(2) the percentage of eligible costs, not to ex-
5 ceed 100 percent, that may be covered by a loan or
6 loan guarantee from the loan fund (including costs
7 relating to planning, design, financing, site land de-
8 velopment, construction, rehabilitation, renovation,
9 conversion, improvements, medical equipment and
10 furnishings, and other facility-related costs and cap-
11 ital purchase (but excluding staffing));

12 “(3) the cumulative total of the principal of di-
13 rect loans and loan guarantees, respectively, that
14 may be outstanding at any 1 time;

15 “(4) the maximum term of a loan or loan guar-
16 antee that may be made for a facility from the loan
17 fund;

18 “(5) the maximum percentage of funds from
19 the loan fund that should be allocated for payment
20 of costs associated with planning and applying for a
21 loan or loan guarantee;

22 “(6) whether acceptance by the Secretary of an
23 assignment of the revenue of an Indian Tribe or
24 Tribal Organization as security for any direct loan

1 or loan guarantee from the loan fund would be ap-
2 propriate;

3 “(7) whether, in the planning and design of
4 health facilities under this section, users eligible
5 under section 806(c) may be included in any projec-
6 tion of patient population;

7 “(8) whether funds of the Service provided
8 through loans or loan guarantees from the loan fund
9 should be eligible for use in matching other Federal
10 funds under other programs;

11 “(9) the appropriateness of, and best methods
12 for, coordinating the loan fund with the health care
13 priority system of the Service under section 301; and

14 “(10) any legislative or regulatory changes re-
15 quired to implement recommendations of the Sec-
16 retary based on results of the study.

17 “(c) REPORT.—Not later than September 30, 2010,
18 the Secretary shall submit to the Committee on Indian Af-
19 fairs of the Senate and the Committee on Natural Re-
20 sources and the Committee on Energy and Commerce of
21 the House of Representatives a report that describes—

22 “(1) the manner of consultation made as re-
23 quired by subsection (a); and

1 “(2) the results of the study, including any rec-
2 ommendations of the Secretary based on results of
3 the study.

4 **“SEC. 310. TRIBAL LEASING.**

5 “A Tribal Health Program may lease permanent
6 structures for the purpose of providing health care services
7 without obtaining advance approval in appropriation Acts.

8 **“SEC. 311. INDIAN HEALTH SERVICE/TRIBAL FACILITIES**
9 **JOINT VENTURE PROGRAM.**

10 “(a) IN GENERAL.—The Secretary, acting through
11 the Service, shall make arrangements with Indian Tribes
12 and Tribal Organizations to establish joint venture dem-
13 onstration projects under which an Indian Tribe or Tribal
14 Organization shall expend tribal, private, or other avail-
15 able funds, for the acquisition or construction of a health
16 facility for a minimum of 10 years, under a no-cost lease,
17 in exchange for agreement by the Service to provide the
18 equipment, supplies, and staffing for the operation and
19 maintenance of such a health facility. An Indian Tribe or
20 Tribal Organization may use tribal funds, private sector,
21 or other available resources, including loan guarantees, to
22 fulfill its commitment under a joint venture entered into
23 under this subsection. An Indian Tribe or Tribal Organi-
24 zation shall be eligible to establish a joint venture project
25 if, when it submits a letter of intent, it—

1 “(1) has begun but not completed the process
2 of acquisition or construction of a health facility to
3 be used in the joint venture project;

4 “(2) has not begun the process of acquisition or
5 construction of a health facility for use in the joint
6 venture project; or

7 “(3) in its application for a joint venture agree-
8 ment, agrees—

9 “(A) to construct a facility for the joint
10 venture which complies with the size and space
11 criteria established by the Service; or

12 “(B) if the facility it proposes for the joint
13 venture is already in existence or under con-
14 struction, that only the portion of such facility
15 which complies with the size and space criteria
16 of the Service will be eligible for the joint ven-
17 ture agreement.

18 “(b) REQUIREMENTS.—The Secretary shall make
19 such an arrangement with an Indian Tribe or Tribal Orga-
20 nization only if—

21 “(1) the Secretary first determines that the In-
22 dian Tribe or Tribal Organization has the adminis-
23 trative and financial capabilities necessary to com-
24 plete the timely acquisition or construction of the
25 relevant health facility; and

1 “(2) the Indian Tribe or Tribal Organization
2 meets the need criteria determined using the criteria
3 developed under the health care facility priority sys-
4 tem under section 301, unless the Secretary deter-
5 mines, pursuant to regulations, that other criteria
6 will result in a more cost-effective and efficient
7 method of facilitating and completing construction of
8 health care facilities.

9 “(c) CONTINUED OPERATION.—The Secretary shall
10 negotiate an agreement with the Indian Tribe or Tribal
11 Organization regarding the continued operation of the fa-
12 cility at the end of the initial 10 year no-cost lease period.

13 “(d) BREACH OF AGREEMENT.—An Indian Tribe or
14 Tribal Organization that has entered into a written agree-
15 ment with the Secretary under this section, and that
16 breaches or terminates without cause such agreement,
17 shall be liable to the United States for the amount that
18 has been paid to the Indian Tribe or Tribal Organization,
19 or paid to a third party on the Indian Tribe’s or Tribal
20 Organization’s behalf, under the agreement. The Sec-
21 retary has the right to recover tangible property (including
22 supplies) and equipment, less depreciation, and any funds
23 expended for operations and maintenance under this sec-
24 tion. The preceding sentence does not apply to any funds

1 expended for the delivery of health care services, per-
2 sonnel, or staffing.

3 “(e) RECOVERY FOR NONUSE.—An Indian Tribe or
4 Tribal Organization that has entered into a written agree-
5 ment with the Secretary under this subsection shall be en-
6 titled to recover from the United States an amount that
7 is proportional to the value of such facility if, at any time
8 within the 10-year term of the agreement, the Service
9 ceases to use the facility or otherwise breaches the agree-
10 ment.

11 “(f) DEFINITION.—For the purposes of this section,
12 the term ‘health facility’ or ‘health facilities’ includes
13 quarters needed to provide housing for staff of the rel-
14 evant Tribal Health Program.

15 **“SEC. 312. LOCATION OF FACILITIES.**

16 “(a) IN GENERAL.—In all matters involving the reor-
17 ganization or development of Service facilities or in the
18 establishment of related employment projects to address
19 unemployment conditions in economically depressed areas,
20 the Bureau of Indian Affairs and the Service shall give
21 priority to locating such facilities and projects on Indian
22 lands, or lands in Alaska owned by any Alaska Native vil-
23 lage, or village or regional corporation under the Alaska
24 Native Claims Settlement Act (43 U.S.C. 1601 et seq.),
25 or any land allotted to any Alaska Native, if requested

1 by the Indian owner and the Indian Tribe with jurisdiction
2 over such lands or other lands owned or leased by the In-
3 dian Tribe or Tribal Organization. Top priority shall be
4 given to Indian land owned by 1 or more Indian Tribes.

5 “(b) DEFINITION.—For purposes of this section, the
6 term ‘Indian lands’ means—

7 “(1) all lands within the exterior boundaries of
8 any reservation; and

9 “(2) any lands title to which is held in trust by
10 the United States for the benefit of any Indian
11 Tribe or individual Indian or held by any Indian
12 Tribe or individual Indian subject to restriction by
13 the United States against alienation.

14 **“SEC. 313. MAINTENANCE AND IMPROVEMENT OF HEALTH**
15 **CARE FACILITIES.**

16 “(a) REPORT.—The Secretary shall submit to the
17 President, for inclusion in the report required to be trans-
18 mitted to Congress under section 801, a report which iden-
19 tifies the backlog of maintenance and repair work required
20 at both Service and tribal health care facilities, including
21 new health care facilities expected to be in operation in
22 the next fiscal year. The report shall also identify the need
23 for renovation and expansion of existing facilities to sup-
24 port the growth of health care programs.

1 “(b) MAINTENANCE OF NEWLY CONSTRUCTED
2 SPACE.—The Secretary, acting through the Service, is au-
3 thorized to expend maintenance and improvement funds
4 to support maintenance of newly constructed space only
5 if such space falls within the approved supportable space
6 allocation for the Indian Tribe or Tribal Organization.
7 Supportable space allocation shall be defined through the
8 health care facility priority system under section 301(c).

9 “(c) REPLACEMENT FACILITIES.—In addition to
10 using maintenance and improvement funds for renovation,
11 modernization, and expansion of facilities, an Indian Tribe
12 or Tribal Organization may use maintenance and improve-
13 ment funds for construction of a replacement facility if
14 the costs of renovation of such facility would exceed a
15 maximum renovation cost threshold. The Secretary shall
16 consult with Indian Tribes and Tribal Organizations in de-
17 termining the maximum renovation cost threshold.

18 **“SEC. 314. TRIBAL MANAGEMENT OF FEDERALLY OWNED**
19 **QUARTERS.**

20 “(a) RENTAL RATES.—

21 “(1) ESTABLISHMENT.—Notwithstanding any
22 other provision of law, a Tribal Health Program
23 which operates a hospital or other health facility and
24 the federally owned quarters associated therewith
25 pursuant to a contract or compact under the Indian

1 Self-Determination and Education Assistance Act
2 (25 U.S.C. 450 et seq.) shall have the authority to
3 establish the rental rates charged to the occupants
4 of such quarters by providing notice to the Secretary
5 of its election to exercise such authority.

6 “(2) OBJECTIVES.—In establishing rental rates
7 pursuant to authority of this subsection, a Tribal
8 Health Program shall endeavor to achieve the fol-
9 lowing objectives:

10 “(A) To base such rental rates on the rea-
11 sonable value of the quarters to the occupants
12 thereof.

13 “(B) To generate sufficient funds to pru-
14 dently provide for the operation and mainte-
15 nance of the quarters, and subject to the discre-
16 tion of the Tribal Health Program, to supply
17 reserve funds for capital repairs and replace-
18 ment of the quarters.

19 “(3) EQUITABLE FUNDING.—Any quarters
20 whose rental rates are established by a Tribal
21 Health Program pursuant to this subsection shall
22 remain eligible for quarters improvement and repair
23 funds to the same extent as all federally owned
24 quarters used to house personnel in Services-sup-
25 ported programs.

1 “(4) NOTICE OF RATE CHANGE.—A Tribal
2 Health Program which exercises the authority pro-
3 vided under this subsection shall provide occupants
4 with no less than 60 days notice of any change in
5 rental rates.

6 “(b) DIRECT COLLECTION OF RENT.—

7 “(1) IN GENERAL.—Notwithstanding any other
8 provision of law, and subject to paragraph (2), a
9 Tribal Health Program shall have the authority to
10 collect rents directly from Federal employees who oc-
11 cupy such quarters in accordance with the following:

12 “(A) The Tribal Health Program shall no-
13 tify the Secretary and the subject Federal em-
14 ployees of its election to exercise its authority
15 to collect rents directly from such Federal em-
16 ployees.

17 “(B) Upon receipt of a notice described in
18 subparagraph (A), the Federal employees shall
19 pay rents for occupancy of such quarters di-
20 rectly to the Tribal Health Program and the
21 Secretary shall have no further authority to col-
22 lect rents from such employees through payroll
23 deduction or otherwise.

24 “(C) Such rent payments shall be retained
25 by the Tribal Health Program and shall not be

1 made payable to or otherwise be deposited with
2 the United States.

3 “(D) Such rent payments shall be depos-
4 ited into a separate account which shall be used
5 by the Tribal Health Program for the mainte-
6 nance (including capital repairs and replace-
7 ment) and operation of the quarters and facili-
8 ties as the Tribal Health Program shall deter-
9 mine.

10 “(2) RETROCESSION OF AUTHORITY.—If a
11 Tribal Health Program which has made an election
12 under paragraph (1) requests retrocession of its au-
13 thority to directly collect rents from Federal employ-
14 ees occupying federally owned quarters, such ret-
15 rocession shall become effective on the earlier of—

16 “(A) the first day of the month that begins
17 no less than 180 days after the Tribal Health
18 Program notifies the Secretary of its desire to
19 retrocede; or

20 “(B) such other date as may be mutually
21 agreed by the Secretary and the Tribal Health
22 Program.

23 “(c) RATES IN ALASKA.—To the extent that a Tribal
24 Health Program, pursuant to authority granted in sub-
25 section (a), establishes rental rates for federally owned

1 quarters provided to a Federal employee in Alaska, such
2 rents may be based on the cost of comparable private rent-
3 al housing in the nearest established community with a
4 year-round population of 1,500 or more individuals.

5 **“SEC. 315. APPLICABILITY OF BUY AMERICAN ACT RE-**
6 **QUIREMENT.**

7 “(a) **APPLICABILITY.**—The Secretary shall ensure
8 that the requirements of the Buy American Act apply to
9 all procurements made with funds provided pursuant to
10 section 317. Indian Tribes and Tribal Organizations shall
11 be exempt from these requirements.

12 “(b) **EFFECT OF VIOLATION.**—If it has been finally
13 determined by a court or Federal agency that any person
14 intentionally affixed a label bearing a ‘Made in America’
15 inscription or any inscription with the same meaning, to
16 any product sold in or shipped to the United States that
17 is not made in the United States, such person shall be
18 ineligible to receive any contract or subcontract made with
19 funds provided pursuant to section 317, pursuant to the
20 debarment, suspension, and ineligibility procedures de-
21 scribed in sections 9.400 through 9.409 of title 48, Code
22 of Federal Regulations.

23 “(c) **DEFINITIONS.**—For purposes of this section, the
24 term ‘Buy American Act’ means title III of the Act enti-
25 tled ‘An Act making appropriations for the Treasury and

1 Post Office Departments for the fiscal year ending June
2 30, 1934, and for other purposes', approved March 3,
3 1933 (41 U.S.C. 10a et seq.).

4 **“SEC. 316. OTHER FUNDING FOR FACILITIES.**

5 “(a) AUTHORITY TO ACCEPT FUNDS.—The Sec-
6 retary is authorized to accept from any source, including
7 Federal and State agencies, funds that are available for
8 the construction of health care facilities and use such
9 funds to plan, design, and construct health care facilities
10 for Indians and to place such funds into a contract or com-
11 pact under the Indian Self-Determination and Education
12 Assistance Act (25 U.S.C. 450 et seq.). Receipt of such
13 funds shall have no effect on the priorities established pur-
14 suant to section 301.

15 “(b) INTERAGENCY AGREEMENTS.—The Secretary is
16 authorized to enter into interagency agreements with
17 other Federal agencies or State agencies and other entities
18 and to accept funds from such Federal or State agencies
19 or other sources to provide for the planning, design, and
20 construction of health care facilities to be administered by
21 Indian Health Programs in order to carry out the pur-
22 poses of this Act and the purposes for which the funds
23 were appropriated or for which the funds were otherwise
24 provided.

1 “(c) TRANSFERRED FUNDS.—Any Federal agency to
2 which funds for the construction of health care facilities
3 are appropriated is authorized to transfer such funds to
4 the Secretary for the construction of health care facilities
5 to carry out the purposes of this Act as well as the pur-
6 poses for which such funds are appropriated to such other
7 Federal agency.

8 “(d) ESTABLISHMENT OF STANDARDS.—The Sec-
9 retary, through the Service, shall establish standards by
10 regulation for the planning, design, and construction of
11 health care facilities serving Indians under this Act.

12 **“SEC. 317. AUTHORIZATION OF APPROPRIATIONS.**

13 “There are authorized to be appropriated such sums
14 as may be necessary to carry out this title.

15 **“TITLE IV—ACCESS TO HEALTH**
16 **SERVICES**

17 **“SEC. 401. TREATMENT OF PAYMENTS UNDER SOCIAL SE-**
18 **CURITY ACT HEALTH BENEFITS PROGRAMS.**

19 “(a) DISREGARD OF MEDICARE, MEDICAID, AND
20 SCHIP PAYMENTS IN DETERMINING APPROPRIATIONS.—
21 Any payments received by an Indian Health Program or
22 by an urban Indian organization under title XVIII, XIX,
23 or XXI of the Social Security Act for services provided
24 to Indians eligible for benefits under such respective titles

1 shall not be considered in determining appropriations for
2 the provision of health care and services to Indians.

3 “(b) NONPREFERENTIAL TREATMENT.—Nothing in
4 this Act authorizes the Secretary to provide services to an
5 Indian with coverage under title XVIII, XIX, or XXI of
6 the Social Security Act in preference to an Indian without
7 such coverage.

8 “(c) USE OF FUNDS.—

9 “(1) SPECIAL FUND.—

10 “(A) 100 PERCENT PASS-THROUGH OF
11 PAYMENTS DUE TO FACILITIES.—Notwith-
12 standing any other provision of law, but subject
13 to paragraph (2), payments to which a facility
14 of the Service is entitled by reason of a provi-
15 sion of title XVIII or XIX of the Social Secu-
16 rity Act shall be placed in a special fund to be
17 held by the Secretary. In making payments
18 from such fund, the Secretary shall ensure that
19 each Service Unit of the Service receives 100
20 percent of the amount to which the facilities of
21 the Service, for which such Service Unit makes
22 collections, are entitled by reason of a provision
23 of either such title.

24 “(B) USE OF FUNDS.—Amounts received
25 by a facility of the Service under subparagraph

1 (A) by reason of a provision of title XVIII or
2 XIX of the Social Security Act shall first be
3 used (to such extent or in such amounts as are
4 provided in appropriation Acts) for the purpose
5 of making any improvements in the programs
6 of the Service operated by or through such fa-
7 cility which may be necessary to achieve or
8 maintain compliance with the applicable condi-
9 tions and requirements of such respective title.
10 Any amounts so received that are in excess of
11 the amount necessary to achieve or maintain
12 such conditions and requirements shall, subject
13 to consultation with the Indian Tribes being
14 served by the Service Unit, be used for increas-
15 ing the facility's capacity to provide, or improv-
16 ing the quality or accessibility of, services.

17 “(2) DIRECT PAYMENT OPTION.—Paragraph
18 (1) shall not apply to a Tribal Health Program upon
19 the election of such Program under subsection (d) to
20 receive payments directly. No payment may be made
21 out of the special fund described in such paragraph
22 with respect to reimbursement made for services
23 provided by such Program during the period of such
24 election.

25 “(d) DIRECT BILLING.—

1 “(1) IN GENERAL.—Subject to complying with
2 the requirements of paragraph (2), a Tribal Health
3 Program may elect to directly bill for, and receive
4 payment for, health care items and services provided
5 by such Program for which payment is made under
6 title XVIII, XIX, or XXI of the Social Security Act.

7 “(2) DIRECT REIMBURSEMENT.—

8 “(A) USE OF FUNDS.—Each Tribal Health
9 Program making the election described in para-
10 graph (1) with respect to a program under title
11 XVIII, XIX, or XXI of the Social Security Act
12 shall be reimbursed directly by that program
13 for items and services furnished without regard
14 to subsection (c)(1), but all amounts so reim-
15 bursed shall be used by the Tribal Health Pro-
16 gram for the same purposes with respect to
17 such Program for which payment under sub-
18 paragraph (A) of subsection (c)(1) to a facility
19 of the Service may be used pursuant to sub-
20 paragraph (B) of such subsection with respect
21 to the Service.

22 “(B) AUDITS.—The amounts paid to a
23 Tribal Health Program making the election de-
24 scribed in paragraph (1) with respect to a pro-
25 gram under title XVIII, XIX, or XXI of the So-

1 cial Security Act shall be subject to all auditing
2 requirements applicable to the program under
3 such title, as well as all auditing requirements
4 applicable to programs administered by an In-
5 dian Health Program. Nothing in the preceding
6 sentence shall be construed as limiting the ap-
7 plication of auditing requirements applicable to
8 amounts paid under title XVIII, XIX, or XXI
9 of the Social Security Act.

10 “(C) IDENTIFICATION OF SOURCE OF PAY-
11 MENTS.—Any Tribal Health Program that re-
12 ceives reimbursements or payments under title
13 XVIII, XIX, or XXI of the Social Security Act
14 shall provide to the Service a list of each pro-
15 vider enrollment number (or other identifier)
16 under which such Program receives such reim-
17 bursements or payments.

18 “(3) EXAMINATION AND IMPLEMENTATION OF
19 CHANGES.—

20 “(A) IN GENERAL.—The Secretary, acting
21 through the Service and with the assistance of
22 the Administrator of the Centers for Medicare
23 & Medicaid Services, shall examine on an ongo-
24 ing basis and implement any administrative
25 changes that may be necessary to facilitate di-

1 rect billing and reimbursement under the pro-
2 gram established under this subsection, includ-
3 ing any agreements with States that may be
4 necessary to provide for direct billing under a
5 program under title XIX or XXI of the Social
6 Security Act.

7 “(B) COORDINATION OF INFORMATION.—
8 The Service shall provide the Administrator of
9 the Centers for Medicare & Medicaid Services
10 with copies of the lists submitted to the Service
11 under paragraph (2)(C), enrollment data re-
12 garding patients served by the Service (and by
13 Tribal Health Programs, to the extent such
14 data is available to the Service), and such other
15 information as the Administrator may require
16 for purposes of administering title XVIII, XIX,
17 or XXI of the Social Security Act.

18 “(4) WITHDRAWAL FROM PROGRAM.—A Tribal
19 Health Program that bills directly under the pro-
20 gram established under this subsection may with-
21 draw from participation in the same manner and
22 under the same conditions that an Indian Tribe or
23 Tribal Organization may retrocede a contracted pro-
24 gram to the Secretary under the authority of the In-
25 dian Self-Determination and Education Assistance

1 Act (25 U.S.C. 450 et seq.). All cost accounting and
2 billing authority under the program established
3 under this subsection shall be returned to the Sec-
4 retary upon the Secretary's acceptance of the with-
5 drawal of participation in this program.

6 “(5) TERMINATION FOR FAILURE TO COMPLY
7 WITH REQUIREMENTS.—The Secretary may termi-
8 nate the participation of a Tribal Health Program or
9 in the direct billing program established under this
10 subsection if the Secretary determines that the Pro-
11 gram has failed to comply with the requirements of
12 paragraph (2). The Secretary shall provide a Tribal
13 Health Program with notice of a determination that
14 the Program has failed to comply with any such re-
15 quirement and a reasonable opportunity to correct
16 such noncompliance prior to terminating the Pro-
17 gram's participation in the direct billing program es-
18 tablished under this subsection.

19 “(e) RELATED PROVISIONS UNDER THE SOCIAL SE-
20 CURITY ACT.—For provisions related to subsections (c)
21 and (d), see sections 1880, 1911, and 2107(e)(1)(D) of
22 the Social Security Act.

1 **“SEC. 402. GRANTS TO AND CONTRACTS WITH THE SERV-**
2 **ICE, INDIAN TRIBES, TRIBAL ORGANIZA-**
3 **TIONS, AND URBAN INDIAN ORGANIZATIONS**
4 **TO FACILITATE OUTREACH, ENROLLMENT,**
5 **AND COVERAGE OF INDIANS UNDER SOCIAL**
6 **SECURITY ACT HEALTH BENEFIT PROGRAMS.**

7 “(a) INDIAN TRIBES AND TRIBAL ORGANIZA-
8 TIONS.—The Secretary, acting through the Service, shall
9 make grants to or enter into contracts with Indian Tribes
10 and Tribal Organizations to assist such Tribes and Tribal
11 Organizations in establishing and administering programs
12 on or near reservations, trust lands, and Alaska Native
13 Villages, including programs to provide outreach and en-
14 rollment through video, electronic delivery methods, or
15 telecommunication devices that allow real-time or time-de-
16 layed communication between individual Indians and the
17 benefit program, to assist individual Indians—

18 “(1) to enroll for benefits under a program es-
19 tablished under title XVIII, XIX, or XXI of the So-
20 cial Security Act; and

21 “(2) with respect to such programs for which
22 the charging of premiums and cost sharing is not
23 prohibited under such programs, to pay premiums or
24 cost sharing for coverage for such benefits, which
25 may be based on financial need (as determined by
26 the Indian Tribe or Tribes or Tribal Organizations

1 being served based on a schedule of income levels de-
2 veloped or implemented by such Tribe, Tribes, or
3 Tribal Organizations).

4 “(b) CONDITIONS.—The Secretary, acting through
5 the Service, shall place conditions as deemed necessary to
6 effect the purpose of this section in any grant or contract
7 which the Secretary makes with any Indian Tribe or Trib-
8 al Organization pursuant to this section. Such conditions
9 shall include requirements that the Indian Tribe or Tribal
10 Organization successfully undertake—

11 “(1) to determine the population of Indians eli-
12 gible for the benefits described in subsection (a);

13 “(2) to educate Indians with respect to the ben-
14 efits available under the respective programs;

15 “(3) to provide transportation for such indi-
16 vidual Indians to the appropriate offices for enroll-
17 ment or applications for such benefits; and

18 “(4) to develop and implement methods of im-
19 proving the participation of Indians in receiving ben-
20 efits under such programs.

21 “(c) APPLICATION TO URBAN INDIAN ORGANIZA-
22 TIONS.—

23 “(1) IN GENERAL.—The provisions of sub-
24 section (a) shall apply with respect to grants and
25 other funding to urban Indian organizations with re-

1 spect to populations served by such organizations in
2 the same manner they apply to grants and contracts
3 with Indian Tribes and Tribal Organizations with
4 respect to programs on or near reservations.

5 “(2) REQUIREMENTS.—The Secretary shall in-
6 clude in the grants or contracts made or provided
7 under paragraph (1) requirements that are—

8 “(A) consistent with the requirements im-
9 posed by the Secretary under subsection (b);

10 “(B) appropriate to urban Indian organi-
11 zations and urban Indians; and

12 “(C) necessary to effect the purposes of
13 this section.

14 “(d) FACILITATING COOPERATION IN ENROLLMENT
15 AND RETENTION.—The Secretary, acting through the
16 Centers for Medicare & Medicaid Services, shall consult
17 with States, the Service, Indian Tribes, Tribal Organi-
18 zations, and urban Indian organizations to develop and dis-
19 seminate best practices with respect to facilitating agree-
20 ments between the States and Indian Tribes, Tribal Orga-
21 nizations, and urban Indian organizations relating to en-
22 rollment and retention of Indians in programs established
23 under titles XVIII, XIX, and XXI of the Social Security
24 Act.

1 “(e) AGREEMENTS TO IMPROVE ENROLLMENT OF
2 INDIANS UNDER SOCIAL SECURITY ACT HEALTH BENE-
3 FITS PROGRAMS.—For provisions relating to agreements
4 between the Secretary and the Service, Indian Tribes,
5 Tribal Organizations, and urban Indian organizations for
6 the collection, preparation, and submission of applications
7 by Indians for assistance under the Medicaid and chil-
8 dren’s health insurance programs established under titles
9 XIX and XXI of the Social Security Act, and benefits
10 under the Medicare program established under title XVIII
11 of such Act, see subsections (a) and (b) of section 1139
12 of the Social Security Act.

13 “(f) DEFINITIONS.—In this section:

14 “(1) PREMIUM.—The term ‘premium’ includes
15 any enrollment fee or similar charge.

16 “(2) COST SHARING.—The term ‘cost sharing’
17 includes any deduction, deductible, copayment, coin-
18 surance, or similar charge.

19 “(3) BENEFITS.—The term ‘benefits’ means,
20 with respect to—

21 “(A) title XVIII of the Social Security Act,
22 benefits under such title;

23 “(B) title XIX of such Act, medical assist-
24 ance under such title; and

1 “(C) title XXI of such Act, assistance
2 under such title.

3 **“SEC. 403. REIMBURSEMENT FROM CERTAIN THIRD PAR-**
4 **TIES OF COSTS OF HEALTH SERVICES.**

5 “(a) RIGHT OF RECOVERY.—Except as provided in
6 subsection (f), the United States, an Indian Tribe, or
7 Tribal Organization shall have the right to recover from
8 an insurance company, health maintenance organization,
9 employee benefit plan, third-party tortfeasor, or any other
10 responsible or liable third party (including a political sub-
11 division or local governmental entity of a State) the rea-
12 sonable charges incurred by the Secretary, an Indian
13 Tribe, or Tribal Organization, or, if higher, the highest
14 amount the third party would pay for care and services
15 furnished by providers other than governmental entities,
16 in providing health services through the Service, an Indian
17 Tribe, or Tribal Organization to any individual to the
18 same extent that such individual, or any nongovernmental
19 provider of such services, would be eligible to receive dam-
20 ages, reimbursement, or indemnification for such charges
21 if—

22 “(1) such services had been provided by a non-
23 governmental provider; and

1 “(2) such individual had been required to pay
2 such charges or expenses and did pay such charges
3 or expenses.

4 “(b) LIMITATIONS ON RECOVERIES FROM STATES.—
5 Subsection (a) shall provide a right of recovery against
6 any State, only if the injury, illness, or disability for which
7 health services were provided is covered under—

8 “(1) workers’ compensation laws; or

9 “(2) a no-fault automobile accident insurance
10 plan or program.

11 “(c) NONAPPLICATION OF OTHER LAWS.—No law of
12 any State, or of any political subdivision of a State and
13 no provision of any contract, insurance or health mainte-
14 nance organization policy, employee benefit plan, self-in-
15 surance plan, managed care plan, or other health care plan
16 or program entered into or renewed after the date of the
17 enactment of the Indian Health Care Amendments of
18 1988, shall prevent or hinder the right of recovery of the
19 United States, an Indian Tribe, or Tribal Organization
20 under subsection (a).

21 “(d) NO EFFECT ON PRIVATE RIGHTS OF ACTION.—
22 No action taken by the United States, an Indian Tribe,
23 or Tribal Organization to enforce the right of recovery
24 provided under this section shall operate to deny to the

1 injured person the recovery for that portion of the person's
2 damage not covered hereunder.

3 “(e) ENFORCEMENT.—

4 “(1) IN GENERAL.—The United States, an In-
5 dian Tribe, or Tribal Organization may enforce the
6 right of recovery provided under subsection (a) by—

7 “(A) intervening or joining in any civil ac-
8 tion or proceeding brought—

9 “(i) by the individual for whom health
10 services were provided by the Secretary, an
11 Indian Tribe, or Tribal Organization; or

12 “(ii) by any representative or heirs of
13 such individual, or

14 “(B) instituting a civil action, including a
15 civil action for injunctive relief and other relief
16 and including, with respect to a political sub-
17 division or local governmental entity of a State,
18 such an action against an official thereof.

19 “(2) NOTICE.—All reasonable efforts shall be
20 made to provide notice of action instituted under
21 paragraph (1)(B) to the individual to whom health
22 services were provided, either before or during the
23 pendency of such action.

24 “(3) RECOVERY FROM TORTFEASORS.—

1 “(A) IN GENERAL.—In any case in which
2 an Indian Tribe or Tribal Organization that is
3 authorized or required under a compact or con-
4 tract issued pursuant to the Indian Self-Deter-
5 mination and Education Assistance Act (25
6 U.S.C. 450 et seq.) to furnish or pay for health
7 services to a person who is injured or suffers a
8 disease on or after the date of enactment of the
9 Indian Health Care Improvement Act Amend-
10 ments of 2009 under circumstances that estab-
11 lish grounds for a claim of liability against the
12 tortfeasor with respect to the injury or disease,
13 the Indian Tribe or Tribal Organization shall
14 have a right to recover from the tortfeasor (or
15 an insurer of the tortfeasor) the reasonable
16 value of the health services so furnished, paid
17 for, or to be paid for, in accordance with the
18 Federal Medical Care Recovery Act (42 U.S.C.
19 2651 et seq.), to the same extent and under the
20 same circumstances as the United States may
21 recover under that Act.

22 “(B) TREATMENT.—The right of an In-
23 dian Tribe or Tribal Organization to recover
24 under subparagraph (A) shall be independent of
25 the rights of the injured or diseased person

1 served by the Indian Tribe or Tribal Organiza-
2 tion.

3 “(f) LIMITATION.—Absent specific written authoriza-
4 tion by the governing body of an Indian Tribe for the pe-
5 riod of such authorization (which may not be for a period
6 of more than 1 year and which may be revoked at any
7 time upon written notice by the governing body to the
8 Service), the United States shall not have a right of recov-
9 ery under this section if the injury, illness, or disability
10 for which health services were provided is covered under
11 a self-insurance plan funded by an Indian Tribe, Tribal
12 Organization, or urban Indian organization. Where such
13 authorization is provided, the Service may receive and ex-
14 pend such amounts for the provision of additional health
15 services consistent with such authorization.

16 “(g) COSTS AND ATTORNEYS’ FEES.—In any action
17 brought to enforce the provisions of this section, a pre-
18 vailing plaintiff shall be awarded its reasonable attorneys’
19 fees and costs of litigation.

20 “(h) NONAPPLICATION OF CLAIMS FILING REQUIRE-
21 MENTS.—An insurance company, health maintenance or-
22 ganization, self-insurance plan, managed care plan, or
23 other health care plan or program (under the Social Secu-
24 rity Act or otherwise) may not deny a claim for benefits
25 submitted by the Service or by an Indian Tribe or Tribal

1 Organization based on the format in which the claim is
2 submitted if such format complies with the format re-
3 quired for submission of claims under title XVIII of the
4 Social Security Act or recognized under section 1175 of
5 such Act.

6 “(i) APPLICATION TO URBAN INDIAN ORGANIZA-
7 TIONS.—The previous provisions of this section shall apply
8 to urban Indian organizations with respect to populations
9 served by such Organizations in the same manner they
10 apply to Indian Tribes and Tribal Organizations with re-
11 spect to populations served by such Indian Tribes and
12 Tribal Organizations.

13 “(j) STATUTE OF LIMITATIONS.—The provisions of
14 section 2415 of title 28, United States Code, shall apply
15 to all actions commenced under this section, and the ref-
16 erences therein to the United States are deemed to include
17 Indian Tribes, Tribal Organizations, and urban Indian or-
18 ganizations.

19 “(k) SAVINGS.—Nothing in this section shall be con-
20 strued to limit any right of recovery available to the
21 United States, an Indian Tribe, or Tribal Organization
22 under the provisions of any applicable, Federal, State, or
23 Tribal law, including medical lien laws.

1 **“SEC. 404. CREDITING OF REIMBURSEMENTS.**

2 “(a) RETENTION OF AMOUNTS FOR USE BY PRO-
3 GRAM.—Except as provided in section 202(f) (relating to
4 the Catastrophic Health Emergency Fund) and section
5 806 (relating to health services for ineligible persons), all
6 reimbursements received or recovered, including under
7 section 806, by reason of the provision of health services
8 by the Service, by an Indian Tribe or Tribal Organization,
9 or by an urban Indian organization, shall be credited to
10 the Service, such Indian Tribe or Tribal Organization, or
11 such urban Indian organization, respectively, and may be
12 used as provided in section 401. In the case of such a
13 service provided by or through a Service Unit, such
14 amounts shall be credited to such unit and used for such
15 purposes.

16 “(b) NO OFFSET OF AMOUNTS.—The Service may
17 not offset or limit any amount obligated to any Service
18 Unit or entity receiving funding from the Service because
19 of the receipt of reimbursements under subsection (a).

20 **“SEC. 405. PURCHASING HEALTH CARE COVERAGE.**

21 “(a) PURCHASING COVERAGE.—

22 “(1) IN GENERAL.—Insofar as amounts are
23 made available under law (including a provision of
24 the Social Security Act, the Indian Self-Determina-
25 tion and Education Assistance Act (25 U.S.C. 450
26 et seq.), or other law, other than under section 402)

1 to Indian Tribes, Tribal Organizations, and urban
2 Indian organizations for health benefits for Service
3 beneficiaries, Indian Tribes, Tribal Organizations,
4 and urban Indian organizations may use such
5 amounts to purchase health benefits coverage that
6 qualifies as creditable coverage under section
7 2701(e)(1) of the Public Health Service Act for such
8 beneficiaries, including, subject to paragraph (2),
9 through—

10 “(A) a tribally owned and operated health
11 care plan;

12 “(B) a State or locally authorized or li-
13 censed health care plan;

14 “(C) a health insurance provider or man-
15 aged care organization; or

16 “(D) a self-insured plan.

17 “(2) EXCEPTION.—The coverage provided
18 under paragraph (1) may not include coverage con-
19 sisting of—

20 “(A) benefits provided under a health flexi-
21 ble spending arrangement (as defined in section
22 106(c)(2) of the Internal Revenue Code of
23 1986); or

24 “(B) a high deductible health plan (as de-
25 fined in section 223(c)(2) of such Code), with-

1 out regard to whether the plan is purchased in
2 conjunction with a health savings account (as
3 defined under section 223(d) of such Code).

4 “(3) PERMITTING PURCHASE OF COVERAGE
5 BASED ON FINANCIAL NEED.—The purchase of cov-
6 erage by an Indian Tribe, Tribal Organization, or
7 urban Indian organization under this subsection may
8 be based on the financial needs of beneficiaries (as
9 determined by the Indian Tribe or Tribes being
10 served based on a schedule of income levels devel-
11 oped or implemented by such Indian Tribe or
12 Tribes).

13 “(b) EXPENSES FOR SELF-INSURED PLAN.—In the
14 case of a self-insured plan under subsection (a)(4), the
15 amounts may be used for expenses of operating the plan,
16 including administration and insurance to limit the finan-
17 cial risks to the entity offering the plan.

18 “(c) CONSTRUCTION.—Nothing in this section shall
19 be construed as affecting the use of any amounts not re-
20 ferred to in subsection (a).

21 **“SEC. 406. SHARING ARRANGEMENTS WITH FEDERAL AGEN-**
22 **CIES.**

23 “(a) AUTHORITY.—

24 “(1) IN GENERAL.—The Secretary may enter
25 into (or expand) arrangements for the sharing of

1 medical facilities and services between the Service,
2 Indian Tribes, and Tribal Organizations and the De-
3 partment of Veterans Affairs and the Department of
4 Defense.

5 “(2) CONSULTATION BY SECRETARY RE-
6 QUIRED.—The Secretary may not finalize any ar-
7 rangement between the Service and a Department
8 described in paragraph (1) without first consulting
9 with the Indian Tribes which will be significantly af-
10 fected by the arrangement.

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

15 “(1) the priority access of any Indian to health
16 care services provided through the Service and the
17 eligibility of any Indian to receive health services
18 through the Service;

19 “(2) the quality of health care services provided
20 to any Indian through the Service;

21 “(3) the priority access of any veteran to health
22 care services provided by the Department of Vet-
23 erans Affairs;

1 “(4) the quality of health care services provided
2 by the Department of Veterans Affairs or the De-
3 partment of Defense; or

4 “(5) the eligibility of any Indian who is a vet-
5 eran to receive health services through the Depart-
6 ment of Veterans Affairs.

7 “(c) REIMBURSEMENT.—The Service, Indian Tribe,
8 or Tribal Organization shall be reimbursed by the Depart-
9 ment of Veterans Affairs or the Department of Defense
10 (as the case may be) where services are provided through
11 the Service, an Indian Tribe, or a Tribal Organization to
12 beneficiaries eligible for services from either such Depart-
13 ment, notwithstanding any other provision of law.

14 “(d) CONSTRUCTION.—Nothing in this section may
15 be construed as creating any right of a non-Indian veteran
16 to obtain health services from the Service.

17 **“SEC. 407. ELIGIBLE INDIAN VETERAN SERVICES.**

18 “(a) FINDINGS; PURPOSE.—

19 “(1) FINDINGS.—Congress finds that—

20 “(A) collaborations between the Secretary
21 and the Secretary of Veterans Affairs regarding
22 the treatment of Indian veterans at facilities of
23 the Service should be encouraged to the max-
24 imum extent practicable; and

1 “(B) increased enrollment for services of
2 the Department of Veterans Affairs by veterans
3 who are members of Indian tribes should be en-
4 couraged to the maximum extent practicable.

5 “(2) PURPOSE.—The purpose of this section is
6 to reaffirm the goals stated in the document entitled
7 ‘Memorandum of Understanding Between the VA/
8 Veterans Health Administration And HHS/Indian
9 Health Service’ and dated February 25, 2003 (relat-
10 ing to cooperation and resource sharing between the
11 Veterans Health Administration and Service).

12 “(b) DEFINITIONS.—In this section:

13 “(1) ELIGIBLE INDIAN VETERAN.—The term
14 ‘eligible Indian veteran’ means an Indian or Alaska
15 Native veteran who receives any medical service that
16 is—

17 “(A) authorized under the laws adminis-
18 tered by the Secretary of Veterans Affairs; and

19 “(B) administered at a facility of the Serv-
20 ice (including a facility operated by an Indian
21 tribe or tribal organization through a contract
22 or compact with the Service under the Indian
23 Self-Determination and Education Assistance
24 Act (25 U.S.C. 450 et seq.)) pursuant to a local
25 memorandum of understanding.

1 “(2) LOCAL MEMORANDUM OF UNDER-
2 STANDING.—The term ‘local memorandum of under-
3 standing’ means a memorandum of understanding
4 between the Secretary (or a designee, including the
5 director of any Area Office of the Service) and the
6 Secretary of Veterans Affairs (or a designee) to im-
7 plement the document entitled ‘Memorandum of Un-
8 derstanding Between the VA/Veterans Health Ad-
9 ministration And HHS/Indian Health Service’ and
10 dated February 25, 2003 (relating to cooperation
11 and resource sharing between the Veterans Health
12 Administration and Indian Health Service).

13 “(c) ELIGIBLE INDIAN VETERANS’ EXPENSES.—

14 “(1) IN GENERAL.—Notwithstanding any other
15 provision of law, the Secretary shall provide for vet-
16 eran-related expenses incurred by eligible Indian vet-
17 erans as described in subsection (b)(1)(B).

18 “(2) METHOD OF PAYMENT.—The Secretary
19 shall establish such guidelines as the Secretary de-
20 termines to be appropriate regarding the method of
21 payments to the Secretary of Veterans Affairs under
22 paragraph (1).

23 “(d) TRIBAL APPROVAL OF MEMORANDA.—In nego-
24 tiating a local memorandum of understanding with the
25 Secretary of Veterans Affairs regarding the provision of

1 services to eligible Indian veterans, the Secretary shall
2 consult with each Indian tribe that would be affected by
3 the local memorandum of understanding.

4 “(e) FUNDING.—

5 “(1) TREATMENT.—Expenses incurred by the
6 Secretary in carrying out subsection (c)(1) shall not
7 be considered to be Contract Health Service ex-
8 penses.

9 “(2) USE OF FUNDS.—Of funds made available
10 to the Secretary in appropriations Acts for the Serv-
11 ice (excluding funds made available for facilities,
12 Contract Health Services, or contract support costs),
13 the Secretary shall use such sums as are necessary
14 to carry out this section.

15 **“SEC. 408. PAYOR OF LAST RESORT.**

16 “Indian Health Programs and health care programs
17 operated by Urban Indian Organizations shall be the
18 payor of last resort for services provided to persons eligible
19 for services from Indian Health Programs and Urban In-
20 dian Organizations, notwithstanding any Federal, State,
21 or local law to the contrary.

22 **“SEC. 409. CONSULTATION.**

23 “For provisions related to consultation with rep-
24 resentatives of Indian Health Programs and urban Indian
25 organizations with respect to the health care programs es-

1 tablished under titles XVIII, XIX, and XXI of the Social
2 Security Act, see section 1139(d) of the Social Security
3 Act (42 U.S.C. 1320b–9(d)).

4 **“SEC. 410. STATE CHILDREN’S HEALTH INSURANCE PRO-**
5 **GRAM (SCHIP).**

6 “For provisions relating to—

7 “(1) outreach to families of Indian children
8 likely to be eligible for child health assistance under
9 the State children’s health insurance program estab-
10 lished under title XXI of the Social Security Act, see
11 sections 2105(c)(2)(C) and 1139(a) of such Act (42
12 U.S.C. 1397ee(c)(2), 1320b–9); and

13 “(2) ensuring that child health assistance is
14 provided under such program to targeted low-income
15 children who are Indians and that payments are
16 made under such program to Indian Health Pro-
17 grams and urban Indian organizations operating in
18 the State that provide such assistance, see sections
19 2102(b)(3)(D) and 2105(c)(6)(B) of such Act (42
20 U.S.C. 1397bb(b)(3)(D), 1397ee(c)(6)(B)).

1 **“SEC. 411. PREMIUM AND COST SHARING PROTECTIONS**
2 **AND ELIGIBILITY DETERMINATIONS UNDER**
3 **MEDICAID AND SCHIP AND PROTECTION OF**
4 **CERTAIN INDIAN PROPERTY FROM MEDICAID**
5 **ESTATE RECOVERY.**

6 “For provisions relating to—

7 “(1) premiums or cost sharing protections for
8 Indians furnished items or services directly by In-
9 dian Health Programs or through referral under the
10 contract health service under the Medicaid program
11 established under title XIX of the Social Security
12 Act, see sections 1916(j) and 1916A(a)(1) of the So-
13 cial Security Act (42 U.S.C. 1396o(j), 1396o-
14 1(a)(1));

15 “(2) rules regarding the treatment of certain
16 property for purposes of determining eligibility
17 under such programs, see sections 1902(e)(13) and
18 2107(e)(1)(B) of such Act (42 U.S.C. 1396a(e)(13),
19 1397gg(e)(1)(B)); and

20 “(3) the protection of certain property from es-
21 tate recovery provisions under the Medicaid pro-
22 gram, see section 1917(b)(3)(B) of such Act (42
23 U.S.C. 1396p(b)(3)(B)).

1 **“SEC. 412. TREATMENT UNDER MEDICAID AND SCHIP MAN-**
2 **AGED CARE.**

3 “For provisions relating to the treatment of Indians
4 enrolled in a managed care entity under the Medicaid pro-
5 gram under title XIX of the Social Security Act and In-
6 dian Health Programs and urban Indian organizations
7 that are providers of items or services to such Indian en-
8 rollees, see sections 1932(h) and 2107(e)(1)(H) of the So-
9 cial Security Act (42 U.S.C. 1396u–2(h),
10 1397gg(e)(1)(H)).

11 **“SEC. 413. NAVAJO NATION MEDICAID AGENCY FEASI-**
12 **BILITY STUDY.**

13 “(a) STUDY.—The Secretary shall conduct a study
14 to determine the feasibility of treating the Navajo Nation
15 as a State for the purposes of title XIX of the Social Secu-
16 rity Act, to provide services to Indians living within the
17 boundaries of the Navajo Nation through an entity estab-
18 lished having the same authority and performing the same
19 functions as single-State Medicaid agencies responsible for
20 the administration of the State plan under title XIX of
21 the Social Security Act.

22 “(b) CONSIDERATIONS.—In conducting the study,
23 the Secretary shall consider the feasibility of—

24 “(1) assigning and paying all expenditures for
25 the provision of services and related administration
26 funds, under title XIX of the Social Security Act, to

1 Indians living within the boundaries of the Navajo
2 Nation that are currently paid to or would otherwise
3 be paid to the State of Arizona, New Mexico, or
4 Utah;

5 “(2) providing assistance to the Navajo Nation
6 in the development and implementation of such enti-
7 ty for the administration, eligibility, payment, and
8 delivery of medical assistance under title XIX of the
9 Social Security Act;

10 “(3) providing an appropriate level of matching
11 funds for Federal medical assistance with respect to
12 amounts such entity expends for medical assistance
13 for services and related administrative costs; and

14 “(4) authorizing the Secretary, at the option of
15 the Navajo Nation, to treat the Navajo Nation as a
16 State for the purposes of title XIX of the Social Se-
17 curity Act (relating to the State children’s health in-
18 surance program) under terms equivalent to those
19 described in paragraphs (2) through (4).

20 “(c) REPORT.—Not later than 3 years after the date
21 of enactment of the Indian Health Care Improvement Act
22 Amendments of 2009, the Secretary shall submit to the
23 Committee on Indian Affairs and Committee on Finance
24 of the Senate and the Committee on Natural Resources

1 and Committee on Energy and Commerce of the House
2 of Representatives a report that includes—

3 “(1) the results of the study under this section;

4 “(2) a summary of any consultation that oc-
5 curred between the Secretary and the Navajo Na-
6 tion, other Indian Tribes, the States of Arizona,
7 New Mexico, and Utah, counties which include Nav-
8 ajo Lands, and other interested parties, in con-
9 ducting this study;

10 “(3) projected costs or savings associated with
11 establishment of such entity, and any estimated im-
12 pact on services provided as described in this section
13 in relation to probable costs or savings; and

14 “(4) legislative actions that would be required
15 to authorize the establishment of such entity if such
16 entity is determined by the Secretary to be feasible.

17 **“SEC. 414. EXCEPTION FOR EXCEPTED BENEFITS.**

18 “The previous provisions of this title shall not apply
19 to the provision of excepted benefits described in para-
20 graph (1)(A) or (3) of section 2791(c) of the Public
21 Health Service Act (42 U.S.C. 300gg–91(c)).

22 **“SEC. 415. AUTHORIZATION OF APPROPRIATIONS.**

23 “There are authorized to be appropriated such sums
24 as may be necessary to carry out this title.

1 **“TITLE V—HEALTH SERVICES**
2 **FOR URBAN INDIANS**

3 **“SEC. 501. PURPOSE.**

4 “The purpose of this title is to establish and maintain
5 programs in Urban Centers to make health services more
6 accessible and available to Urban Indians.

7 **“SEC. 502. CONTRACTS WITH, AND GRANTS TO, URBAN IN-**
8 **DIAN ORGANIZATIONS.**

9 “Under authority of the Act of November 2, 1921
10 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’),
11 the Secretary, acting through the Service, shall enter into
12 contracts with, or make grants to, urban Indian organiza-
13 tions to assist such organizations in the establishment and
14 administration, within Urban Centers, of programs which
15 meet the requirements set forth in this title. Subject to
16 section 506, the Secretary, acting through the Service,
17 shall include such conditions as the Secretary considers
18 necessary to effect the purpose of this title in any contract
19 into which the Secretary enters with, or in any grant the
20 Secretary makes to, any urban Indian organization pursu-
21 ant to this title.

22 **“SEC. 503. CONTRACTS AND GRANTS FOR THE PROVISION**
23 **OF HEALTH CARE AND REFERRAL SERVICES.**

24 “(a) REQUIREMENTS FOR GRANTS AND CON-
25 TRACTS.—Under authority of the Act of November 2,

1 1921 (25 U.S.C. 13) (commonly known as the ‘Snyder
2 Act’), the Secretary, acting through the Service, shall
3 enter into contracts with, and make grants to, urban In-
4 dian organizations for the provision of health care and re-
5 ferral services for Urban Indians. Any such contract or
6 grant shall include requirements that the urban Indian or-
7 ganization successfully undertake to—

8 “(1) estimate the population of Urban Indians
9 residing in the Urban Center or centers that the or-
10 ganization proposes to serve who are or could be re-
11 cipients of health care or referral services;

12 “(2) estimate the current health status of
13 Urban Indians residing in such Urban Center or
14 centers;

15 “(3) estimate the current health care needs of
16 Urban Indians residing in such Urban Center or
17 centers;

18 “(4) provide basic health education, including
19 health promotion and disease prevention education,
20 to Urban Indians;

21 “(5) make recommendations to the Secretary
22 and Federal, State, local, and other resource agen-
23 cies on methods of improving health service pro-
24 grams to meet the needs of Urban Indians; and

1 “(6) where necessary, provide, or enter into
2 contracts for the provision of, health care services
3 for Urban Indians.

4 “(b) CRITERIA.—The Secretary, acting through the
5 Service, shall, by regulation, prescribe the criteria for se-
6 lecting urban Indian organizations to enter into contracts
7 or receive grants under this section. Such criteria shall,
8 among other factors, include—

9 “(1) the extent of unmet health care needs of
10 Urban Indians in the Urban Center or centers in-
11 volved;

12 “(2) the size of the urban Indian population in
13 the Urban Center or centers involved;

14 “(3) the extent, if any, to which the activities
15 set forth in subsection (a) would duplicate any
16 project funded under this title, or under any current
17 public health service project funded in a manner
18 other than pursuant to this title;

19 “(4) the capability of an urban Indian organiza-
20 tion to perform the activities set forth in subsection
21 (a) and to enter into a contract with the Secretary
22 or to meet the requirements for receiving a grant
23 under this section;

1 “(5) the satisfactory performance and success-
2 ful completion by an urban Indian organization of
3 other contracts with the Secretary under this title;

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

7 “(7) the extent of existing or likely future par-
8 ticipation in the activities set forth in subsection (a)
9 by appropriate health and health-related Federal,
10 State, local, and other agencies.

11 “(c) ACCESS TO HEALTH PROMOTION AND DISEASE
12 PREVENTION PROGRAMS.—The Secretary, acting through
13 the Service, shall facilitate access to or provide health pro-
14 motion and disease prevention services for Urban Indians
15 through grants made to urban Indian organizations ad-
16 ministering contracts entered into or receiving grants
17 under subsection (a).

18 “(d) IMMUNIZATION SERVICES.—

19 “(1) ACCESS OR SERVICES PROVIDED.—The
20 Secretary, acting through the Service, shall facilitate
21 access to, or provide, immunization services for
22 Urban Indians through grants made to urban Indian
23 organizations administering contracts entered into or
24 receiving grants under this section.

1 “(2) DEFINITION.—For purposes of this sub-
2 section, the term ‘immunization services’ means
3 services to provide without charge immunizations
4 against vaccine-preventable diseases.

5 “(e) BEHAVIORAL HEALTH SERVICES.—

6 “(1) ACCESS OR SERVICES PROVIDED.—The
7 Secretary, acting through the Service, shall facilitate
8 access to, or provide, behavioral health services for
9 Urban Indians through grants made to urban Indian
10 organizations administering contracts entered into or
11 receiving grants under subsection (a).

12 “(2) ASSESSMENT REQUIRED.—Except as pro-
13 vided by paragraph (3)(A), a grant may not be made
14 under this subsection to an urban Indian organiza-
15 tion until that organization has prepared, and the
16 Service has approved, an assessment of the fol-
17 lowing:

18 “(A) The behavioral health needs of the
19 urban Indian population concerned.

20 “(B) The behavioral health services and
21 other related resources available to that popu-
22 lation.

23 “(C) The barriers to obtaining those serv-
24 ices and resources.

1 “(D) The needs that are unmet by such
2 services and resources.

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

5 “(A) To prepare assessments required
6 under paragraph (2).

7 “(B) To provide outreach, educational, and
8 referral services to Urban Indians regarding the
9 availability of direct behavioral health services,
10 to educate Urban Indians about behavioral
11 health issues and services, and effect coordina-
12 tion with existing behavioral health providers in
13 order to improve services to Urban Indians.

14 “(C) To provide outpatient behavioral
15 health services to Urban Indians, including the
16 identification and assessment of illness, thera-
17 peutic treatments, case management, support
18 groups, family treatment, and other treatment.

19 “(D) To develop innovative behavioral
20 health service delivery models which incorporate
21 Indian cultural support systems and resources.

22 “(f) PREVENTION OF CHILD ABUSE.—

23 “(1) ACCESS OR SERVICES PROVIDED.—The
24 Secretary, acting through the Service, shall facilitate
25 access to or provide services for Urban Indians

1 through grants to urban Indian organizations ad-
2 ministering contracts entered into or receiving
3 grants under subsection (a) to prevent and treat
4 child abuse (including sexual abuse) among Urban
5 Indians.

6 “(2) EVALUATION REQUIRED.—Except as pro-
7 vided by paragraph (3)(A), a grant may not be made
8 under this subsection to an urban Indian organiza-
9 tion until that organization has prepared, and the
10 Service has approved, an assessment that documents
11 the prevalence of child abuse in the urban Indian
12 population concerned and specifies the services and
13 programs (which may not duplicate existing services
14 and programs) for which the grant is requested.

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

17 “(A) To prepare assessments required
18 under paragraph (2).

19 “(B) For the development of prevention,
20 training, and education programs for Urban In-
21 dians, including child education, parent edu-
22 cation, provider training on identification and
23 intervention, education on reporting require-
24 ments, prevention campaigns, and establishing

1 service networks of all those involved in Indian
2 child protection.

3 “(C) To provide direct outpatient treat-
4 ment services (including individual treatment,
5 family treatment, group therapy, and support
6 groups) to Urban Indians who are child victims
7 of abuse (including sexual abuse) or adult sur-
8 vivors of child sexual abuse, to the families of
9 such child victims, and to urban Indian per-
10 petrators of child abuse (including sexual
11 abuse).

12 “(4) CONSIDERATIONS WHEN MAKING
13 GRANTS.—In making grants to carry out this sub-
14 section, the Secretary shall take into consideration—

15 “(A) the support for the urban Indian or-
16 ganization demonstrated by the child protection
17 authorities in the area, including committees or
18 other services funded under the Indian Child
19 Welfare Act of 1978 (25 U.S.C. 1901 et seq.),
20 if any;

21 “(B) the capability and expertise dem-
22 onstrated by the urban Indian organization to
23 address the complex problem of child sexual
24 abuse in the community; and

1 “(C) the assessment required under para-
2 graph (2).

3 “(g) OTHER GRANTS.—The Secretary, acting
4 through the Service, may enter into a contract with or
5 make grants to an urban Indian organization that pro-
6 vides or arranges for the provision of health care services
7 (through satellite facilities, provider networks, or other-
8 wise) to Urban Indians in more than 1 Urban Center.

9 **“SEC. 504. USE OF FEDERAL GOVERNMENT FACILITIES AND**
10 **SOURCES OF SUPPLY.**

11 “(a) IN GENERAL.—The Secretary may permit an
12 urban Indian organization that has entered into a contract
13 or received a grant pursuant to this title, in carrying out
14 such contract or grant, to use existing facilities and all
15 equipment therein or pertaining thereto and other per-
16 sonal property owned by the Federal Government within
17 the Secretary’s jurisdiction under such terms and condi-
18 tions as may be agreed upon for their use and mainte-
19 nance.

20 “(b) DONATIONS.—Subject to subsection (d), the
21 Secretary may donate to an urban Indian organization
22 that has entered into a contract or received a grant pursu-
23 ant to this title any personal or real property determined
24 to be excess to the needs of the Indian Health Service or

1 the General Services Administration for the purposes of
2 carrying out the contract or grant.

3 “(c) ACQUISITION OF PROPERTY.—The Secretary
4 may acquire excess or surplus government personal or real
5 property for donation, subject to subsection (d) to an
6 urban Indian organization that has entered into a contract
7 or received a grant pursuant to this title if the Secretary
8 determines that the property is appropriate for use by the
9 urban Indian organization for a purpose for which a con-
10 tract or grant is authorized under this title.

11 “(d) PRIORITY.—In the event that the Secretary re-
12 ceives a request for a specific item of personal or real
13 property described in subsections (b) or (c) from an urban
14 Indian organization and from an Indian Tribe or Tribal
15 Organization, the Secretary shall give priority to the re-
16 quest for donation to the Indian Tribe or Tribal Organiza-
17 tion if the Secretary receives the request from the Indian
18 Tribe or Tribal Organization before the date the Secretary
19 transfers title to the property or, if earlier, the date the
20 Secretary transfers the property physically, to the urban
21 Indian organization.

22 “(e) EXECUTIVE AGENCY STATUS.—For purposes of
23 section 201(a) of the Federal Property and Administrative
24 Services Act of 1949 (40 U.S.C. 481(a)) (relating to Fed-
25 eral sources of supply), an urban Indian organization that

1 has entered into a contract or received a grant pursuant
2 to this title may be deemed to be an executive agency when
3 carrying out such contract or grant.

4 **“SEC. 505. CONTRACTS AND GRANTS FOR THE DETERMINA-**
5 **TION OF UNMET HEALTH CARE NEEDS.**

6 “(a) GRANTS AND CONTRACTS AUTHORIZED.—
7 Under authority of the Act of November 2, 1921 (25
8 U.S.C. 13) (commonly known as the ‘Snyder Act’), the
9 Secretary, acting through the Service, may enter into con-
10 tracts with or make grants to urban Indian organizations
11 situated in Urban Centers for which contracts have not
12 been entered into or grants have not been made under sec-
13 tion 503.

14 “(b) PURPOSE.—The purpose of a contract or grant
15 made under this section shall be the determination of the
16 matters described in subsection (c)(1) in order to assist
17 the Secretary in assessing the health status and health
18 care needs of Urban Indians in the Urban Center involved
19 and determining whether the Secretary should enter into
20 a contract or make a grant under section 503 with respect
21 to the urban Indian organization which the Secretary has
22 entered into a contract with, or made a grant to, under
23 this section.

1 “(c) GRANT AND CONTRACT REQUIREMENTS.—Any
2 contract entered into, or grant made, by the Secretary
3 under this section shall include requirements that—

4 “(1) the urban Indian organization successfully
5 undertakes to—

6 “(A) document the health care status and
7 unmet health care needs of urban Indians in
8 the Urban Center involved; and

9 “(B) with respect to urban Indians in the
10 Urban Center involved, determine the matters
11 described in paragraphs (2), (3), (4), and (7) of
12 section 503(b); and

13 “(2) the urban Indian organization complete
14 performance of the contract, or carry out the re-
15 quirements of the grant, within 1 year after the date
16 on which the Secretary and such organization enter
17 into such contract, or within 1 year after such orga-
18 nization receives such grant, whichever is applicable.

19 “(d) NO RENEWALS.—The Secretary may not renew
20 any contract entered into or grant made under this sec-
21 tion.

22 **“SEC. 506. EVALUATIONS; RENEWALS.**

23 “(a) PROCEDURES FOR EVALUATIONS.—The Sec-
24 retary, acting through the Service, shall develop proce-
25 dures to evaluate compliance with grant requirements and

1 compliance with and performance of contracts entered into
2 by urban Indian organizations under this title. Such pro-
3 cedures shall include provisions for carrying out the re-
4 quirements of this section.

5 “(b) EVALUATIONS.—The Secretary, acting through
6 the Service, shall evaluate the compliance of each Urban
7 Indian Organization which has entered into a contract or
8 received a grant under section 503 with the terms of such
9 contract or grant. For purposes of this evaluation, the
10 Secretary shall—

11 “(1) acting through the Service, conduct an an-
12 nual onsite evaluation of the organization; or

13 “(2) accept in lieu of such onsite evaluation evi-
14 dence of the organization’s provisional or full accred-
15 itation by a private independent entity recognized by
16 the Secretary for purposes of conducting quality re-
17 views of providers participating in the Medicare pro-
18 gram under title XVIII of the Social Security Act.

19 “(c) NONCOMPLIANCE; UNSATISFACTORY PERFORM-
20 ANCE.—If, as a result of the evaluations conducted under
21 this section, the Secretary determines that an urban In-
22 dian organization has not complied with the requirements
23 of a grant or complied with or satisfactorily performed a
24 contract under section 503, the Secretary shall, prior to
25 renewing such contract or grant, attempt to resolve with

1 the organization the areas of noncompliance or unsatisfac-
2 tory performance and modify the contract or grant to pre-
3 vent future occurrences of noncompliance or unsatisfac-
4 tory performance. If the Secretary determines that the
5 noncompliance or unsatisfactory performance cannot be
6 resolved and prevented in the future, the Secretary shall
7 not renew the contract or grant with the organization and
8 is authorized to enter into a contract or make a grant
9 under section 503 with another urban Indian organization
10 which is situated in the same Urban Center as the urban
11 Indian organization whose contract or grant is not re-
12 newed under this section.

13 “(d) CONSIDERATIONS FOR RENEWALS.—In deter-
14 mining whether to renew a contract or grant with an
15 urban Indian organization under section 503 which has
16 completed performance of a contract or grant under sec-
17 tion 504, the Secretary shall review the records of the
18 urban Indian organization, the reports submitted under
19 section 507, and shall consider the results of the onsite
20 evaluations or accreditations under subsection (b).

21 **“SEC. 507. OTHER CONTRACT AND GRANT REQUIREMENTS.**

22 “(a) PROCUREMENT.—Contracts with urban Indian
23 organizations entered into pursuant to this title shall be
24 in accordance with all Federal contracting laws and regu-
25 lations relating to procurement except that in the discre-

1 tion of the Secretary, such contracts may be negotiated
2 without advertising and need not conform to the provisions
3 of sections 1304 and 3131 through 3133 of title 40,
4 United States Code.

5 “(b) PAYMENTS UNDER CONTRACTS OR GRANTS.—

6 “(1) IN GENERAL.—Payments under any con-
7 tracts or grants pursuant to this title, notwith-
8 standing any term or condition of such contract or
9 grant—

10 “(A) may be made in a single advance pay-
11 ment by the Secretary to the urban Indian or-
12 ganization by no later than the end of the first
13 30 days of the funding period with respect to
14 which the payments apply, unless the Secretary
15 determines through an evaluation under section
16 505 that the organization is not capable of ad-
17 ministering such a single advance payment; and

18 “(B) if any portion thereof is unexpended
19 by the urban Indian organization during the
20 funding period with respect to which the pay-
21 ments initially apply, shall be carried forward
22 for expenditure with respect to allowable or re-
23 imburseable costs incurred by the organization
24 during 1 or more subsequent funding periods
25 without additional justification or documenta-

1 tion by the organization as a condition of car-
2 rying forward the availability for expenditure of
3 such funds.

4 “(2) SEMIANNUAL AND QUARTERLY PAYMENTS
5 AND REIMBURSEMENTS.—If the Secretary deter-
6 mines under paragraph (1)(A) that an urban Indian
7 organization is not capable of administering an en-
8 tire single advance payment, on request of the urban
9 Indian organization, the payments may be made—

10 “(A) in semiannual or quarterly payments
11 by not later than 30 days after the date on
12 which the funding period with respect to which
13 the payments apply begins; or

14 “(B) by way of reimbursement.

15 “(c) REVISION OR AMENDMENT OF CONTRACTS.—
16 Notwithstanding any provision of law to the contrary, the
17 Secretary may, at the request and consent of an urban
18 Indian organization, revise or amend any contract entered
19 into by the Secretary with such organization under this
20 title as necessary to carry out the purposes of this title.

21 “(d) FAIR AND UNIFORM SERVICES AND ASSIST-
22 ANCE.—Contracts with or grants to urban Indian organi-
23 zations and regulations adopted pursuant to this title shall
24 include provisions to assure the fair and uniform provision

1 to urban Indians of services and assistance under such
2 contracts or grants by such organizations.

3 **“SEC. 508. REPORTS AND RECORDS.**

4 “(a) REPORTS.—

5 “(1) IN GENERAL.—For each fiscal year during
6 which an urban Indian organization receives or ex-
7 pends funds pursuant to a contract entered into or
8 a grant received pursuant to this title, such urban
9 Indian organization shall submit to the Secretary
10 not more frequently than every 6 months, a report
11 that includes the following:

12 “(A) In the case of a contract or grant
13 under section 503, recommendations pursuant
14 to section 503(a)(5).

15 “(B) Information on activities conducted
16 by the organization pursuant to the contract or
17 grant.

18 “(C) An accounting of the amounts and
19 purpose for which Federal funds were ex-
20 pended.

21 “(D) A minimum set of data, using uni-
22 formly defined elements, as specified by the
23 Secretary after consultation with urban Indian
24 organizations.

25 “(2) HEALTH STATUS AND SERVICES.—

1 “(A) IN GENERAL.—Not later than 18
2 months after the date of enactment of the In-
3 dian Health Care Improvement Act Amend-
4 ments of 2009, the Secretary, acting through
5 the Service, shall submit to Congress a report
6 evaluating—

7 “(i) the health status of urban Indi-
8 ans;

9 “(ii) the services provided to Indians
10 pursuant to this title; and

11 “(iii) areas of unmet needs in the de-
12 livery of health services to urban Indians.

13 “(B) CONSULTATION AND CONTRACTS.—
14 In preparing the report under paragraph (1),
15 the Secretary—

16 “(i) shall consult with urban Indian
17 organizations; and

18 “(ii) may enter into a contract with a
19 national organization representing urban
20 Indian organizations to conduct any aspect
21 of the report.

22 “(b) AUDIT.—The reports and records of the urban
23 Indian organization with respect to a contract or grant
24 under this title shall be subject to audit by the Secretary
25 and the Comptroller General of the United States.

1 “(c) COSTS OF AUDITS.—The Secretary shall allow
2 as a cost of any contract or grant entered into or awarded
3 under section 502 or 503 the cost of an annual inde-
4 pendent financial audit conducted by—

5 “(1) a certified public accountant; or

6 “(2) a certified public accounting firm qualified
7 to conduct Federal compliance audits.

8 **“SEC. 509. LIMITATION ON CONTRACT AUTHORITY.**

9 “The authority of the Secretary to enter into con-
10 tracts or to award grants under this title shall be to the
11 extent, and in an amount, provided for in appropriation
12 Acts.

13 **“SEC. 510. FACILITIES.**

14 “(a) GRANTS.—The Secretary, acting through the
15 Service, may make grants to contractors or grant recipi-
16 ents under this title for the lease, purchase, renovation,
17 construction, or expansion of facilities, including leased fa-
18 cilities, in order to assist such contractors or grant recipi-
19 ents in complying with applicable licensure or certification
20 requirements.

21 “(b) LOAN FUND STUDY.—The Secretary, acting
22 through the Service, may carry out a study to determine
23 the feasibility of establishing a loan fund to provide to
24 urban Indian organizations direct loans or guarantees for
25 loans for the construction of health care facilities in a

1 manner consistent with section 309, including by submit-
2 ting a report in accordance with subsection (c) of that sec-
3 tion.

4 **“SEC. 511. DIVISION OF URBAN INDIAN HEALTH.**

5 “There is established within the Service a Division
6 of Urban Indian Health, which shall be responsible for—

7 “(1) carrying out the provisions of this title;

8 “(2) providing central oversight of the pro-
9 grams and services authorized under this title; and

10 “(3) providing technical assistance to urban In-
11 dian organizations.

12 **“SEC. 512. GRANTS FOR ALCOHOL AND SUBSTANCE ABUSE-**
13 **RELATED SERVICES.**

14 “(a) GRANTS AUTHORIZED.—The Secretary, acting
15 through the Service, may make grants for the provision
16 of health-related services in prevention of, treatment of,
17 rehabilitation of, or school- and community-based edu-
18 cation regarding, alcohol and substance abuse in Urban
19 Centers to those urban Indian organizations with which
20 the Secretary has entered into a contract under this title
21 or under section 201.

22 “(b) GOALS.—Each grant made pursuant to sub-
23 section (a) shall set forth the goals to be accomplished
24 pursuant to the grant. The goals shall be specific to each
25 grant as agreed to between the Secretary and the grantee.

1 “(c) CRITERIA.—The Secretary shall establish cri-
2 teria for the grants made under subsection (a), including
3 criteria relating to the following:

4 “(1) The size of the urban Indian population.

5 “(2) Capability of the organization to ade-
6 quately perform the activities required under the
7 grant.

8 “(3) Satisfactory performance standards for the
9 organization in meeting the goals set forth in such
10 grant. The standards shall be negotiated and agreed
11 to between the Secretary and the grantee on a
12 grant-by-grant basis.

13 “(4) Identification of the need for services.

14 “(d) ALLOCATION OF GRANTS.—The Secretary shall
15 develop a methodology for allocating grants made pursu-
16 ant to this section based on the criteria established pursu-
17 ant to subsection (c).

18 “(e) GRANTS SUBJECT TO CRITERIA.—Any grant re-
19 ceived by an urban Indian organization under this Act for
20 substance abuse prevention, treatment, and rehabilitation
21 shall be subject to the criteria set forth in subsection (c).

1 **“SEC. 513. TREATMENT OF CERTAIN DEMONSTRATION**
2 **PROJECTS.**

3 “Notwithstanding any other provision of law, the
4 Tulsa Clinic and Oklahoma City Clinic demonstration
5 projects shall—

6 “(1) be permanent programs within the Serv-
7 ice’s direct care program;

8 “(2) continue to be treated as Service Units
9 and Operating Units in the allocation of resources
10 and coordination of care; and

11 “(3) continue to meet the requirements and
12 definitions of an urban Indian organization in this
13 Act, and shall not be subject to the provisions of the
14 Indian Self-Determination and Education Assistance
15 Act (25 U.S.C. 450 et seq.).

16 **“SEC. 514. URBAN NIAAA TRANSFERRED PROGRAMS.**

17 “(a) GRANTS AND CONTRACTS.—The Secretary,
18 through the Division of Urban Indian Health, shall make
19 grants or enter into contracts with urban Indian organiza-
20 tions, to take effect not later than September 30, 2010,
21 for the administration of urban Indian alcohol programs
22 that were originally established under the National Insti-
23 tute on Alcoholism and Alcohol Abuse (hereafter in this
24 section referred to as ‘NIAAA’) and transferred to the
25 Service.

1 “(b) USE OF FUNDS.—Grants provided or contracts
2 entered into under this section shall be used to provide
3 support for the continuation of alcohol prevention and
4 treatment services for urban Indian populations and such
5 other objectives as are agreed upon between the Service
6 and a recipient of a grant or contract under this section.

7 “(c) ELIGIBILITY.—Urban Indian organizations that
8 operate Indian alcohol programs originally funded under
9 the NIAAA and subsequently transferred to the Service
10 are eligible for grants or contracts under this section.

11 “(d) REPORT.—The Secretary shall evaluate and re-
12 port to Congress on the activities of programs funded
13 under this section not less than every 5 years.

14 **“SEC. 515. CONFERRING WITH URBAN INDIAN ORGANIZA-**
15 **TIONS.**

16 “(a) IN GENERAL.—The Secretary shall ensure that
17 the Service confers or conferences, to the greatest extent
18 practicable, with Urban Indian Organizations.

19 “(b) DEFINITION OF CONFER; CONFERENCE.—In
20 this section, the terms ‘confer’ and ‘conference’ mean an
21 open and free exchange of information and opinions
22 that—

23 “(1) leads to mutual understanding and com-
24 prehension; and

1 “(2) emphasizes trust, respect, and shared re-
2 sponsibility.

3 **“SEC. 516. URBAN YOUTH TREATMENT CENTER DEM-**
4 **ONSTRATION.**

5 “(a) CONSTRUCTION AND OPERATION.—

6 “(1) IN GENERAL.—The Secretary, acting
7 through the Service, through grant or contract, shall
8 fund the construction and operation of at least 1
9 residential treatment center in each Service Area
10 that meets the eligibility requirements set forth in
11 subsection (b) to demonstrate the provision of alco-
12 hol and substance abuse treatment services to Urban
13 Indian youth in a culturally competent residential
14 setting.

15 “(2) TREATMENT.—Each residential treatment
16 center described in paragraph (1) shall be in addi-
17 tion to any facilities constructed under section
18 707(b).

19 “(b) ELIGIBILITY REQUIREMENTS.—To be eligible to
20 obtain a facility under subsection (a)(1), a Service Area
21 shall meet the following requirements:

22 “(1) There is an Urban Indian Organization in
23 the Service Area.

1 “(2) There reside in the Service Area Urban In-
2 dian youth with need for alcohol and substance
3 abuse treatment services in a residential setting.

4 “(3) There is a significant shortage of cul-
5 turally competent residential treatment services for
6 Urban Indian youth in the Service Area.

7 **“SEC. 517. GRANTS FOR DIABETES PREVENTION, TREAT-**
8 **MENT, AND CONTROL.**

9 “(a) GRANTS AUTHORIZED.—The Secretary may
10 make grants to those urban Indian organizations that
11 have entered into a contract or have received a grant
12 under this title for the provision of services for the preven-
13 tion and treatment of, and control of the complications
14 resulting from, diabetes among urban Indians.

15 “(b) GOALS.—Each grant made pursuant to sub-
16 section (a) shall set forth the goals to be accomplished
17 under the grant. The goals shall be specific to each grant
18 as agreed to between the Secretary and the grantee.

19 “(c) ESTABLISHMENT OF CRITERIA.—The Secretary
20 shall establish criteria for the grants made under sub-
21 section (a) relating to—

22 “(1) the size and location of the urban Indian
23 population to be served;

24 “(2) the need for prevention of and treatment
25 of, and control of the complications resulting from,

1 diabetes among the urban Indian population to be
2 served;

3 “(3) performance standards for the organiza-
4 tion in meeting the goals set forth in such grant
5 that are negotiated and agreed to by the Secretary
6 and the grantee;

7 “(4) the capability of the organization to ade-
8 quately perform the activities required under the
9 grant; and

10 “(5) the willingness of the organization to col-
11 laborate with the registry, if any, established by the
12 Secretary under section 203(e)(1)(B) in the Area
13 Office of the Service in which the organization is lo-
14 cated.

15 “(d) FUNDS SUBJECT TO CRITERIA.—Any funds re-
16 ceived by an urban Indian organization under this Act for
17 the prevention, treatment, and control of diabetes among
18 urban Indians shall be subject to the criteria developed
19 by the Secretary under subsection (c).

20 **“SEC. 518. COMMUNITY HEALTH REPRESENTATIVES.**

21 “The Secretary, acting through the Service, may
22 enter into contracts with, and make grants to, urban In-
23 dian organizations for the employment of Indians trained
24 as health service providers through the Community Health
25 Representatives Program under section 109 in the provi-

1 sion of health care, health promotion, and disease preven-
2 tion services to urban Indians.

3 **“SEC. 519. EFFECTIVE DATE.**

4 “The amendments made by the Indian Health Care
5 Improvement Act Amendments of 2009 to this title shall
6 take effect beginning on the date of enactment of that Act,
7 regardless of whether the Secretary has promulgated regu-
8 lations implementing such amendments.

9 **“SEC. 520. ELIGIBILITY FOR SERVICES.**

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

13 **“SEC. 521. AUTHORIZATION OF APPROPRIATIONS.**

14 “(a) IN GENERAL.—There are authorized to be ap-
15 propriated such sums as may be necessary to carry out
16 this title.

17 “(b) URBAN INDIAN ORGANIZATIONS.—The Sec-
18 retary, acting through the Service, is authorized to estab-
19 lish programs, including programs for the awarding of
20 grants, for urban Indian organizations that are identical
21 to any programs established pursuant to section 126 (be-
22 havioral health training), section 209 (school health edu-
23 cation), section 211 (prevention of communicable dis-
24 eases), section 701 (behavioral health prevention and

1 treatment services), and section 707(g) (multidrug abuse
2 program).

3 **“SEC. 522. HEALTH INFORMATION TECHNOLOGY.**

4 “The Secretary, acting through the Service, may
5 make grants to urban Indian organizations under this title
6 for the development, adoption, and implementation of
7 health information technology (as defined in section
8 3000(5) of the American Recovery and Reinvestment Act),
9 telemedicine services development, and related infrastruc-
10 ture.

11 **“TITLE VI—ORGANIZATIONAL**
12 **IMPROVEMENTS**

13 **“SEC. 601. ESTABLISHMENT OF THE INDIAN HEALTH SERV-**
14 **ICE AS AN AGENCY OF THE PUBLIC HEALTH**
15 **SERVICE.**

16 “(a) ESTABLISHMENT.—

17 “(1) IN GENERAL.—In order to more effectively
18 and efficiently carry out the responsibilities, authori-
19 ties, and functions of the United States to provide
20 health care services to Indians and Indian Tribes, as
21 are or may be hereafter provided by Federal statute
22 or treaties, there is established within the Public
23 Health Service of the Department the Indian Health
24 Service.

1 “(2) ASSISTANT SECRETARY OF INDIAN
2 HEALTH.—The Service shall be administered by an
3 Assistant Secretary of Indian Health, who shall be
4 appointed by the President, by and with the advice
5 and consent of the Senate. The Assistant Secretary
6 shall report to the Secretary. Effective with respect
7 to an individual appointed by the President, by and
8 with the advice and consent of the Senate, after
9 January 1, 2010, the term of service of the Assist-
10 ant Secretary shall be 4 years. An Assistant Sec-
11 retary may serve more than 1 term.

12 “(3) INCUMBENT.—The individual serving in
13 the position of Director of the Service on the day be-
14 fore the date of enactment of the Indian Health
15 Care Improvement Act Amendments of 2009 shall
16 serve as Assistant Secretary.

17 “(4) ADVOCACY AND CONSULTATION.—The po-
18 sition of Assistant Secretary is established to, in a
19 manner consistent with the government-to-govern-
20 ment relationship between the United States and In-
21 dian Tribes—

22 “(A) facilitate advocacy for the develop-
23 ment of appropriate Indian health policy; and

24 “(B) promote consultation on matters re-
25 lating to Indian health.

1 “(b) AGENCY.—The Service shall be an agency within
2 the Public Health Service of the Department, and shall
3 not be an office, component, or unit of any other agency
4 of the Department.

5 “(c) DUTIES.—The Assistant Secretary shall—

6 “(1) perform all functions that were, on the day
7 before the date of enactment of the Indian Health
8 Care Improvement Act Amendments of 2009, car-
9 ried out by or under the direction of the individual
10 serving as Director of the Service on that day;

11 “(2) perform all functions of the Secretary re-
12 lating to the maintenance and operation of hospital
13 and health facilities for Indians and the planning
14 for, and provision and utilization of, health services
15 for Indians;

16 “(3) administer all health programs under
17 which health care is provided to Indians based upon
18 their status as Indians which are administered by
19 the Secretary, including programs under—

20 “(A) this Act;

21 “(B) the Act of November 2, 1921 (25
22 U.S.C. 13);

23 “(C) the Act of August 5, 1954 (42 U.S.C.
24 2001 et seq.);

1 “(D) the Act of August 16, 1957 (42
2 U.S.C. 2005 et seq.); and

3 “(E) the Indian Self-Determination and
4 Education Assistance Act (25 U.S.C. 450 et
5 seq.);

6 “(4) administer all scholarship and loan func-
7 tions carried out under title I;

8 “(5) report directly to the Secretary concerning
9 all policy- and budget-related matters affecting In-
10 dian health;

11 “(6) collaborate with the Assistant Secretary
12 for Health concerning appropriate matters of Indian
13 health that affect the agencies of the Public Health
14 Service;

15 “(7) advise each Assistant Secretary of the De-
16 partment concerning matters of Indian health with
17 respect to which that Assistant Secretary has au-
18 thority and responsibility;

19 “(8) advise the heads of other agencies and pro-
20 grams of the Department concerning matters of In-
21 dian health with respect to which those heads have
22 authority and responsibility;

23 “(9) coordinate the activities of the Department
24 concerning matters of Indian health; and

1 “(10) perform such other functions as the Sec-
2 retary may designate.

3 “(d) AUTHORITY.—

4 “(1) IN GENERAL.—The Secretary, acting
5 through the Assistant Secretary, shall have the au-
6 thority—

7 “(A) except to the extent provided for in
8 paragraph (2), to appoint and compensate em-
9 ployees for the Service in accordance with title
10 5, United States Code;

11 “(B) to enter into contracts for the pro-
12 curement of goods and services to carry out the
13 functions of the Service; and

14 “(C) to manage, expend, and obligate all
15 funds appropriated for the Service.

16 “(2) PERSONNEL ACTIONS.—Notwithstanding
17 any other provision of law, the provisions of section
18 12 of the Act of June 18, 1934 (48 Stat. 986; 25
19 U.S.C. 472), shall apply to all personnel actions
20 taken with respect to new positions created within
21 the Service as a result of its establishment under
22 subsection (a).

23 “(e) REFERENCES.—Any reference to the Director of
24 the Indian Health Service in any other Federal law, Exec-
25 utive order, rule, regulation, or delegation of authority, or

1 in any document of or relating to the Director of the In-
2 dian Health Service, shall be deemed to refer to the Assist-
3 ant Secretary.

4 **“SEC. 602. AUTOMATED MANAGEMENT INFORMATION SYS-**
5 **TEM.**

6 “(a) ESTABLISHMENT.—

7 “(1) IN GENERAL.—The Secretary shall estab-
8 lish an automated management information system
9 for the Service.

10 “(2) REQUIREMENTS OF SYSTEM.—The infor-
11 mation system established under paragraph (1) shall
12 include—

13 “(A) a financial management system;

14 “(B) a patient care information system for
15 each area served by the Service;

16 “(C) privacy protections consistent with
17 the regulations promulgated under section
18 264(c) of the Health Insurance Portability and
19 Accountability Act of 1996 or, to the extent
20 consistent with such regulations, other Federal
21 rules applicable to privacy of automated man-
22 agement information systems of a Federal
23 agency;

24 “(D) a services-based cost accounting com-
25 ponent that provides estimates of the costs as-

1 sociated with the provision of specific medical
2 treatments or services in each Area office of the
3 Service;

4 “(E) an interface mechanism for patient
5 billing and accounts receivable system; and

6 “(F) a training component.

7 “(b) PROVISION OF SYSTEMS TO TRIBES AND ORGA-
8 NIZATIONS.—The Secretary shall provide each Tribal
9 Health Program automated management information sys-
10 tems which—

11 “(1) meet the management information needs
12 of such Tribal Health Program with respect to the
13 treatment by the Tribal Health Program of patients
14 of the Service; and

15 “(2) meet the management information needs
16 of the Service.

17 “(c) ACCESS TO RECORDS.—The Service shall pro-
18 vide access of patients to their medical or health records
19 which are held by, or on behalf of, the Service in accord-
20 ance with the regulations promulgated under section
21 264(e) of the Health Insurance Portability and Account-
22 ability Act of 1996 or, to the extent consistent with such
23 regulations, other Federal rules applicable to access to
24 health care records.

1 “(d) AUTHORITY TO ENHANCE INFORMATION TECH-
2 NOLOGY.—The Secretary, acting through the Assistant
3 Secretary, shall have the authority to enter into contracts,
4 agreements, or joint ventures with other Federal agencies,
5 States, private and nonprofit organizations, for the pur-
6 pose of enhancing information technology in Indian
7 Health Programs and facilities.

8 **“SEC. 603. AUTHORIZATION OF APPROPRIATIONS.**

9 “There is authorized to be appropriated such sums
10 as may be necessary to carry out this title.

11 **“TITLE VII—BEHAVIORAL**
12 **HEALTH PROGRAMS**

13 **“SEC. 701. BEHAVIORAL HEALTH PREVENTION AND TREAT-**
14 **MENT SERVICES.**

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

17 “(1) To authorize and direct the Secretary, act-
18 ing through the Service, to develop a comprehensive
19 behavioral health prevention and treatment program
20 which emphasizes collaboration among alcohol and
21 substance abuse, social services, and mental health
22 programs.

23 “(2) To provide information, direction, and
24 guidance relating to mental illness and dysfunction
25 and self-destructive behavior, including child abuse

1 and family violence, to those Federal, tribal, State,
2 and local agencies responsible for programs in In-
3 dian communities in areas of health care, education,
4 social services, child and family welfare, alcohol and
5 substance abuse, law enforcement, and judicial serv-
6 ices.

7 “(3) To assist Indian Tribes to identify services
8 and resources available to address mental illness and
9 dysfunctional and self-destructive behavior.

10 “(4) To provide authority and opportunities for
11 Indian Tribes and Tribal Organizations to develop,
12 implement, and coordinate with community-based
13 programs which include identification, prevention,
14 education, referral, and treatment services, including
15 through multidisciplinary resource teams.

16 “(5) To ensure that Indians, as citizens of the
17 United States and of the States in which they re-
18 side, have the same access to behavioral health serv-
19 ices to which all citizens have access.

20 “(6) To modify or supplement existing pro-
21 grams and authorities in the areas identified in
22 paragraph (2).

23 “(b) PLANS.—

24 “(1) DEVELOPMENT.—The Secretary, acting
25 through the Service, shall encourage Indian Tribes

1 and Tribal Organizations to develop tribal plans,
2 and urban Indian organizations to develop local
3 plans, and for all such groups to participate in de-
4 veloping areawide plans for Indian Behavioral
5 Health Services. The plans shall include, to the ex-
6 tent feasible, the following components:

7 “(A) An assessment of the scope of alcohol
8 or other substance abuse, mental illness, and
9 dysfunctional and self-destructive behavior, in-
10 cluding suicide, child abuse, and family vio-
11 lence, among Indians, including—

12 “(i) the number of Indians served who
13 are directly or indirectly affected by such
14 illness or behavior; or

15 “(ii) an estimate of the financial and
16 human cost attributable to such illness or
17 behavior.

18 “(B) An assessment of the existing and
19 additional resources necessary for the preven-
20 tion and treatment of such illness and behavior,
21 including an assessment of the progress toward
22 achieving the availability of the full continuum
23 of care described in subsection (c).

24 “(C) An estimate of the additional funding
25 needed by the Service, Indian Tribes, Tribal

1 Organizations, and urban Indian organizations
2 to meet their responsibilities under the plans.

3 “(2) NATIONAL CLEARINGHOUSE.—The Sec-
4 retary, acting through the Service, shall coordinate
5 with existing national clearinghouses and informa-
6 tion centers to include at the clearinghouses and
7 centers plans and reports on the outcomes of such
8 plans developed by Indian Tribes, Tribal Organiza-
9 tions, urban Indian organizations, and Service Areas
10 relating to behavioral health. The Secretary shall en-
11 sure access to these plans and outcomes by any In-
12 dian Tribe, Tribal Organization, urban Indian orga-
13 nization, or the Service.

14 “(3) TECHNICAL ASSISTANCE.—The Secretary
15 shall provide technical assistance to Indian Tribes,
16 Tribal Organizations, and urban Indian organiza-
17 tions in preparation of plans under this section and
18 in developing standards of care that may be used
19 and adopted locally.

20 “(c) PROGRAMS.—The Secretary, acting through the
21 Service, shall provide, to the extent feasible and if funding
22 is available, programs including the following:

23 “(1) COMPREHENSIVE CARE.—A comprehensive
24 continuum of behavioral health care which pro-
25 vides—

1 “(A) community-based prevention, inter-
2 vention, outpatient, and behavioral health
3 aftercare;

4 “(B) detoxification (social and medical);

5 “(C) acute hospitalization;

6 “(D) intensive outpatient/day treatment;

7 “(E) residential treatment;

8 “(F) transitional living for those needing a
9 temporary, stable living environment that is
10 supportive of treatment and recovery goals;

11 “(G) emergency shelter;

12 “(H) intensive case management; and

13 “(I) diagnostic services.

14 “(2) CHILD CARE.—Behavioral health services
15 for Indians from birth through age 17, including—

16 “(A) preschool and school age fetal alcohol
17 disorder services, including assessment and be-
18 havioral intervention;

19 “(B) mental health and substance abuse
20 services (emotional, organic, alcohol, drug, in-
21 halant, and tobacco);

22 “(C) identification and treatment of co-oc-
23 curring disorders and comorbidity;

24 “(D) prevention of alcohol, drug, inhalant,
25 and tobacco use;

1 “(E) early intervention, treatment, and
2 aftercare;

3 “(F) promotion of healthy approaches to
4 risk and safety issues; and

5 “(G) identification and treatment of ne-
6 glect and physical, mental, and sexual abuse.

7 “(3) ADULT CARE.—Behavioral health services
8 for Indians from age 18 through 55, including—

9 “(A) early intervention, treatment, and
10 aftercare;

11 “(B) mental health and substance abuse
12 services (emotional, alcohol, drug, inhalant, and
13 tobacco), including sex specific services;

14 “(C) identification and treatment of co-oc-
15 curring disorders (dual diagnosis) and comor-
16 bidity;

17 “(D) promotion of healthy approaches for
18 risk-related behavior;

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

22 “(F) sex specific treatment for sexual as-
23 sault and domestic violence.

24 “(4) FAMILY CARE.—Behavioral health services
25 for families, including—

1 “(A) early intervention, treatment, and
2 aftercare for affected families;

3 “(B) treatment for sexual assault and do-
4 mestic violence; and

5 “(C) promotion of healthy approaches re-
6 lating to parenting, domestic violence, and other
7 abuse issues.

8 “(5) ELDER CARE.—Behavioral health services
9 for Indians 56 years of age and older, including—

10 “(A) early intervention, treatment, and
11 aftercare;

12 “(B) mental health and substance abuse
13 services (emotional, alcohol, drug, inhalant, and
14 tobacco), including sex specific services;

15 “(C) identification and treatment of co-oc-
16 curring disorders (dual diagnosis) and comor-
17 bidity;

18 “(D) promotion of healthy approaches to
19 managing conditions related to aging;

20 “(E) sex specific treatment for sexual as-
21 sault, domestic violence, neglect, physical and
22 mental abuse and exploitation; and

23 “(F) identification and treatment of de-
24 mentias regardless of cause.

25 “(d) COMMUNITY BEHAVIORAL HEALTH PLAN.—

1 “(1) ESTABLISHMENT.—The governing body of
2 any Indian Tribe, Tribal Organization, or urban In-
3 dian organization may adopt a resolution for the es-
4 tablishment of a community behavioral health plan
5 providing for the identification and coordination of
6 available resources and programs to identify, pre-
7 vent, or treat substance abuse, mental illness, or
8 dysfunctional and self-destructive behavior, including
9 child abuse and family violence, among its members
10 or its service population. This plan should include
11 behavioral health services, social services, intensive
12 outpatient services, and continuing aftercare.

13 “(2) TECHNICAL ASSISTANCE.—At the request
14 of an Indian Tribe, Tribal Organization, or urban
15 Indian organization, the Bureau of Indian Affairs
16 and the Service shall cooperate with and provide
17 technical assistance to the Indian Tribe, Tribal Or-
18 ganization, or urban Indian organization in the de-
19 velopment and implementation of such plan.

20 “(3) FUNDING.—The Secretary, acting through
21 the Service, may make funding available to Indian
22 Tribes and Tribal Organizations which adopt a reso-
23 lution pursuant to paragraph (1) to obtain technical
24 assistance for the development of a community be-

1 havioral health plan and to provide administrative
2 support in the implementation of such plan.

3 “(e) COORDINATION FOR AVAILABILITY OF SERV-
4 ICES.—The Secretary, acting through the Service, shall
5 coordinate behavioral health planning, to the extent fea-
6 sible, with other Federal agencies and with State agencies,
7 to encourage comprehensive behavioral health services for
8 Indians regardless of their place of residence.

9 “(f) MENTAL HEALTH CARE NEED ASSESSMENT.—
10 Not later than 1 year after the date of enactment of the
11 Indian Health Care Improvement Act Amendments of
12 2009, the Secretary, acting through the Service, shall
13 make an assessment of the need for inpatient mental
14 health care among Indians and the availability and cost
15 of inpatient mental health facilities which can meet such
16 need. In making such assessment, the Secretary shall con-
17 sider the possible conversion of existing, underused Service
18 hospital beds into psychiatric units to meet such need.

19 **“SEC. 702. MEMORANDA OF AGREEMENT WITH THE DE-**
20 **PARTMENT OF THE INTERIOR.**

21 “(a) CONTENTS.—Not later than 12 months after the
22 date of enactment of the Indian Health Care Improvement
23 Act Amendments of 2009, the Secretary, acting through
24 the Service, and the Secretary of the Interior shall develop
25 and enter into a memoranda of agreement, or review and

1 update any existing memoranda of agreement, as required
2 by section 4205 of the Indian Alcohol and Substance
3 Abuse Prevention and Treatment Act of 1986 (25 U.S.C.
4 2411) under which the Secretaries address the following:

5 “(1) The scope and nature of mental illness and
6 dysfunctional and self-destructive behavior, including
7 child abuse and family violence, among Indians.

8 “(2) The existing Federal, tribal, State, local,
9 and private services, resources, and programs avail-
10 able to provide behavioral health services for Indi-
11 ans.

12 “(3) The unmet need for additional services, re-
13 sources, and programs necessary to meet the needs
14 identified pursuant to paragraph (1).

15 “(4)(A) The right of Indians, as citizens of the
16 United States and of the States in which they re-
17 side, to have access to behavioral health services to
18 which all citizens have access.

19 “(B) The right of Indians to participate in, and
20 receive the benefit of, such services.

21 “(C) The actions necessary to protect the exer-
22 cise of such right.

23 “(5) The responsibilities of the Bureau of In-
24 dian Affairs and the Service, including mental illness
25 identification, prevention, education, referral, and

1 treatment services (including services through multi-
2 disciplinary resource teams), at the central, area,
3 and agency and Service Unit, Service Area, and
4 headquarters levels to address the problems identi-
5 fied in paragraph (1).

6 “(6) A strategy for the comprehensive coordina-
7 tion of the behavioral health services provided by the
8 Bureau of Indian Affairs and the Service to meet
9 the problems identified pursuant to paragraph (1),
10 including—

11 “(A) the coordination of alcohol and sub-
12 stance abuse programs of the Service, the Bu-
13 reau of Indian Affairs, and Indian Tribes and
14 Tribal Organizations (developed under the In-
15 dian Alcohol and Substance Abuse Prevention
16 and Treatment Act of 1986 (25 U.S.C. 2401 et
17 seq.)) with behavioral health initiatives pursu-
18 ant to this Act, particularly with respect to the
19 referral and treatment of dually diagnosed indi-
20 viduals requiring behavioral health and sub-
21 stance abuse treatment; and

22 “(B) ensuring that the Bureau of Indian
23 Affairs and Service programs and services (in-
24 cluding multidisciplinary resource teams) ad-
25 dressing child abuse and family violence are co-

1 ordinated with such non-Federal programs and
2 services.

3 “(7) Directing appropriate officials of the Bu-
4 reau of Indian Affairs and the Service, particularly
5 at the agency and Service Unit levels, to cooperate
6 fully with tribal requests made pursuant to commu-
7 nity behavioral health plans adopted under section
8 701(c) and section 4206 of the Indian Alcohol and
9 Substance Abuse Prevention and Treatment Act of
10 1986 (25 U.S.C. 2412).

11 “(8) Providing for an annual review of such
12 agreement by the Secretaries which shall be provided
13 to Congress and Indian Tribes and Tribal Organiza-
14 tions.

15 “(b) SPECIFIC PROVISIONS REQUIRED.—The memo-
16 randa of agreement updated or entered into pursuant to
17 subsection (a) shall include specific provisions pursuant to
18 which the Service shall assume responsibility for—

19 “(1) the determination of the scope of the prob-
20 lem of alcohol and substance abuse among Indians,
21 including the number of Indians within the jurisdic-
22 tion of the Service who are directly or indirectly af-
23 fected by alcohol and substance abuse and the finan-
24 cial and human cost;

1 “(2) an assessment of the existing and needed
2 resources necessary for the prevention of alcohol and
3 substance abuse and the treatment of Indians af-
4 fected by alcohol and substance abuse; and

5 “(3) an estimate of the funding necessary to
6 adequately support a program of prevention of alco-
7 hol and substance abuse and treatment of Indians
8 affected by alcohol and substance abuse.

9 “(c) PUBLICATION.—Each memorandum of agree-
10 ment entered into or renewed (and amendments or modi-
11 fications thereto) under subsection (a) shall be published
12 in the Federal Register. At the same time as publication
13 in the Federal Register, the Secretary shall provide a copy
14 of such memoranda, amendment, or modification to each
15 Indian Tribe, Tribal Organization, and urban Indian orga-
16 nization.

17 **“SEC. 703. COMPREHENSIVE BEHAVIORAL HEALTH PRE-**
18 **VENTION AND TREATMENT PROGRAM.**

19 “(a) ESTABLISHMENT.—

20 “(1) IN GENERAL.—The Secretary, acting
21 through the Service, shall provide a program of com-
22 prehensive behavioral health, prevention, treatment,
23 and aftercare, including Systems of Care, which
24 shall include—

1 “(A) prevention, through educational inter-
2 vention, in Indian communities;

3 “(B) acute detoxification, psychiatric hos-
4 pitalization, residential, and intensive outpatient
5 treatment;

6 “(C) community-based rehabilitation and
7 aftercare;

8 “(D) community education and involve-
9 ment, including extensive training of health
10 care, educational, and community-based per-
11 sonnel;

12 “(E) specialized residential treatment pro-
13 grams for high-risk populations, including preg-
14 nant and postpartum women and their children;
15 and

16 “(F) diagnostic services.

17 “(2) TARGET POPULATIONS.—The target popu-
18 lation of such programs shall be members of Indian
19 Tribes. Efforts to train and educate key members of
20 the Indian community shall also target employees of
21 health, education, judicial, law enforcement, legal,
22 and social service programs.

23 “(b) CONTRACT HEALTH SERVICES.—

24 “(1) IN GENERAL.—The Secretary, acting
25 through the Service, may enter into contracts with

1 public or private providers of behavioral health treat-
2 ment services for the purpose of carrying out the
3 program required under subsection (a).

4 “(2) PROVISION OF ASSISTANCE.—In carrying
5 out this subsection, the Secretary shall provide as-
6 sistance to Indian Tribes and Tribal Organizations
7 to develop criteria for the certification of behavioral
8 health service providers and accreditation of service
9 facilities which meet minimum standards for such
10 services and facilities.

11 **“SEC. 704. MENTAL HEALTH TECHNICIAN PROGRAM.**

12 “(a) IN GENERAL.—Under the authority of the Act
13 of November 2, 1921 (25 U.S.C. 13) (commonly known
14 as the ‘Snyder Act’), the Secretary shall establish and
15 maintain a mental health technician program within the
16 Service which—

17 “(1) provides for the training of Indians as
18 mental health technicians; and

19 “(2) employs such technicians in the provision
20 of community-based mental health care that includes
21 identification, prevention, education, referral, and
22 treatment services.

23 “(b) PARAPROFESSIONAL TRAINING.—In carrying
24 out subsection (a), the Secretary, acting through the Serv-
25 ice, shall provide high-standard paraprofessional training

1 in mental health care necessary to provide quality care to
2 the Indian communities to be served. Such training shall
3 be based upon a curriculum developed or approved by the
4 Secretary which combines education in the theory of men-
5 tal health care with supervised practical experience in the
6 provision of such care.

7 “(c) SUPERVISION AND EVALUATION OF TECHNI-
8 CIANS.—The Secretary, acting through the Service, shall
9 supervise and evaluate the mental health technicians in
10 the training program.

11 “(d) TRADITIONAL HEALTH CARE PRACTICES.—The
12 Secretary, acting through the Service, shall ensure that
13 the program established pursuant to this subsection in-
14 volves the use and promotion of the traditional health care
15 practices of the Indian Tribes to be served.

16 **“SEC. 705. LICENSING REQUIREMENT FOR MENTAL**
17 **HEALTH CARE WORKERS.**

18 “(a) IN GENERAL.—Subject to the provisions of sec-
19 tion 221, and except as provided in subsection (b), any
20 individual employed as a psychologist, social worker, or
21 marriage and family therapist for the purpose of providing
22 mental health care services to Indians in a clinical setting
23 under this Act is required to be licensed as a psychologist,
24 social worker, or marriage and family therapist, respec-
25 tively.

1 “(b) TRAINEES.—An individual may be employed as
2 a trainee in psychology, social work, or marriage and fam-
3 ily therapy to provide mental health care services de-
4 scribed in subsection (a) if such individual—

5 “(1) works under the direct supervision of a li-
6 censed psychologist, social worker, or marriage and
7 family therapist, respectively;

8 “(2) is enrolled in or has completed at least 2
9 years of course work at a post-secondary, accredited
10 education program for psychology, social work, mar-
11 riage and family therapy, or counseling; and

12 “(3) meets such other training, supervision, and
13 quality review requirements as the Secretary may es-
14 tablish.

15 **“SEC. 706. INDIAN WOMEN TREATMENT PROGRAMS.**

16 “(a) GRANTS.—The Secretary, consistent with sec-
17 tion 701, may make grants to Indian Tribes, Tribal Orga-
18 nizations, and urban Indian organizations to develop and
19 implement a comprehensive behavioral health program of
20 prevention, intervention, treatment, and relapse preven-
21 tion services that specifically addresses the cultural, his-
22 torical, social, and child care needs of Indian women, re-
23 gardless of age.

24 “(b) USE OF GRANT FUNDS.—A grant made pursu-
25 ant to this section may be used to—

1 “(1) develop and provide community training,
2 education, and prevention programs for Indian
3 women relating to behavioral health issues, including
4 fetal alcohol disorders;

5 “(2) identify and provide psychological services,
6 counseling, advocacy, support, and relapse preven-
7 tion to Indian women and their families; and

8 “(3) develop prevention and intervention models
9 for Indian women which incorporate traditional
10 health care practices, cultural values, and commu-
11 nity and family involvement.

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

16 “(d) ALLOCATION OF FUNDS FOR URBAN INDIAN
17 ORGANIZATIONS.—Twenty percent of the funds appro-
18 priated pursuant to this section shall be used to make
19 grants to urban Indian organizations.

20 **“SEC. 707. INDIAN YOUTH PROGRAM.**

21 “(a) DETOXIFICATION AND REHABILITATION.—The
22 Secretary, acting through the Service, consistent with sec-
23 tion 701, shall develop and implement a program for acute
24 detoxification and treatment for Indian youths, including
25 behavioral health services. The program shall include re-

1 gional treatment centers designed to include detoxification
2 and rehabilitation for both sexes on a referral basis and
3 programs developed and implemented by Indian Tribes or
4 Tribal Organizations at the local level under the Indian
5 Self-Determination and Education Assistance Act (25
6 U.S.C. 450 et seq.). Regional centers shall be integrated
7 with the intake and rehabilitation programs based in the
8 referring Indian community.

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

11 “(1) ESTABLISHMENT.—

12 “(A) IN GENERAL.—The Secretary, acting
13 through the Service, shall construct, renovate,
14 or, as necessary, purchase, and appropriately
15 staff and operate, at least 1 youth regional
16 treatment center or treatment network in each
17 area under the jurisdiction of an Area Office.

18 “(B) AREA OFFICE IN CALIFORNIA.—For
19 the purposes of this subsection, the Area Office
20 in California shall be considered to be 2 Area
21 Offices, 1 office whose jurisdiction shall be con-
22 sidered to encompass the northern area of the
23 State of California, and 1 office whose jurisdic-
24 tion shall be considered to encompass the re-
25 mainder of the State of California for the pur-

1 pose of implementing California treatment net-
2 works.

3 “(2) FUNDING.—For the purpose of staffing
4 and operating such centers or facilities, funding
5 shall be pursuant to the Act of November 2, 1921
6 (25 U.S.C. 13).

7 “(3) LOCATION.—A youth treatment center
8 constructed or purchased under this subsection shall
9 be constructed or purchased at a location within the
10 area described in paragraph (1) agreed upon (by ap-
11 propriate tribal resolution) by a majority of the In-
12 dian Tribes to be served by such center.

13 “(4) SPECIFIC PROVISION OF FUNDS.—

14 “(A) IN GENERAL.—Notwithstanding any
15 other provision of this title, the Secretary may,
16 from amounts authorized to be appropriated for
17 the purposes of carrying out this section, make
18 funds available to—

19 “(i) the Tanana Chiefs Conference,
20 Incorporated, for the purpose of leasing,
21 constructing, renovating, operating, and
22 maintaining a residential youth treatment
23 facility in Fairbanks, Alaska; and

24 “(ii) the Southeast Alaska Regional
25 Health Corporation to staff and operate a

1 residential youth treatment facility without
2 regard to the proviso set forth in section
3 4(l) of the Indian Self-Determination and
4 Education Assistance Act (25 U.S.C.
5 450b(l)).

6 “(B) PROVISION OF SERVICES TO ELIGI-
7 BLE YOUTHS.—Until additional residential
8 youth treatment facilities are established in
9 Alaska pursuant to this section, the facilities
10 specified in subparagraph (A) shall make every
11 effort to provide services to all eligible Indian
12 youths residing in Alaska.

13 “(c) INTERMEDIATE ADOLESCENT BEHAVIORAL
14 HEALTH SERVICES.—

15 “(1) IN GENERAL.—The Secretary, acting
16 through the Service, may provide intermediate be-
17 havioral health services, which may incorporate Sys-
18 tems of Care, to Indian children and adolescents, in-
19 cluding—

20 “(A) pretreatment assistance;

21 “(B) inpatient, outpatient, and aftercare
22 services;

23 “(C) emergency care;

24 “(D) suicide prevention and crisis interven-
25 tion; and

1 “(E) prevention and treatment of mental
2 illness and dysfunctional and self-destructive
3 behavior, including child abuse and family vio-
4 lence.

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

7 “(A) to construct or renovate an existing
8 health facility to provide intermediate behav-
9 ioral health services;

10 “(B) to hire behavioral health profes-
11 sionals;

12 “(C) to staff, operate, and maintain an in-
13 termediate mental health facility, group home,
14 sober housing, transitional housing or similar
15 facilities, or youth shelter where intermediate
16 behavioral health services are being provided;

17 “(D) to make renovations and hire appro-
18 priate staff to convert existing hospital beds
19 into adolescent psychiatric units; and

20 “(E) for intensive home- and community-
21 based services.

22 “(3) CRITERIA.—The Secretary, acting through
23 the Service, shall, in consultation with Indian Tribes
24 and Tribal Organizations, establish criteria for the

1 review and approval of applications or proposals for
2 funding made available pursuant to this subsection.

3 “(d) FEDERALLY OWNED STRUCTURES.—

4 “(1) IN GENERAL.—The Secretary, in consulta-
5 tion with Indian Tribes and Tribal Organizations,
6 shall—

7 “(A) identify and use, where appropriate,
8 federally owned structures suitable for local res-
9 idential or regional behavioral health treatment
10 for Indian youths; and

11 “(B) establish guidelines for determining
12 the suitability of any such federally owned
13 structure to be used for local residential or re-
14 gional behavioral health treatment for Indian
15 youths.

16 “(2) TERMS AND CONDITIONS FOR USE OF
17 STRUCTURE.—Any structure described in paragraph
18 (1) may be used under such terms and conditions as
19 may be agreed upon by the Secretary and the agency
20 having responsibility for the structure and any In-
21 dian Tribe or Tribal Organization operating the pro-
22 gram.

23 “(e) REHABILITATION AND AFTERCARE SERVICES.—

24 “(1) IN GENERAL.—The Secretary, Indian
25 Tribes, or Tribal Organizations, in cooperation with

1 the Secretary of the Interior, shall develop and im-
2 plement within each Service Unit, community-based
3 rehabilitation and follow-up services for Indian
4 youths who are having significant behavioral health
5 problems, and require long-term treatment, commu-
6 nity reintegration, and monitoring to support the In-
7 dian youths after their return to their home commu-
8 nity.

9 “(2) ADMINISTRATION.—Services under para-
10 graph (1) shall be provided by trained staff within
11 the community who can assist the Indian youths in
12 their continuing development of self-image, positive
13 problem-solving skills, and nonalcohol or substance
14 abusing behaviors. Such staff may include alcohol
15 and substance abuse counselors, mental health pro-
16 fessionals, and other health professionals and para-
17 professionals, including community health represent-
18 atives.

19 “(f) INCLUSION OF FAMILY IN YOUTH TREATMENT
20 PROGRAM.—In providing the treatment and other services
21 to Indian youths authorized by this section, the Secretary,
22 acting through the Service, shall provide for the inclusion
23 of family members of such youths in the treatment pro-
24 grams or other services as may be appropriate. Not less
25 than 10 percent of the funds appropriated for the pur-

1 poses of carrying out subsection (e) shall be used for out-
2 patient care of adult family members related to the treat-
3 ment of an Indian youth under that subsection.

4 “(g) MULTIDRUG ABUSE PROGRAM.—The Secretary,
5 acting through the Service, shall provide, consistent with
6 section 701, programs and services to prevent and treat
7 the abuse of multiple forms of substances, including alco-
8 hol, drugs, inhalants, and tobacco, among Indian youths
9 residing in Indian communities, on or near reservations,
10 and in urban areas and provide appropriate mental health
11 services to address the incidence of mental illness among
12 such youths.

13 “(h) INDIAN YOUTH MENTAL HEALTH.—The Sec-
14 retary, acting through the Service, shall collect data for
15 the report under section 801 with respect to—

16 “(1) the number of Indian youth who are being
17 provided mental health services through the Service
18 and Tribal Health Programs;

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

22 “(3) the number of youth referred to the Serv-
23 ice or Tribal Health Programs for mental health
24 services;

1 “(4) the number of Indian youth provided resi-
2 dential treatment for mental health and behavioral
3 problems through the Service and Tribal Health
4 Programs, reported separately for on- and off-res-
5 ervation facilities; and

6 “(5) the costs of the services described in para-
7 graph (4).

8 **“SEC. 708. INDIAN YOUTH TELEMENTAL HEALTH DEM-**
9 **ONSTRATION PROJECT.**

10 “(a) PURPOSE.—The purpose of this section is to au-
11 thorize the Secretary to carry out a demonstration project
12 to test the use of telemental health services in suicide pre-
13 vention, intervention and treatment of Indian youth, in-
14 cluding through—

15 “(1) the use of psychotherapy, psychiatric as-
16 sessments, diagnostic interviews, therapies for men-
17 tal health conditions predisposing to suicide, and al-
18 cohol and substance abuse treatment;

19 “(2) the provision of clinical expertise to, con-
20 sultation services with, and medical advice and train-
21 ing for frontline health care providers working with
22 Indian youth;

23 “(3) training and related support for commu-
24 nity leaders, family members and health and edu-
25 cation workers who work with Indian youth;

1 “(4) the development of culturally relevant edu-
2 cational materials on suicide; and

3 “(5) data collection and reporting.

4 “(b) DEFINITIONS.—For the purpose of this section,
5 the following definitions shall apply:

6 “(1) DEMONSTRATION PROJECT.—The term
7 ‘demonstration project’ means the Indian youth tele-
8 mental health demonstration project authorized
9 under subsection (c).

10 “(2) TELEMENTAL HEALTH.—The term ‘tele-
11 mental health’ means the use of electronic informa-
12 tion and telecommunications technologies to support
13 long distance mental health care, patient and profes-
14 sional-related education, public health, and health
15 administration.

16 “(c) AUTHORIZATION.—

17 “(1) IN GENERAL.—The Secretary is authorized
18 to award grants under the demonstration project for
19 the provision of telemental health services to Indian
20 youth who—

21 “(A) have expressed suicidal ideas;

22 “(B) have attempted suicide; or

23 “(C) have mental health conditions that in-
24 crease or could increase the risk of suicide.

1 “(2) ELIGIBILITY FOR GRANTS.—Such grants
2 shall be awarded to Indian Tribes and Tribal Orga-
3 nizations that operate 1 or more facilities—

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

6 “(B) reporting active clinical telehealth ca-
7 pabilities; or

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

11 “(3) GRANT PERIOD.—The Secretary shall
12 award grants under this section for a period of up
13 to 4 years.

14 “(4) AWARDING OF GRANTS.—Not more than 5
15 grants shall be provided under paragraph (1), with
16 priority consideration given to Indian Tribes and
17 Tribal Organizations that—

18 “(A) serve a particular community or geo-
19 graphic area where there is a demonstrated
20 need to address Indian youth suicide;

21 “(B) enter in to collaborative partnerships
22 with Indian Health Service or Tribal Health
23 Programs or facilities to provide services under
24 this demonstration project;

1 “(C) serve an isolated community or geo-
2 graphic area which has limited or no access to
3 behavioral health services; or

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

6 “(d) USE OF FUNDS.—

7 “(1) IN GENERAL.—An Indian Tribe or Tribal
8 Organization shall use a grant received under sub-
9 section (c) for the following purposes:

10 “(A) To provide telemental health services
11 to Indian youth, including the provision of—

12 “(i) psychotherapy;

13 “(ii) psychiatric assessments and di-
14 agnostic interviews, therapies for mental
15 health conditions predisposing to suicide,
16 and treatment; and

17 “(iii) alcohol and substance abuse
18 treatment.

19 “(B) To provide clinician-interactive med-
20 ical advice, guidance and training, assistance in
21 diagnosis and interpretation, crisis counseling
22 and intervention, and related assistance to
23 Service, tribal, or urban clinicians and health
24 services providers working with youth being
25 served under this demonstration project.

1 “(C) To assist, educate and train commu-
2 nity leaders, health education professionals and
3 paraprofessionals, tribal outreach workers, and
4 family members who work with the youth re-
5 ceiving telemental health services under this
6 demonstration project, including with identifica-
7 tion of suicidal tendencies, crisis intervention
8 and suicide prevention, emergency skill develop-
9 ment, and building and expanding networks
10 among these individuals and with State and
11 local health services providers.

12 “(D) To develop and distribute culturally
13 appropriate community educational materials
14 on—

15 “(i) suicide prevention;

16 “(ii) suicide education;

17 “(iii) suicide screening;

18 “(iv) suicide intervention; and

19 “(v) ways to mobilize communities
20 with respect to the identification of risk
21 factors for suicide.

22 “(E) For data collection and reporting re-
23 lated to Indian youth suicide prevention efforts.

24 “(2) TRADITIONAL HEALTH CARE PRAC-
25 TICES.—In carrying out the purposes described in

1 paragraph (1), an Indian Tribe or Tribal Organiza-
2 tion may use and promote the traditional health care
3 practices of the Indian Tribes of the youth to be
4 served.

5 “(e) APPLICATIONS.—To be eligible to receive a grant
6 under subsection (c), an Indian Tribe or Tribal Organiza-
7 tion shall prepare and submit to the Secretary an applica-
8 tion, at such time, in such manner, and containing such
9 information as the Secretary may require, including—

10 “(1) a description of the project that the Indian
11 Tribe or Tribal Organization will carry out using the
12 funds provided under the grant;

13 “(2) a description of the manner in which the
14 project funded under the grant would—

15 “(A) meet the telemental health care needs
16 of the Indian youth population to be served by
17 the project; or

18 “(B) improve the access of the Indian
19 youth population to be served to suicide preven-
20 tion and treatment services;

21 “(3) evidence of support for the project from
22 the local community to be served by the project;

23 “(4) a description of how the families and lead-
24 ership of the communities or populations to be

1 served by the project would be involved in the devel-
2 opment and ongoing operations of the project;

3 “(5) a plan to involve the tribal community of
4 the youth who are provided services by the project
5 in planning and evaluating the mental health care
6 and suicide prevention efforts provided, in order to
7 ensure the integration of community, clinical, envi-
8 ronmental, and cultural components of the treat-
9 ment; and

10 “(6) a plan for sustaining the project after Fed-
11 eral assistance for the demonstration project has ter-
12 minated.

13 “(f) COLLABORATION; REPORTING TO NATIONAL
14 CLEARINGHOUSE.—

15 “(1) COLLABORATION.—The Secretary, acting
16 through the Service, shall encourage Indian Tribes
17 and Tribal Organizations receiving grants under this
18 section to collaborate to enable comparisons about
19 best practices across projects.

20 “(2) REPORTING TO NATIONAL CLEARING-
21 HOUSE.—The Secretary, acting through the Service,
22 shall also encourage Indian Tribes and Tribal Orga-
23 nizations receiving grants under this section to sub-
24 mit relevant, declassified project information to the
25 national clearinghouse authorized under section

1 701(b)(2) in order to better facilitate program per-
2 formance and improve suicide prevention, interven-
3 tion, and treatment services.

4 “(g) ANNUAL REPORT.—Each grant recipient shall
5 submit to the Secretary an annual report that—

6 “(1) describes the number of telemental health
7 services provided; and

8 “(2) includes any other information that the
9 Secretary may require.

10 “(h) REPORT TO CONGRESS.—Not later than 270
11 days after the termination of the demonstration project,
12 the Secretary shall submit to the Committee on Indian Af-
13 fairs of the Senate and the Committee on Natural Re-
14 sources and Committee on Energy and Commerce of the
15 House of Representatives a final report, based on the an-
16 nual reports provided by grant recipients under subsection
17 (h), that—

18 “(1) describes the results of the projects funded
19 by grants awarded under this section, including any
20 data available which indicates the number of at-
21 tempted suicides;

22 “(2) evaluates the impact of the telemental
23 health services funded by the grants in reducing the
24 number of completed suicides among Indian youth;

1 “(3) evaluates whether the demonstration
2 project should be—

3 “(A) expanded to provide more than 5
4 grants; and

5 “(B) designated a permanent program;
6 and

7 “(4) evaluates the benefits of expanding the
8 demonstration project to include urban Indian orga-
9 nizations.

10 “(i) **AUTHORIZATION OF APPROPRIATIONS.**—There is
11 authorized to be appropriated such sums as may be nec-
12 essary to carry out this section.

13 **“SEC. 709. INPATIENT AND COMMUNITY-BASED MENTAL**
14 **HEALTH FACILITIES DESIGN, CONSTRUC-**
15 **TION, AND STAFFING.**

16 “Not later than 1 year after the date of enactment
17 of the Indian Health Care Improvement Act Amendments
18 of 2009, the Secretary, acting through the Service, may
19 provide, in each area of the Service, not less than 1 inpa-
20 tient mental health care facility, or the equivalent, for In-
21 dians with behavioral health problems. For the purposes
22 of this subsection, California shall be considered to be 2
23 Area Offices, 1 office whose location shall be considered
24 to encompass the northern area of the State of California
25 and 1 office whose jurisdiction shall be considered to en-

1 compass the remainder of the State of California. The Sec-
2 retary shall consider the possible conversion of existing,
3 underused Service hospital beds into psychiatric units to
4 meet such need.

5 **“SEC. 710. TRAINING AND COMMUNITY EDUCATION.**

6 “(a) PROGRAM.—The Secretary, in cooperation with
7 the Secretary of the Interior, shall develop and implement
8 or assist Indian Tribes and Tribal Organizations to de-
9 velop and implement, within each Service Unit or tribal
10 program, a program of community education and involve-
11 ment which shall be designed to provide concise and timely
12 information to the community leadership of each tribal
13 community. Such program shall include education about
14 behavioral health issues to political leaders, Tribal judges,
15 law enforcement personnel, members of tribal health and
16 education boards, health care providers including tradi-
17 tional practitioners, and other critical members of each
18 tribal community. Such program may also include commu-
19 nity-based training to develop local capacity and tribal
20 community provider training for prevention, intervention,
21 treatment, and aftercare.

22 “(b) INSTRUCTION.—The Secretary, acting through
23 the Service, shall provide instruction in the area of behav-
24 ioral health issues, including instruction in crisis interven-
25 tion and family relations in the context of alcohol and sub-

1 stance abuse, child sexual abuse, youth alcohol and sub-
2 stance abuse, and the causes and effects of fetal alcohol
3 disorders to appropriate employees of the Bureau of In-
4 dian Affairs and the Service, and to personnel in schools
5 or programs operated under any contract with the Bureau
6 of Indian Affairs or the Service, including supervisors of
7 emergency shelters and halfway houses described in sec-
8 tion 4213 of the Indian Alcohol and Substance Abuse Pre-
9 vention and Treatment Act of 1986 (25 U.S.C. 2433).

10 “(c) TRAINING MODELS.—In carrying out the edu-
11 cation and training programs required by this section, the
12 Secretary, in consultation with Indian Tribes, Tribal Or-
13 ganizations, Indian behavioral health experts, and Indian
14 alcohol and substance abuse prevention experts, shall de-
15 velop and provide community-based training models. Such
16 models shall address—

17 “(1) the elevated risk of alcohol and behavioral
18 health problems faced by children of alcoholics;

19 “(2) the cultural, spiritual, and
20 multigenerational aspects of behavioral health prob-
21 lem prevention and recovery; and

22 “(3) community-based and multidisciplinary
23 strategies, including Systems of Care, for preventing
24 and treating behavioral health problems.

1 **“SEC. 711. BEHAVIORAL HEALTH PROGRAM.**

2 “(a) INNOVATIVE PROGRAMS.—The Secretary, acting
3 through the Service, consistent with section 701, may
4 plan, develop, implement, and carry out programs to de-
5 liver innovative community-based behavioral health serv-
6 ices to Indians.

7 “(b) AWARDS; CRITERIA.—The Secretary may award
8 a grant for a project under subsection (a) to an Indian
9 Tribe or Tribal Organization and may consider the fol-
10 lowing criteria:

11 “(1) The project will address significant unmet
12 behavioral health needs among Indians.

13 “(2) The project will serve a significant number
14 of Indians.

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

17 “(4) The Indian Tribe or Tribal Organization
18 has the administrative and financial capability to ad-
19 minister the project.

20 “(5) The project may deliver services in a man-
21 ner consistent with traditional health care practices.

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

24 “(c) EQUITABLE TREATMENT.—For purposes of this
25 subsection, the Secretary shall, in evaluating project appli-
26 cations or proposals, use the same criteria that the Sec-

1 retary uses in evaluating any other application or proposal
2 for such funding.

3 **“SEC. 712. FETAL ALCOHOL DISORDER PROGRAMS.**

4 “(a) PROGRAMS.—

5 “(1) ESTABLISHMENT.—The Secretary, con-
6 sistent with section 701 and acting through the
7 Service, is authorized to establish and operate fetal
8 alcohol disorder programs as provided in this section
9 for the purposes of meeting the health status objec-
10 tives specified in section 3.

11 “(2) USE OF FUNDS.—

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

15 “(i) To develop and provide for Indi-
16 ans community and in-school training, edu-
17 cation, and prevention programs relating
18 to fetal alcohol disorders.

19 “(ii) To identify and provide behav-
20 ioral health treatment to high-risk Indian
21 women and high-risk women pregnant with
22 an Indian’s child.

23 “(iii) To identify and provide appro-
24 priate psychological services, educational
25 and vocational support, counseling, advo-

1 cacy, and information to fetal alcohol dis-
2 order affected Indians and their families or
3 caretakers.

4 “(iv) To develop and implement coun-
5 seling and support programs in schools for
6 fetal alcohol disorder affected Indian chil-
7 dren.

8 “(v) To develop prevention and inter-
9 vention models which incorporate practi-
10 tioners of traditional health care practices,
11 cultural values, and community involve-
12 ment.

13 “(vi) To develop, print, and dissemi-
14 nate education and prevention materials on
15 fetal alcohol disorder.

16 “(vii) To develop and implement, in
17 consultation with Indian Tribes, Tribal Or-
18 ganizations, and urban Indian organiza-
19 tions, culturally sensitive assessment and
20 diagnostic tools including dysmorphology
21 clinics and multidisciplinary fetal alcohol
22 disorder clinics for use in Indian commu-
23 nities and Urban Centers.

24 “(B) ADDITIONAL USES.—In addition to
25 any purpose under subparagraph (A), funding

1 provided pursuant to this section may be used
2 for 1 or more of the following:

3 “(i) Early childhood intervention
4 projects from birth on to mitigate the ef-
5 fects of fetal alcohol disorder among Indi-
6 ans.

7 “(ii) Community-based support serv-
8 ices for Indians and women pregnant with
9 Indian children.

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

12 “(3) CRITERIA FOR APPLICATIONS.—The Sec-
13 retary shall establish criteria for the review and ap-
14 proval of applications for funding under this section.

15 “(b) SERVICES.—The Secretary, acting through the
16 Service, shall—

17 “(1) develop and provide services for the pre-
18 vention, intervention, treatment, and aftercare for
19 those affected by fetal alcohol disorder in Indian
20 communities; and

21 “(2) provide supportive services, including serv-
22 ices to meet the special educational, vocational,
23 school-to-work transition, and independent living
24 needs of adolescent and adult Indians with fetal al-
25cohol disorder.

1 “(c) TASK FORCE.—The Secretary shall establish a
2 task force to be known as the Fetal Alcohol Disorder Task
3 Force to advise the Secretary in carrying out subsection
4 (b). Such task force shall be composed of representatives
5 from the following:

6 “(1) The National Institute on Drug Abuse.

7 “(2) The National Institute on Alcohol and Al-
8 coholism.

9 “(3) The Office of Substance Abuse Prevention.

10 “(4) The National Institute of Mental Health.

11 “(5) The Service.

12 “(6) The Office of Minority Health of the De-
13 partment of Health and Human Services.

14 “(7) The Administration for Native Americans.

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

17 “(9) The Centers for Disease Control and Pre-
18 vention.

19 “(10) The Bureau of Indian Affairs.

20 “(11) Indian Tribes.

21 “(12) Tribal Organizations.

22 “(13) urban Indian organizations.

23 “(14) Indian fetal alcohol spectrum disorders
24 experts.

1 “(1) To develop and provide community edu-
2 cation and prevention programs related to sexual
3 abuse of Indian children or children in an Indian
4 household.

5 “(2) To identify and provide behavioral health
6 treatment to victims of sexual abuse who are Indian
7 children or children in an Indian household, and to
8 their family members who are affected by sexual
9 abuse.

10 “(3) To develop prevention and intervention
11 models which incorporate traditional health care
12 practices, cultural values, and community involve-
13 ment.

14 “(4) To develop and implement culturally sen-
15 sitive assessment and diagnostic tools for use in In-
16 dian communities and Urban Centers.

17 “(5) To identify and provide behavioral health
18 treatment to Indian perpetrators and perpetrators
19 who are members of an Indian household—

20 “(A) making efforts to begin offender and
21 behavioral health treatment while the pepe-
22 trator is incarcerated or at the earliest possible
23 date if the perpetrator is not incarcerated; and

1 “(B) providing treatment after the pepe-
2 trator is released, until it is determined that the
3 perpetrator is not a threat to children.

4 “(c) COORDINATION.—The programs established
5 under subsection (a) shall be carried out in coordination
6 with programs and services authorized under the Indian
7 Child Protection and Family Violence Prevention Act (25
8 U.S.C. 3201 et seq.).

9 **“SEC. 714. DOMESTIC AND SEXUAL VIOLENCE PREVENTION**
10 **AND TREATMENT.**

11 “(a) IN GENERAL.—The Secretary, in accordance
12 with section 701, is authorized to establish in each Service
13 Area programs involving the prevention and treatment
14 of—

15 “(1) Indian victims of domestic violence or sex-
16 ual abuse; and

17 “(2) perpetrators of domestic violence or sexual
18 abuse who are Indian or members of an Indian
19 household.

20 “(b) USE OF FUNDS.—Funds made available to carry
21 out this section shall be used—

22 “(1) to develop and implement prevention pro-
23 grams and community education programs relating
24 to domestic violence and sexual abuse;

1 “(2) to provide behavioral health services, in-
2 cluding victim support services, and medical treat-
3 ment (including examinations performed by sexual
4 assault nurse examiners) to Indian victims of domes-
5 tic violence or sexual abuse;

6 “(3) to purchase rape kits;

7 “(4) to develop prevention and intervention
8 models, which may incorporate traditional health
9 care practices; and

10 “(5) to identify and provide behavioral health
11 treatment to perpetrators who are Indian or mem-
12 bers of an Indian household.

13 “(c) TRAINING AND CERTIFICATION.—

14 “(1) IN GENERAL.—Not later than 1 year after
15 the date of enactment of the Indian Health Care Im-
16 provement Act Amendments of 2009, the Secretary
17 shall establish appropriate protocols, policies, proce-
18 dures, standards of practice, and, if not available
19 elsewhere, training curricula and training and cer-
20 tification requirements for services for victims of do-
21 mestic violence and sexual abuse.

22 “(2) REPORT.—Not later than 18 months after
23 the date of enactment of the Indian Health Care Im-
24 provement Act Amendments of 2008, the Secretary
25 shall submit to the Committee on Indian Affairs of

1 the Senate and the Committee on Natural Resources
2 of the House of Representatives a report that de-
3 scribes the means and extent to which the Secretary
4 has carried out paragraph (1).

5 “(d) COORDINATION.—

6 “(1) IN GENERAL.—The Secretary, in coordina-
7 tion with the Attorney General, Federal and tribal
8 law enforcement agencies, Indian Health Programs,
9 and domestic violence or sexual assault victim orga-
10 nizations, shall develop appropriate victim services
11 and victim advocate training programs—

12 “(A) to improve domestic violence or sex-
13 ual abuse responses;

14 “(B) to improve forensic examinations and
15 collection;

16 “(C) to identify problems or obstacles in
17 the prosecution of domestic violence or sexual
18 abuse; and

19 “(D) to meet other needs or carry out
20 other activities required to prevent, treat, and
21 improve prosecutions of domestic violence and
22 sexual abuse.

23 “(2) REPORT.—Not later than 2 years after the
24 date of enactment of the Indian Health Care Im-
25 provement Act Amendments of 2008, the Secretary

1 shall submit to the Committee on Indian Affairs of
2 the Senate and the Committee on Natural Resources
3 of the House of Representatives a report that de-
4 scribes, with respect to the matters described in
5 paragraph (1), the improvements made and needed,
6 problems or obstacles identified, and costs necessary
7 to address the problems or obstacles, and any other
8 recommendations that the Secretary determines to
9 be appropriate.

10 **“SEC. 715. BEHAVIORAL HEALTH RESEARCH.**

11 “The Secretary, in consultation with appropriate
12 Federal agencies, shall make grants to, or enter into con-
13 tracts with, Indian Tribes, Tribal Organizations, and
14 urban Indian organizations or enter into contracts with,
15 or make grants to appropriate institutions for, the conduct
16 of research on the incidence and prevalence of behavioral
17 health problems among Indians served by the Service, In-
18 dian Tribes, or Tribal Organizations and among Indians
19 in urban areas. Research priorities under this section shall
20 include—

21 “(1) the multifactorial causes of Indian youth
22 suicide, including—

23 “(A) protective and risk factors and sci-
24 entific data that identifies those factors; and

1 system involvement such as developmental delay, in-
2 tellectual deficit, or neurologic abnormalities. Behav-
3 iorally, there can be problems with irritability, and
4 failure to thrive as infants. As children become older
5 there will likely be hyperactivity, attention deficit,
6 language dysfunction, and perceptual and judgment
7 problems.

8 “(3) BEHAVIORAL HEALTH AFTERCARE.—The
9 term ‘behavioral health aftercare’ includes those ac-
10 tivities and resources used to support recovery fol-
11 lowing inpatient, residential, intensive substance
12 abuse, or mental health outpatient or outpatient
13 treatment. The purpose is to help prevent or deal
14 with relapse by ensuring that by the time a client or
15 patient is discharged from a level of care, such as
16 outpatient treatment, an aftercare plan has been de-
17 veloped with the client. An aftercare plan may use
18 such resources as a community-based therapeutic
19 group, transitional living facilities, a 12-step spon-
20 sor, a local 12-step or other related support group,
21 and other community-based providers.

22 “(4) DUAL DIAGNOSIS.—The term ‘dual diag-
23 nosis’ means coexisting substance abuse and mental
24 illness conditions or diagnosis. Such clients are

1 sometimes referred to as mentally ill chemical abusers (MICAs).
2

3 “(5) FETAL ALCOHOL SPECTRUM DIS-
4 ORDERS.—

5 “(A) IN GENERAL.—The term ‘fetal alcohol spectrum disorders’ includes a range of effects that can occur in an individual whose mother drank alcohol during pregnancy, including physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.
6
7
8
9
10

11 “(B) INCLUSIONS.—The term ‘fetal alcohol spectrum disorders’ may include—
12

13 “(i) fetal alcohol syndrome (FAS);

14 “(ii) fetal alcohol effect (FAE);

15 “(iii) alcohol-related birth defects; and

16 “(iv) alcohol-related
17 neurodevelopmental disorders (ARND).

18 “(6) FETAL ALCOHOL SYNDROME OR FAS.—
19 The term ‘fetal alcohol syndrome’ or ‘FAS’ means
20 any 1 of a spectrum of effects that may occur when
21 a woman drinks alcohol during pregnancy, the diagnosis
22 of which involves the confirmed presence of the
23 following 3 criteria:

24 “(A) Craniofacial abnormalities.

25 “(B) Growth deficits.

1 “(C) Central nervous system abnormalities.

2 “(7) REHABILITATION.—The term ‘rehabilita-
3 tion’ means medical and health care services that—

4 “(A) are recommended by a physician or
5 licensed practitioner of the healing arts within
6 the scope of their practice under applicable law;

7 “(B) are furnished in a facility, home, or
8 other setting in accordance with applicable
9 standards; and

10 “(C) have as their purpose any of the fol-
11 lowing:

12 “(i) The maximum attainment of
13 physical, mental, and developmental func-
14 tioning.

15 “(ii) Averting deterioration in physical
16 or mental functional status.

17 “(iii) The maintenance of physical or
18 mental health functional status.

19 “(8) SUBSTANCE ABUSE.—The term ‘substance
20 abuse’ includes inhalant abuse.

21 “(9) SYSTEMS OF CARE.—The term ‘Systems of
22 Care’ means a system for delivering services to chil-
23 dren and their families that is child-centered, family-
24 focused and family-driven, community-based, and
25 culturally competent and responsive to the needs of

1 the children and families being served. The systems
2 of care approach values prevention and early identi-
3 fication, smooth transitions for children and fami-
4 lies, child and family participation and advocacy,
5 comprehensive array of services, individualized serv-
6 ice planning, services in the least restrictive environ-
7 ment, and integrated services with coordinated plan-
8 ning across the child-serving systems.

9 **“SEC. 717. AUTHORIZATION OF APPROPRIATIONS.**

10 “There is authorized to be appropriated such sums
11 as may be necessary to carry out the provisions of this
12 title.

13 **“TITLE VIII—MISCELLANEOUS**

14 **“SEC. 801. REPORTS.**

15 “For each fiscal year following the date of enactment
16 of the Indian Health Care Improvement Act Amendments
17 of 2009, the Secretary shall transmit to Congress a report
18 containing the following:

19 “(1) A report on the progress made in meeting
20 the objectives of this Act, including a review of pro-
21 grams established or assisted pursuant to this Act
22 and assessments and recommendations of additional
23 programs or additional assistance necessary to, at a
24 minimum, provide health services to Indians and en-
25 sure a health status for Indians, which are at a par-

1 ity with the health services available to and the
2 health status of the general population.

3 “(2) A report on whether, and to what extent,
4 new national health care programs, benefits, initia-
5 tives, or financing systems have had an impact on
6 the purposes of this Act and any steps that the Sec-
7 retary may have taken to consult with Indian Tribes,
8 Tribal Organizations, and urban Indian organiza-
9 tions to address such impact, including a report on
10 proposed changes in allocation of funding pursuant
11 to section 807.

12 “(3) A report on the use of health services by
13 Indians—

14 “(A) on a national and area or other rel-
15 evant geographical basis;

16 “(B) by gender and age;

17 “(C) by source of payment and type of
18 service;

19 “(D) comparing such rates of use with
20 rates of use among comparable non-Indian pop-
21 ulations; and

22 “(E) provided under contracts.

23 “(4) A report of contractors to the Secretary on
24 Health Care Educational Loan Repayments every 6
25 months required by section 110.

1 “(5) A general audit report of the Secretary on
2 the Health Care Educational Loan Repayment Pro-
3 gram as required by section 110(m).

4 “(6) A report of the findings and conclusions of
5 demonstration programs on development of edu-
6 cational curricula for substance abuse counseling as
7 required in section 125(f).

8 “(7) A separate statement which specifies the
9 amount of funds requested to carry out the provi-
10 sions of section 201.

11 “(8) A report of the evaluations of health pro-
12 motion and disease prevention as required in section
13 203(c).

14 “(9) A biennial report to Congress on infectious
15 diseases as required by section 212.

16 “(10) A report on environmental and nuclear
17 health hazards as required by section 215.

18 “(11) An annual report on the status of all
19 health care facilities needs as required by section
20 301(c)(2)(B) and 301(d).

21 “(12) Reports on safe water and sanitary waste
22 disposal facilities as required by section 302(h).

23 “(13) An annual report on the expenditure of
24 non-Service funds for renovation as required by sec-
25 tions 304(b)(2).

1 “(14) A report identifying the backlog of main-
2 tenance and repair required at Service and tribal fa-
3 cilities required by section 313(a).

4 “(15) A report providing an accounting of reim-
5 bursement funds made available to the Secretary
6 under titles XVIII, XIX, and XXI of the Social Se-
7 curity Act.

8 “(16) A report on any arrangements for the
9 sharing of medical facilities or services, as author-
10 ized by section 406.

11 “(17) A report on evaluation and renewal of
12 urban Indian programs under section 505.

13 “(18) A report on the evaluation of programs
14 as required by section 513(d).

15 “(19) A report on alcohol and substance abuse
16 as required by section 701(f).

17 “(20) A report on Indian youth mental health
18 services as required by section 707(h).

19 “(21) A report on the reallocation of base re-
20 sources if required by section 807.

21 “(22) A report on the movement of patients be-
22 tween Service Units, including—

23 “(A) a list of those Service Units that have
24 a net increase and those that have a net de-
25 crease of patients due to patients assigned to

1 one Service Unit voluntarily choosing to receive
2 service at another Service Unit;

3 “(B) an analysis of the effect of patient
4 movement on the quality of services for those
5 Service Units experiencing an increase in the
6 number of patients served; and

7 “(C) what funding changes are necessary
8 to maintain a consistent quality of service at
9 Service Units that have an increase in the num-
10 ber of patients served.

11 “(23) A report on the extent to which health
12 care facilities of the Service, Indian Tribes, Tribal
13 Organizations, and urban Indian organizations com-
14 ply with credentialing requirements of the Service or
15 licensure requirements of States.

16 **“SEC. 802. REGULATIONS.**

17 “(a) DEADLINES.—

18 “(1) PROCEDURES.—Not later than 90 days
19 after the date of enactment of the Indian Health
20 Care Improvement Act Amendments of 2009, the
21 Secretary shall initiate procedures under subchapter
22 III of chapter 5 of title 5, United States Code, to
23 negotiate and promulgate such regulations or
24 amendments thereto that are necessary to carry out
25 this Act, except sections 105, 115, 117, 202, and

1 409 through 414. The Secretary may promulgate
2 regulations to carry out such sections using the pro-
3 cedures required by chapter 5 of title 5, United
4 States Code (commonly known as the ‘Administra-
5 tive Procedure Act’).

6 “(2) PROPOSED REGULATIONS.—Proposed reg-
7 ulations to implement this Act shall be published in
8 the Federal Register by the Secretary no later than
9 2 years after the date of enactment of the Indian
10 Health Care Improvement Act Amendments of 2009
11 and shall have no less than a 120-day comment pe-
12 riod.

13 “(3) FINAL REGULATIONS.—The Secretary
14 shall publish in the Federal Register final regula-
15 tions to implement this Act by not later than 3 years
16 after the date of enactment of the Indian Health
17 Care Improvement Act Amendments of 2009.

18 “(b) COMMITTEE.—A negotiated rulemaking com-
19 mittee established pursuant to section 565 of title 5,
20 United States Code, to carry out this section shall have
21 as its members only representatives of the Federal Gov-
22 ernment and representatives of Indian Tribes, and Tribal
23 Organizations, a majority of whom shall be nominated by
24 and be representatives of Indian Tribes and Tribal Orga-
25 nizations from each Service Area.

1 “(c) ADAPTATION OF PROCEDURES.—The Secretary
2 shall adapt the negotiated rulemaking procedures to the
3 unique context of self-governance and the government-to-
4 government relationship between the United States and
5 Indian Tribes.

6 “(d) LACK OF REGULATIONS.—The lack of promul-
7 gated regulations shall not limit the effect of this Act.

8 **“SEC. 803. PLAN OF IMPLEMENTATION.**

9 “(a) IN GENERAL.—Not later than 1 year after the
10 date of enactment of the Indian Health Care Improvement
11 Act Amendments of 2009, the Secretary, in consultation
12 with Indian Tribes, Tribal Organizations, and urban In-
13 dian organizations, shall submit to Congress a plan ex-
14 plaining the manner and schedule, by title and section,
15 by which the Secretary will implement the provisions of
16 this Act. This consultation may be conducted jointly with
17 the annual budget consultation pursuant to the Indian
18 Self-Determination and Education Assistance Act (25
19 U.S.C. 450 et seq.).

20 “(b) LACK OF PLAN.—The lack of (or failure to sub-
21 mit) such a plan shall not limit the effect, or prevent the
22 implementation, of this Act.

1 **“SEC. 804. LIMITATION ON USE OF FUNDS APPROPRIATED**
2 **TO INDIAN HEALTH SERVICE.**

3 “Any limitation on the use of funds contained in an
4 Act providing appropriations for the Department for a pe-
5 riod with respect to the performance of abortions shall
6 apply for that period with respect to the performance of
7 abortions using funds contained in an Act providing ap-
8 propriations for the Service.

9 **“SEC. 805. ELIGIBILITY OF CALIFORNIA INDIANS.**

10 “(a) IN GENERAL.—The following California Indians
11 shall be eligible for health services provided by the Service:

12 “(1) Any member of a federally recognized In-
13 dian Tribe.

14 “(2) Any descendant of an Indian who was re-
15 siding in California on June 1, 1852, if such de-
16 scendant—

17 “(A) is a member of the Indian community
18 served by a local program of the Service; and

19 “(B) is regarded as an Indian by the com-
20 munity in which such descendant lives.

21 “(3) Any Indian who holds trust interests in
22 public domain, national forest, or reservation allot-
23 ments in California.

24 “(4) Any Indian in California who is listed on
25 the plans for distribution of the assets of rancherias
26 and reservations located within the State of Cali-

1 fornia under the Act of August 18, 1958 (72 Stat.
2 619), and any descendant of such an Indian.

3 “(b) CLARIFICATION.—Nothing in this section may
4 be construed as expanding the eligibility of California Indi-
5 ans for health services provided by the Service beyond the
6 scope of eligibility for such health services that applied on
7 May 1, 1986.

8 **“SEC. 806. HEALTH SERVICES FOR INELIGIBLE PERSONS.**

9 “(a) CHILDREN.—Any individual who—

10 “(1) has not attained 19 years of age;

11 “(2) is the natural or adopted child, stepchild,
12 foster child, legal ward, or orphan of an eligible In-
13 dian; and

14 “(3) is not otherwise eligible for health services
15 provided by the Service,

16 shall be eligible for all health services provided by the
17 Service on the same basis and subject to the same rules
18 that apply to eligible Indians until such individual attains
19 19 years of age. The existing and potential health needs
20 of all such individuals shall be taken into consideration
21 by the Service in determining the need for, or the alloca-
22 tion of, the health resources of the Service. If such an indi-
23 vidual has been determined to be legally incompetent prior
24 to attaining 19 years of age, such individual shall remain

1 eligible for such services until 1 year after the date of a
2 determination of competency.

3 “(b) SPOUSES.—Any spouse of an eligible Indian who
4 is not an Indian, or who is of Indian descent but is not
5 otherwise eligible for the health services provided by the
6 Service, shall be eligible for such health services if all such
7 spouses or spouses who are married to members of each
8 Indian Tribe being served are made eligible, as a class,
9 by an appropriate resolution of the governing body of the
10 Indian Tribe or Tribal Organization providing such serv-
11 ices. The health needs of persons made eligible under this
12 paragraph shall not be taken into consideration by the
13 Service in determining the need for, or allocation of, its
14 health resources.

15 “(c) PROVISION OF SERVICES TO OTHER INDIVID-
16 UALS.—

17 “(1) IN GENERAL.—The Secretary is authorized
18 to provide health services under this subsection
19 through health programs operated directly by the
20 Service to individuals who reside within the Service
21 area of the Service Unit and who are not otherwise
22 eligible for such health services if—

23 “(A) the Indian Tribes served by such
24 Service Unit request such provision of health
25 services to such individuals; and

1 “(B) the Secretary and the served Indian
2 Tribes have jointly determined that—

3 “(i) the provision of such health serv-
4 ices will not result in a denial or diminu-
5 tion of health services to eligible Indians;
6 and

7 “(ii) there is no reasonable alternative
8 health facilities or services, within or with-
9 out the Service Unit, available to meet the
10 health needs of such individuals.

11 “(2) ISDEAA PROGRAMS.—In the case of
12 health programs and facilities operated under a con-
13 tract or compact entered into under the Indian Self-
14 Determination and Education Assistance Act (25
15 U.S.C. 450 et seq.), the governing body of the In-
16 dian Tribe or Tribal Organization providing health
17 services under such contract or compact is author-
18 ized to determine whether health services should be
19 provided under such contract to individuals who are
20 not eligible for such health services under any other
21 subsection of this section or under any other provi-
22 sion of law. In making such determinations, the gov-
23 erning body of the Indian Tribe or Tribal Organiza-
24 tion shall take into account the considerations de-
25 scribed in paragraph (1)(B).

1 “(3) PAYMENT FOR SERVICES.—

2 “(A) IN GENERAL.—Persons receiving
3 health services provided by the Service under
4 this subsection shall be liable for payment of
5 such health services under a schedule of charges
6 prescribed by the Secretary which, in the judg-
7 ment of the Secretary, results in reimbursement
8 in an amount not less than the actual cost of
9 providing the health services. Notwithstanding
10 section 404 of this Act or any other provision
11 of law, amounts collected under this subsection,
12 including Medicare, Medicaid, or SCHIP reim-
13 bursements under titles XVIII, XIX, and XXI
14 of the Social Security Act, shall be credited to
15 the account of the program providing the serv-
16 ice and shall be used for the purposes listed in
17 section 401(d)(2) and amounts collected under
18 this subsection shall be available for expendi-
19 ture within such program.

20 “(B) INDIGENT PEOPLE.—Health services
21 may be provided by the Secretary through the
22 Service under this subsection to an indigent in-
23 dividual who would not be otherwise eligible for
24 such health services but for the provisions of
25 paragraph (1) only if an agreement has been

1 entered into with a State or local government
2 under which the State or local government
3 agrees to reimburse the Service for the expenses
4 incurred by the Service in providing such health
5 services to such indigent individual.

6 “(4) REVOCATION OF CONSENT FOR SERV-
7 ICES.—

8 “(A) SINGLE TRIBE SERVICE AREA.—In
9 the case of a Service Area which serves only 1
10 Indian Tribe, the authority of the Secretary to
11 provide health services under paragraph (1)
12 shall terminate at the end of the fiscal year suc-
13 ceeding the fiscal year in which the governing
14 body of the Indian Tribe revokes its concur-
15 rence to the provision of such health services.

16 “(B) MULTITRIBAL SERVICE AREA.—In
17 the case of a multitribal Service Area, the au-
18 thority of the Secretary to provide health serv-
19 ices under paragraph (1) shall terminate at the
20 end of the fiscal year succeeding the fiscal year
21 in which at least 51 percent of the number of
22 Indian Tribes in the Service Area revoke their
23 concurrence to the provisions of such health
24 services.

1 “(d) OTHER SERVICES.—The Service may provide
2 health services under this subsection to individuals who
3 are not eligible for health services provided by the Service
4 under any other provision of law in order to—

5 “(1) achieve stability in a medical emergency;

6 “(2) prevent the spread of a communicable dis-
7 ease or otherwise deal with a public health hazard;

8 “(3) provide care to non-Indian women preg-
9 nant with an eligible Indian’s child for the duration
10 of the pregnancy through postpartum; or

11 “(4) provide care to immediate family members
12 of an eligible individual if such care is directly re-
13 lated to the treatment of the eligible individual.

14 “(e) HOSPITAL PRIVILEGES FOR PRACTITIONERS.—

15 “(1) IN GENERAL.—Hospital privileges in
16 health facilities operated and maintained by the
17 Service or operated under a contract or compact
18 pursuant to the Indian Self-Determination and Edu-
19 cation Assistance Act (25 U.S.C. 450 et seq.) may
20 be extended to non-Service health care practitioners
21 who provide services to individuals described in sub-
22 section (a), (b), (c), or (d). Such non-Service health
23 care practitioners may, as part of the privileging
24 process, be designated as employees of the Federal
25 Government for purposes of section 1346(b) and

1 chapter 171 of title 28, United States Code (relating
2 to Federal tort claims) only with respect to acts or
3 omissions which occur in the course of providing
4 services to eligible individuals as a part of the condi-
5 tions under which such hospital privileges are ex-
6 tended.

7 “(2) DEFINITION.—For purposes of this sub-
8 section, the term ‘non-Service health care practi-
9 tioner’ means a practitioner who is not—

10 “(A) an employee of the Service; or

11 “(B) an employee of an Indian tribe or
12 tribal organization operating a contract or com-
13 pact under the Indian Self-Determination and
14 Education Assistance Act or an individual who
15 provides health care services pursuant to a per-
16 sonal services contract with such Indian tribe or
17 tribal organization.

18 “(f) ELIGIBLE INDIAN.—For purposes of this sec-
19 tion, the term ‘eligible Indian’ means any Indian who is
20 eligible for health services provided by the Service without
21 regard to the provisions of this section.

22 **“SEC. 807. REALLOCATION OF BASE RESOURCES.**

23 “(a) REPORT REQUIRED.—Notwithstanding any
24 other provision of law, any allocation of Service funds for
25 a fiscal year that reduces by 5 percent or more from the

1 previous fiscal year the funding for any recurring pro-
2 gram, project, or activity of a Service Unit may be imple-
3 mented only after the Secretary has submitted to Con-
4 gress, under section 801, a report on the proposed change
5 in allocation of funding, including the reasons for the
6 change and its likely effects.

7 “(b) EXCEPTION.—Subsection (a) shall not apply if
8 the total amount appropriated to the Service for a fiscal
9 year is at least 5 percent less than the amount appro-
10 priated to the Service for the previous fiscal year.

11 **“SEC. 808. RESULTS OF DEMONSTRATION PROJECTS.**

12 “The Secretary shall provide for the dissemination to
13 Indian Tribes, Tribal Organizations, and urban Indian or-
14 ganizations of the findings and results of demonstration
15 projects conducted under this Act.

16 **“SEC. 809. PROVISION OF SERVICES IN MONTANA.**

17 “(a) CONSISTENT WITH COURT DECISION.—The
18 Secretary, acting through the Service, shall provide serv-
19 ices and benefits for Indians in Montana in a manner con-
20 sistent with the decision of the United States Court of Ap-
21 peals for the Ninth Circuit in McNabb for McNabb v.
22 Bowen, 829 F.2d 787 (9th Cir. 1987).

23 “(b) CLARIFICATION.—The provisions of subsection
24 (a) shall not be construed to be an expression of the sense
25 of Congress on the application of the decision described

1 in subsection (a) with respect to the provision of services
2 or benefits for Indians living in any State other than Mon-
3 tana.

4 **“SEC. 810. MORATORIUM.**

5 “During the period of the moratorium imposed on
6 implementation of the final rule published in the Federal
7 Register on September 16, 1987, by the Department of
8 Health and Human Services, relating to eligibility for the
9 health care services of the Indian Health Service, the In-
10 dian Health Service shall provide services pursuant to the
11 criteria for eligibility for such services that were in effect
12 on September 15, 1987, subject to the provisions of sec-
13 tions 805 and 806, until the Service has submitted to the
14 Committees on Appropriations of the Senate and the
15 House of Representatives a budget request reflecting the
16 increased costs associated with the proposed final rule,
17 and the request has been included in an appropriations
18 Act and enacted into law.

19 **“SEC. 811. SEVERABILITY PROVISIONS.**

20 “If any provision of this Act, any amendment made
21 by the Act, or the application of such provision or amend-
22 ment to any person or circumstances is held to be invalid,
23 the remainder of this Act, the remaining amendments
24 made by this Act, and the application of such provisions

1 to persons or circumstances other than those to which it
2 is held invalid, shall not be affected thereby.

3 **“SEC. 812. USE OF PATIENT SAFETY ORGANIZATIONS.**

4 “The Service, an Indian Tribe, Tribal Organization,
5 or urban Indian organization may provide for quality as-
6 surance activities through the use of a patient safety orga-
7 nization in accordance with title IX of the Public Health
8 Service Act.

9 **“SEC. 813. CONFIDENTIALITY OF MEDICAL QUALITY ASSUR-**
10 **ANCE RECORDS; QUALIFIED IMMUNITY FOR**
11 **PARTICIPANTS.**

12 “(a) CONFIDENTIALITY OF RECORDS.—Medical qual-
13 ity assurance records created by or for any Indian Health
14 Program or a health program of an Urban Indian Organi-
15 zation as part of a medical quality assurance program are
16 confidential and privileged. Such records may not be dis-
17 closed to any person or entity, except as provided in sub-
18 section (c).

19 “(b) PROHIBITION ON DISCLOSURE AND TESTI-
20 MONY.—

21 “(1) IN GENERAL.—No part of any medical
22 quality assurance record described in subsection (a)
23 may be subject to discovery or admitted into evi-
24 dence in any judicial or administrative proceeding,
25 except as provided in subsection (c).

1 “(2) TESTIMONY.—A person who reviews or
2 creates medical quality assurance records for any In-
3 dian Health Program or Urban Indian Organization
4 who participates in any proceeding that reviews or
5 creates such records may not be permitted or re-
6 quired to testify in any judicial or administrative
7 proceeding with respect to such records or with re-
8 spect to any finding, recommendation, evaluation,
9 opinion, or action taken by such person or body in
10 connection with such records except as provided in
11 this section.

12 “(c) AUTHORIZED DISCLOSURE AND TESTIMONY.—

13 “(1) IN GENERAL.—Subject to paragraph (2), a
14 medical quality assurance record described in sub-
15 section (a) may be disclosed, and a person referred
16 to in subsection (b) may give testimony in connec-
17 tion with such a record, only as follows:

18 “(A) To a Federal executive agency or pri-
19 vate organization, if such medical quality assur-
20 ance record or testimony is needed by such
21 agency or organization to perform licensing or
22 accreditation functions related to any Indian
23 Health Program or to a health program of an
24 Urban Indian Organization to perform moni-

1 toring, required by law, of such program or or-
2 ganization.

3 “(B) To an administrative or judicial pro-
4 ceeding commenced by a present or former In-
5 dian Health Program or Urban Indian Organi-
6 zation provider concerning the termination, sus-
7 pension, or limitation of clinical privileges of
8 such health care provider.

9 “(C) To a governmental board or agency
10 or to a professional health care society or orga-
11 nization, if such medical quality assurance
12 record or testimony is needed by such board,
13 agency, society, or organization to perform li-
14 censing, credentialing, or the monitoring of pro-
15 fessional standards with respect to any health
16 care provider who is or was an employee of any
17 Indian Health Program or Urban Indian Orga-
18 nization.

19 “(D) To a hospital, medical center, or
20 other institution that provides health care serv-
21 ices, if such medical quality assurance record or
22 testimony is needed by such institution to as-
23 sess the professional qualifications of any health
24 care provider who is or was an employee of any
25 Indian Health Program or Urban Indian Orga-

1 nization and who has applied for or been grant-
2 ed authority or employment to provide health
3 care services in or on behalf of such program or
4 organization.

5 “(E) To an officer, employee, or contractor
6 of the Indian Health Program or Urban Indian
7 Organization that created the records or for
8 which the records were created. If that officer,
9 employee, or contractor has a need for such
10 record or testimony to perform official duties.

11 “(F) To a criminal or civil law enforce-
12 ment agency or instrumentality charged under
13 applicable law with the protection of the public
14 health or safety, if a qualified representative of
15 such agency or instrumentality makes a written
16 request that such record or testimony be pro-
17 vided for a purpose authorized by law.

18 “(G) In an administrative or judicial pro-
19 ceeding commenced by a criminal or civil law
20 enforcement agency or instrumentality referred
21 to in subparagraph (F), but only with respect
22 to the subject of such proceeding.

23 “(2) IDENTITY OF PARTICIPANTS.—With the
24 exception of the subject of a quality assurance ac-
25 tion, the identity of any person receiving health care

1 services from any Indian Health Program or Urban
2 Indian Organization or the identity of any other per-
3 son associated with such program or organization
4 for purposes of a medical quality assurance program
5 that is disclosed in a medical quality assurance
6 record described in subsection (a) shall be deleted
7 from that record or document before any disclosure
8 of such record is made outside such program or or-
9 ganization.

10 “(d) DISCLOSURE FOR CERTAIN PURPOSES.—

11 “(1) IN GENERAL.—Nothing in this section
12 shall be construed as authorizing or requiring the
13 withholding from any person or entity aggregate sta-
14 tistical information regarding the results of any In-
15 dian Health Program or Urban Indian
16 Organizations’s medical quality assurance programs.

17 “(2) WITHHOLDING FROM CONGRESS.—Noth-
18 ing in this section shall be construed as authority to
19 withhold any medical quality assurance record from
20 a committee of either House of Congress, any joint
21 committee of Congress, or the Government Account-
22 ability Office if such record pertains to any matter
23 within their respective jurisdictions.

24 “(e) PROHIBITION ON DISCLOSURE OF RECORD OR
25 TESTIMONY.—A person or entity having possession of or

1 access to a record or testimony described by this section
2 may not disclose the contents of such record or testimony
3 in any manner or for any purpose except as provided in
4 this section.

5 “(f) EXEMPTION FROM FREEDOM OF INFORMATION
6 ACT.—Medical quality assurance records described in sub-
7 section (a) may not be made available to any person under
8 section 552 of title 5, United States Code.

9 “(g) LIMITATION ON CIVIL LIABILITY.—A person
10 who participates in or provides information to a person
11 or body that reviews or creates medical quality assurance
12 records described in subsection (a) shall not be civilly lia-
13 ble for such participation or for providing such informa-
14 tion if the participation or provision of information was
15 in good faith based on prevailing professional standards
16 at the time the medical quality assurance program activity
17 took place.

18 “(h) APPLICATION TO INFORMATION IN CERTAIN
19 OTHER RECORDS.—Nothing in this section shall be con-
20 strued as limiting access to the information in a record
21 created and maintained outside a medical quality assur-
22 ance program, including a patient’s medical records, on
23 the grounds that the information was presented during
24 meetings of a review body that are part of a medical qual-
25 ity assurance program.

1 “(i) REGULATIONS.—The Secretary, acting through
2 the Service, shall promulgate regulations pursuant to sec-
3 tion 802.

4 “(j) DEFINITIONS.—In this section:

5 “(1) The term ‘health care provider’ means any
6 health care professional, including community health
7 aides and practitioners certified under section 121,
8 who are granted clinical practice privileges or em-
9 ployed to provide health care services in an Indian
10 Health Program or health program of an Urban In-
11 dian Organization, who is licensed or certified to
12 perform health care services by a governmental
13 board or agency or professional health care society
14 or organization.

15 “(2) The term ‘medical quality assurance pro-
16 gram’ means any activity carried out before, on, or
17 after the date of enactment of this Act by or for any
18 Indian Health Program or Urban Indian Organiza-
19 tion to assess the quality of medical care, including
20 activities conducted by or on behalf of individuals,
21 Indian Health Program or Urban Indian Organiza-
22 tion medical or dental treatment review committees,
23 or other review bodies responsible for quality assur-
24 ance, credentials, infection control, patient safety,
25 patient care assessment (including treatment proce-

1 dures, blood, drugs, and therapeutics), medical
2 records, health resources management review and
3 identification and prevention of medical or dental in-
4 cidents and risks.

5 “(3) The term ‘medical quality assurance
6 record’ means the proceedings, records, minutes, and
7 reports that emanate from quality assurance pro-
8 gram activities described in paragraph (2) and are
9 produced or compiled by or for an Indian Health
10 Program or Urban Indian Organization as part of a
11 medical quality assurance program.

12 “(k) CONTINUED PROTECTION.—Disclosure under
13 subsection (c) does not permit redisclosure except to the
14 extent such further disclosure is authorized under sub-
15 section (c) or is otherwise authorized to be disclosed under
16 this section.

17 “(l) INCONSISTENCIES.—To the extent that the pro-
18 tections under the Patient Safety and Quality Improve-
19 ment Act of 2005 and this section are inconsistent, the
20 provisions of whichever is more protective shall control.

21 “(m) RELATIONSHIP TO OTHER LAW.—This section
22 shall continue in force and effect, except as otherwise spe-
23 cifically provided in any Federal law enacted after the date
24 of enactment of the Indian Health Care Improvement Act
25 Amendments of 2009.

1 **“SEC. 814. CLAREMORE INDIAN HOSPITAL.**

2 “The Claremore Indian Hospital shall be deemed to
3 be a dependant Indian community for the purposes of sec-
4 tion 1151 of title 18, United States Code.

5 **“SEC. 815. SENSE OF CONGRESS REGARDING LAW EN-
6 FORCEMENT AND METHAMPHETAMINE
7 ISSUES IN INDIAN COUNTRY.**

8 “It is the sense of Congress that Congress encourages
9 State, local, and Indian tribal law enforcement agencies
10 to enter into memoranda of agreement between and
11 among those agencies for purposes of streamlining law en-
12 forcement activities and maximizing the use of limited re-
13 sources—

14 “(1) to improve law enforcement services pro-
15 vided to Indian tribal communities; and

16 “(2) to increase the effectiveness of measures to
17 address problems relating to methamphetamine use
18 in Indian country (as defined in section 1151 of title
19 18, United States Code).

20 **“SEC. 816. PERMITTING IMPLEMENTATION THROUGH CON-
21 TRACTS WITH TRIBAL HEALTH PROGRAMS.**

22 “Nothing in this Act shall be construed as preventing
23 the Secretary from—

24 “(1) carrying out any section of this Act
25 through contracts with Tribal Health Programs; and

1 ices (6).” and inserting “Assistant Secretaries of
2 Health and Human Services (7)”.

3 (2) POSITIONS AT LEVEL V.—Section 5316 of
4 title 5, United States Code, is amended by striking
5 “Director, Indian Health Service, Department of
6 Health and Human Services”.

7 (c) AMENDMENTS TO OTHER PROVISIONS OF LAW.—

8 (1) Section 3307(b)(1)(C) of the Children’s
9 Health Act of 2000 (25 U.S.C. 1671 note; Public
10 Law 106–310) is amended by striking “Director of
11 the Indian Health Service” and inserting “Assistant
12 Secretary for Indian Health”.

13 (2) The Indian Lands Open Dump Cleanup Act
14 of 1994 is amended—

15 (A) in section 3 (25 U.S.C. 3902)—

16 (i) by striking paragraph (2);

17 (ii) by redesignating paragraphs (1),
18 (3), (4), (5), and (6) as paragraphs (4),
19 (5), (2), (6), and (1), respectively, and
20 moving those paragraphs so as to appear
21 in numerical order; and

22 (iii) by inserting before paragraph (4)
23 (as redesignated by subclause (II)) the fol-
24 lowing:

1 “(3) ASSISTANT SECRETARY.—The term ‘As-
2 sistant Secretary’ means the Assistant Secretary for
3 Indian Health.”;

4 (B) in section 5 (25 U.S.C. 3904), by
5 striking the section designation and heading
6 and inserting the following:

7 **“SEC. 5. AUTHORITY OF ASSISTANT SECRETARY FOR IN-
8 DIAN HEALTH.”;**

9 (C) in section 6(a) (25 U.S.C. 3905(a)), in
10 the subsection heading, by striking “DIREC-
11 TOR” and inserting “ASSISTANT SECRETARY”;

12 (D) in section 9(a) (25 U.S.C. 3908(a)), in
13 the subsection heading, by striking “DIREC-
14 TOR” and inserting “ASSISTANT SECRETARY”;
15 and

16 (E) by striking “Director” each place it
17 appears and inserting “Assistant Secretary”.

18 (3) Section 5504(d)(2) of the Augustus F.
19 Hawkins-Robert T. Stafford Elementary and Sec-
20 ondary School Improvement Amendments of 1988
21 (25 U.S.C. 2001 note; Public Law 100–297) is
22 amended by striking “Director of the Indian Health
23 Service” and inserting “Assistant Secretary for In-
24 dian Health”.

1 (4) Section 203(a)(1) of the Rehabilitation Act
2 of 1973 (29 U.S.C. 763(a)(1)) is amended by strik-
3 ing “Director of the Indian Health Service” and in-
4 serting “Assistant Secretary for Indian Health”.

5 (5) Subsections (b) and (e) of section 518 of
6 the Federal Water Pollution Control Act (33 U.S.C.
7 1377) are amended by striking “Director of the In-
8 dian Health Service” each place it appears and in-
9 serting “Assistant Secretary for Indian Health”.

10 (6) Section 317M(b) of the Public Health Serv-
11 ice Act (42 U.S.C. 247b–14(b)) is amended—

12 (A) by striking “Director of the Indian
13 Health Service” each place it appears and in-
14 serting “Assistant Secretary for Indian
15 Health”; and

16 (B) in paragraph (2)(A), by striking “the
17 Directors referred to in such paragraph” and
18 inserting “the Director of the Centers for Dis-
19 ease Control and Prevention and the Assistant
20 Secretary for Indian Health”.

21 (7) Section 417C(b) of the Public Health Serv-
22 ice Act (42 U.S.C. 285–9(b)) is amended by striking
23 “Director of the Indian Health Service” and insert-
24 ing “Assistant Secretary for Indian Health”.

1 (8) Section 1452(i) of the Safe Drinking Water
2 Act (42 U.S.C. 300j-12(i)) is amended by striking
3 “Director of the Indian Health Service” each place
4 it appears and inserting “Assistant Secretary for In-
5 dian Health”.

6 (9) Section 803B(d)(1) of the Native American
7 Programs Act of 1974 (42 U.S.C. 2991b-2(d)(1)) is
8 amended in the last sentence by striking “Director
9 of the Indian Health Service” and inserting “Assist-
10 ant Secretary for Indian Health”.

11 (10) Section 203(b) of the Michigan Indian
12 Land Claims Settlement Act (Public Law 105-143;
13 111 Stat. 2666) is amended by striking “Director of
14 the Indian Health Service” and inserting “Assistant
15 Secretary for Indian Health”.

16 **SEC. 3102. SOBOBA SANITATION FACILITIES.**

17 The Act of December 17, 1970 (84 Stat. 1465), is
18 amended by adding at the end the following:

19 “SEC. 9. Nothing in this Act shall preclude the
20 Soboba Band of Mission Indians and the Soboba Indian
21 Reservation from being provided with sanitation facilities
22 and services under the authority of section 7 of the Act
23 of August 5, 1954 (68 Stat. 674), as amended by the Act
24 of July 31, 1959 (73 Stat. 267).”.

1 **SEC. 3103. NATIVE AMERICAN HEALTH AND WELLNESS**
2 **FOUNDATION.**

3 (a) IN GENERAL.—The Indian Self-Determination
4 and Education Assistance Act (25 U.S.C. 450 et seq.) is
5 amended by adding at the end the following:

6 **“TITLE VIII—NATIVE AMERICAN**
7 **HEALTH AND WELLNESS**
8 **FOUNDATION**

9 **“SEC. 801. DEFINITIONS.**

10 “In this title:

11 “(1) BOARD.—The term ‘Board’ means the
12 Board of Directors of the Foundation.

13 “(2) COMMITTEE.—The term ‘Committee’
14 means the Committee for the Establishment of Na-
15 tive American Health and Wellness Foundation es-
16 tablished under section 802(f).

17 “(3) FOUNDATION.—The term ‘Foundation’
18 means the Native American Health and Wellness
19 Foundation established under section 802.

20 “(4) SECRETARY.—The term ‘Secretary’ means
21 the Secretary of Health and Human Services.

22 “(5) SERVICE.—The term ‘Service’ means the
23 Indian Health Service of the Department of Health
24 and Human Services.

1 **“SEC. 802. NATIVE AMERICAN HEALTH AND WELLNESS**
2 **FOUNDATION.**

3 “(a) **ESTABLISHMENT.**—

4 “(1) **IN GENERAL.**—As soon as practicable
5 after the date of enactment of this title, the Sec-
6 retary shall establish, under the laws of the District
7 of Columbia and in accordance with this title, the
8 Native American Health and Wellness Foundation.

9 “(2) **FUNDING DETERMINATIONS.**—No funds,
10 gift, property, or other item of value (including any
11 interest accrued on such an item) acquired by the
12 Foundation shall—

13 “(A) be taken into consideration for pur-
14 poses of determining Federal appropriations re-
15 lating to the provision of health care and serv-
16 ices to Indians; or

17 “(B) otherwise limit, diminish, or affect
18 the Federal responsibility for the provision of
19 health care and services to Indians.

20 “(b) **PERPETUAL EXISTENCE.**—The Foundation
21 shall have perpetual existence.

22 “(c) **NATURE OF CORPORATION.**—The Foundation—

23 “(1) shall be a charitable and nonprofit feder-
24 ally chartered corporation; and

25 “(2) shall not be an agency or instrumentality
26 of the United States.

1 “(d) PLACE OF INCORPORATION AND DOMICILE.—
2 The Foundation shall be incorporated and domiciled in the
3 District of Columbia.

4 “(e) DUTIES.—The Foundation shall—

5 “(1) encourage, accept, and administer private
6 gifts of real and personal property, and any income
7 from or interest in such gifts, for the benefit of, or
8 in support of, the mission of the Service;

9 “(2) undertake and conduct such other activi-
10 ties as will further the health and wellness activities
11 and opportunities of Native Americans; and

12 “(3) participate with and assist Federal, State,
13 and tribal governments, agencies, entities, and indi-
14 viduals in undertaking and conducting activities that
15 will further the health and wellness activities and op-
16 portunities of Native Americans.

17 “(f) COMMITTEE FOR THE ESTABLISHMENT OF NA-
18 TIVE AMERICAN HEALTH AND WELLNESS FOUNDA-
19 TION.—

20 “(1) IN GENERAL.—The Secretary shall estab-
21 lish the Committee for the Establishment of Native
22 American Health and Wellness Foundation to assist
23 the Secretary in establishing the Foundation.

1 “(2) DUTIES.—Not later than 180 days after
2 the date of enactment of this section, the Committee
3 shall—

4 “(A) carry out such activities as are nec-
5 essary to incorporate the Foundation under the
6 laws of the District of Columbia, including act-
7 ing as incorporators of the Foundation;

8 “(B) ensure that the Foundation qualifies
9 for and maintains the status required to carry
10 out this section, until the Board is established;

11 “(C) establish the constitution and initial
12 bylaws of the Foundation;

13 “(D) provide for the initial operation of
14 the Foundation, including providing for tem-
15 porary or interim quarters, equipment, and
16 staff; and

17 “(E) appoint the initial members of the
18 Board in accordance with the constitution and
19 initial bylaws of the Foundation.

20 “(g) BOARD OF DIRECTORS.—

21 “(1) IN GENERAL.—The Board of Directors
22 shall be the governing body of the Foundation.

23 “(2) POWERS.—The Board may exercise, or
24 provide for the exercise of, the powers of the Foun-
25 dation.

1 “(3) SELECTION.—

2 “(A) IN GENERAL.—Subject to subpara-
3 graph (B), the number of members of the
4 Board, the manner of selection of the members
5 (including the filling of vacancies), and the
6 terms of office of the members shall be as pro-
7 vided in the constitution and bylaws of the
8 Foundation.

9 “(B) REQUIREMENTS.—

10 “(i) NUMBER OF MEMBERS.—The
11 Board shall have at least 11 members, who
12 shall have staggered terms.

13 “(ii) INITIAL VOTING MEMBERS.—The
14 initial voting members of the Board—

15 “(I) shall be appointed by the
16 Committee not later than 180 days
17 after the date on which the Founda-
18 tion is established; and

19 “(II) shall have staggered terms.

20 “(iii) QUALIFICATION.—The members
21 of the Board shall be United States citi-
22 zens who are knowledgeable or experienced
23 in Native American health care and related
24 matters.

1 “(C) COMPENSATION.—A member of the
2 Board shall not receive compensation for service
3 as a member, but shall be reimbursed for actual
4 and necessary travel and subsistence expenses
5 incurred in the performance of the duties of the
6 Foundation.

7 “(h) OFFICERS.—

8 “(1) IN GENERAL.—The officers of the Founda-
9 tion shall be—

10 “(A) a secretary, elected from among the
11 members of the Board; and

12 “(B) any other officers provided for in the
13 constitution and bylaws of the Foundation.

14 “(2) CHIEF OPERATING OFFICER.—The sec-
15 retary of the Foundation may serve, at the direction
16 of the Board, as the chief operating officer of the
17 Foundation, or the Board may appoint a chief oper-
18 ating officer, who shall serve at the direction of the
19 Board.

20 “(3) ELECTION.—The manner of election, term
21 of office, and duties of the officers of the Founda-
22 tion shall be as provided in the constitution and by-
23 laws of the Foundation.

24 “(i) POWERS.—The Foundation—

1 “(1) shall adopt a constitution and bylaws for
2 the management of the property of the Foundation
3 and the regulation of the affairs of the Foundation;

4 “(2) may adopt and alter a corporate seal;

5 “(3) may enter into contracts;

6 “(4) may acquire (through a gift or otherwise),
7 own, lease, encumber, and transfer real or personal
8 property as necessary or convenient to carry out the
9 purposes of the Foundation;

10 “(5) may sue and be sued; and

11 “(6) may perform any other act necessary and
12 proper to carry out the purposes of the Foundation.

13 “(j) PRINCIPAL OFFICE.—

14 “(1) IN GENERAL.—The principal office of the
15 Foundation shall be in the District of Columbia.

16 “(2) ACTIVITIES; OFFICES.—The activities of
17 the Foundation may be conducted, and offices may
18 be maintained, throughout the United States in ac-
19 cordance with the constitution and bylaws of the
20 Foundation.

21 “(k) SERVICE OF PROCESS.—The Foundation shall
22 comply with the law on service of process of each State
23 in which the Foundation is incorporated and of each State
24 in which the Foundation carries on activities.

1 “(1) LIABILITY OF OFFICERS, EMPLOYEES, AND
2 AGENTS.—

3 “(1) IN GENERAL.—The Foundation shall be
4 liable for the acts of the officers, employees, and
5 agents of the Foundation acting within the scope of
6 their authority.

7 “(2) PERSONAL LIABILITY.—A member of the
8 Board shall be personally liable only for gross neg-
9 ligence in the performance of the duties of the mem-
10 ber.

11 “(m) RESTRICTIONS.—

12 “(1) LIMITATION ON SPENDING.—Beginning
13 with the fiscal year following the first full fiscal year
14 during which the Foundation is in operation, the ad-
15 ministrative costs of the Foundation shall not exceed
16 the percentage described in paragraph (2) of the
17 sum of—

18 “(A) the amounts transferred to the Foun-
19 dation under subsection (o) during the pre-
20 ceding fiscal year; and

21 “(B) donations received from private
22 sources during the preceding fiscal year.

23 “(2) PERCENTAGES.—The percentages referred
24 to in paragraph (1) are—

1 “(A) for the first fiscal year described in
2 that paragraph, 20 percent;

3 “(B) for the following fiscal year, 15 per-
4 cent; and

5 “(C) for each fiscal year thereafter, 10
6 percent.

7 “(3) APPOINTMENT AND HIRING.—The ap-
8 pointment of officers and employees of the Founda-
9 tion shall be subject to the availability of funds.

10 “(4) STATUS.—A member of the Board or offi-
11 cer, employee, or agent of the Foundation shall not
12 by reason of association with the Foundation be con-
13 sidered to be an officer, employee, or agent of the
14 United States.

15 “(n) AUDITS.—The Foundation shall comply with
16 section 10101 of title 36, United States Code, as if the
17 Foundation were a corporation under part B of subtitle
18 II of that title.

19 “(o) FUNDING.—

20 “(1) AUTHORIZATION OF APPROPRIATIONS.—
21 There is authorized to be appropriated to carry out
22 subsection (e)(1) \$500,000 for each fiscal year, as
23 adjusted to reflect changes in the Consumer Price
24 Index for all-urban consumers published by the De-
25 partment of Labor.

1 “(2) TRANSFER OF DONATED FUNDS.—The
2 Secretary shall transfer to the Foundation funds
3 held by the Department of Health and Human Serv-
4 ices under the Act of August 5, 1954 (42 U.S.C.
5 2001 et seq.), if the transfer or use of the funds is
6 not prohibited by any term under which the funds
7 were donated.

8 **“SEC. 803. ADMINISTRATIVE SERVICES AND SUPPORT.**

9 “(a) PROVISION OF SUPPORT BY SECRETARY.—Sub-
10 ject to subsection (b), during the 5-year period beginning
11 on the date on which the Foundation is established, the
12 Secretary—

13 “(1) may provide personnel, facilities, and other
14 administrative support services to the Foundation;

15 “(2) may provide funds for initial operating
16 costs and to reimburse the travel expenses of the
17 members of the Board; and

18 “(3) shall require and accept reimbursements
19 from the Foundation for—

20 “(A) services provided under paragraph
21 (1); and

22 “(B) funds provided under paragraph (2).

23 “(b) REIMBURSEMENT.—Reimbursements accepted
24 under subsection (a)(3)—

1 “(1) shall be deposited in the Treasury of the
2 United States to the credit of the applicable appro-
3 priations account; and

4 “(2) shall be chargeable for the cost of pro-
5 viding services described in subsection (a)(1) and
6 travel expenses described in subsection (a)(2).

7 “(c) CONTINUATION OF CERTAIN SERVICES.—The
8 Secretary may continue to provide facilities and necessary
9 support services to the Foundation after the termination
10 of the 5-year period specified in subsection (a) if the facili-
11 ties and services—

12 “(1) are available; and

13 “(2) are provided on reimbursable cost basis.”.

14 (b) TECHNICAL AMENDMENTS.—The Indian Self-De-
15 termination and Education Assistance Act is amended—

16 (1) by redesignating title V (25 U.S.C. 458bbb
17 et seq.) as title VII;

18 (2) by redesignating sections 501, 502, and 503
19 (25 U.S.C. 458bbb, 458bbb–1, 458bbb–2) as sec-
20 tions 701, 702, and 703, respectively; and

21 (3) in subsection (a)(2) of section 702 and
22 paragraph (2) of section 703 (as redesignated by
23 paragraph (2)), by striking “section 501” and in-
24 serting “section 701”.

1 **SEC. 3104. GAO STUDY AND REPORT ON PAYMENTS FOR**
2 **CONTRACT HEALTH SERVICES.**

3 (a) STUDY.—

4 (1) IN GENERAL.—The Comptroller General of
5 the United States (in this section referred to as the
6 “Comptroller General”) shall conduct a study on the
7 utilization of health care furnished by health care
8 providers under the contract health services program
9 funded by the Indian Health Service and operated
10 by the Indian Health Service, an Indian Tribe, or a
11 Tribal Organization (as those terms are defined in
12 section 4 of the Indian Health Care Improvement
13 Act).

14 (2) ANALYSIS.—The study conducted under
15 paragraph (1) shall include an analysis of—

16 (A) the amounts reimbursed under the
17 contract health services program described in
18 paragraph (1) for health care furnished by enti-
19 ties, individual providers, and suppliers, includ-
20 ing a comparison of reimbursement for such
21 health care through other public programs and
22 in the private sector;

23 (B) barriers to accessing care under such
24 contract health services program, including, but
25 not limited to, barriers relating to travel dis-
26 tances, cultural differences, and public and pri-

1 vate sector reluctance to furnish care to pa-
2 tients under such program;

3 (C) the adequacy of existing Federal fund-
4 ing for health care under such contract health
5 services program; and

6 (D) any other items determined appro-
7 priate by the Comptroller General.

8 (b) REPORT.—Not later than 18 months after the
9 date of enactment of this Act, the Comptroller General
10 shall submit to Congress a report on the study conducted
11 under subsection (a), together with recommendations re-
12 garding—

13 (1) the appropriate level of Federal funding
14 that should be established for health care under the
15 contract health services program described in sub-
16 section (a)(1); and

17 (2) how to most efficiently utilize such funding.

18 (c) CONSULTATION.—In conducting the study under
19 subsection (a) and preparing the report under subsection
20 (b), the Comptroller General shall consult with the Indian
21 Health Service, Indian Tribes, and Tribal Organizations.

1 **TITLE II—IMPROVEMENT OF IN-**
2 **DIAN HEALTH CARE PRO-**
3 **VIDED UNDER THE SOCIAL**
4 **SECURITY ACT**

5 **SEC. 3201. EXPANSION OF PAYMENTS UNDER MEDICARE,**
6 **MEDICAID, AND SCHIP FOR ALL COVERED**
7 **SERVICES FURNISHED BY INDIAN HEALTH**
8 **PROGRAMS.**

9 (a) MEDICAID.—

10 (1) EXPANSION TO ALL COVERED SERVICES.—

11 Section 1911 of the Social Security Act (42 U.S.C.
12 1396j) is amended—

13 (A) by amending the heading to read as
14 follows:

15 **“SEC. 1911. INDIAN HEALTH PROGRAMS.”;**

16 and

17 (B) by amending subsection (a) to read as
18 follows:

19 **“(a) ELIGIBILITY FOR PAYMENT FOR MEDICAL AS-**
20 **SISTANCE.—**An Indian Health Program shall be eligible
21 for payment for medical assistance provided under a State
22 plan or under waiver authority with respect to items and
23 services furnished by the Program if the furnishing of
24 such services meets all the conditions and requirements
25 which are applicable generally to the furnishing of items

1 and services under this title and under such plan or waiver
2 authority.”.

3 (2) REPEAL OF OBSOLETE PROVISION.—Sub-
4 section (b) of such section is repealed.

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

8 “(c) AUTHORITY TO ENTER INTO AGREEMENTS.—
9 The Secretary may enter into an agreement with a State
10 for the purpose of reimbursing the State for medical as-
11 sistance provided by the Indian Health Service, an Indian
12 Tribe, Tribal Organization, or an Urban Indian Organiza-
13 tion (as so defined), directly, through referral, or under
14 contracts or other arrangements between the Indian
15 Health Service, an Indian Tribe, Tribal Organization, or
16 an Urban Indian Organization and another health care
17 provider to Indians who are eligible for medical assistance
18 under the State plan or under waiver authority. This sub-
19 section shall not be construed to impair the entitlement
20 of a State to reimbursement for such medical assistance
21 under this title.”.

22 (4) CROSS-REFERENCES TO SPECIAL FUND FOR
23 IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING
24 OPTION; DEFINITIONS.—Such section is further

1 amended by striking subsection (d) and adding at
2 the end the following new subsections:

3 “(c) SPECIAL FUND FOR IMPROVEMENT OF IHS FA-
4 CILITIES.—For provisions relating to the authority of the
5 Secretary to place payments to which a facility of the In-
6 dian Health Service is eligible for payment under this title
7 into a special fund established under section 401(c)(1) of
8 the Indian Health Care Improvement Act, see subpara-
9 graphs (A) and (B) of section 401(c)(1) of such Act.

10 “(d) DIRECT BILLING.—For provisions relating to
11 the authority of an Tribal Health Program to elect to di-
12 rectly bill for, and receive payment for, health care items
13 and services provided by such Program for which payment
14 is made under this title, see section 401(d) of the Indian
15 Health Care Improvement Act.”.

16 (5) DEFINITIONS.—Section 1101(a) of such Act
17 (42 U.S.C. 1301(a)) is amended by adding at the
18 end the following new paragraph:

19 “(11) For purposes of this title and titles
20 XVIII, XIX, and XXI, the terms ‘Indian Health
21 Program’, ‘Indian Tribe’ (and ‘Indian tribe’), ‘Tribal
22 Health Program’, ‘Tribal Organization’ (and ‘tribal
23 organization’), and ‘urban Indian organization’ (and
24 ‘urban Indian organization’) have the meanings

1 given those terms in section 4 of the Indian Health
2 Care Improvement Act.”.

3 (b) MEDICARE.—

4 (1) EXPANSION TO ALL COVERED SERVICES.—
5 Section 1880 of such Act (42 U.S.C. 1395qq) is
6 amended—

7 (A) by amending the heading to read as
8 follows:

9 **“SEC. 1880. INDIAN HEALTH PROGRAMS.”;**

10 and

11 (B) by amending subsection (a) to read as
12 follows:

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

20 (2) REPEAL OF OBSOLETE PROVISION.—Sub-
21 section (b) of such section is repealed.

22 (3) CROSS-REFERENCES TO SPECIAL FUND FOR
23 IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING
24 OPTION; DEFINITIONS.—

1 (A) IN GENERAL.—Such section is further
2 amended by striking subsections (c) and (d)
3 and inserting the following new subsections:

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

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

19 (B) CONFORMING AMENDMENTS.—Such
20 section is further amended—

21 (i) in subsection (e)(3), by striking
22 “Subsection (c)” and inserting “Subsection
23 (b) and section 401(b)(1) of the Indian
24 Health Care Improvement Act”;

1 (ii) by redesignating subsection (e) as
2 subsection (d); and

3 (iii) by striking subsection (f).

4 (4) DEFINITIONS.—Such section is further
5 amended by amending adding at the end the fol-
6 lowing new subsection:

7 “(e) DEFINITIONS.—In this section, the terms ‘In-
8 dian Health Program’, ‘Indian Tribe’, ‘Service Unit’,
9 ‘Tribal Health Program’, ‘Tribal Organization’, and
10 ‘Urban Indian Organization’ have the meanings given
11 those terms in section 4 of the Indian Health Care Im-
12 provement Act.”.

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

16 (1) by redesignating subparagraphs (K)
17 through (M) as subparagraphs (L) through (N), re-
18 spectively; and

19 (2) by inserting after subparagraph (J), the fol-
20 lowing new subparagraph:

21 “(K) Section 1911 (relating to Indian
22 Health Programs, other than subsection (e) of
23 such section).”.

1 **SEC. 3202. ADDITIONAL PROVISIONS TO INCREASE OUT-**
2 **REACH TO, AND ENROLLMENT OF, INDIANS**
3 **IN SCHIP AND MEDICAID.**

4 (a) ASSURANCE OF PAYMENTS TO INDIAN HEALTH
5 CARE PROVIDERS FOR CHILD HEALTH ASSISTANCE.—
6 Section 2102(b)(3)(D) of the Social Security Act (42
7 U.S.C. 1397bb(b)(3)(D)) is amended by striking “(as de-
8 fined in section 4(c) of the Indian Health Care Improve-
9 ment Act, 25 U.S.C. 1603(c))” and inserting “, including
10 how the State will ensure that payments are made to In-
11 dian Health Programs and urban Indian organizations op-
12 erating in the State for the provision of such assistance”.

13 (b) INCLUSION OF OTHER INDIAN FINANCED
14 HEALTH CARE PROGRAMS IN EXEMPTION FROM PROHI-
15 BITION ON CERTAIN PAYMENTS.—Section 2105(c)(6)(B)
16 of such Act (42 U.S.C. 1397ee(c)(6)(B)) is amended by
17 striking “insurance program, other than an insurance pro-
18 gram operated or financed by the Indian Health Service”
19 and inserting “program, other than a health care program
20 operated or financed by the Indian Health Service or by
21 an Indian Tribe, Tribal Organization, or urban Indian or-
22 ganization”.

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

1 “(9) INDIAN; INDIAN HEALTH PROGRAM; IN-
2 DIAN TRIBE; ETC.—The terms ‘Indian’, ‘Indian
3 Health Program’, ‘Indian Tribe’, ‘Tribal Organiza-
4 tion’, and ‘Urban Indian Organization’ have the
5 meanings given those terms in section 4 of the In-
6 dian Health Care Improvement Act.”.

7 **SEC. 3203. SOLICITATION OF PROPOSALS FOR SAFE HAR-**
8 **BORS UNDER THE SOCIAL SECURITY ACT**
9 **FOR FACILITIES OF INDIAN HEALTH PRO-**
10 **GRAMS AND URBAN INDIAN ORGANIZATIONS.**

11 The Secretary of Health and Human Services, acting
12 through the Office of the Inspector General of the Depart-
13 ment of Health and Human Services, shall publish a no-
14 tice, described in section 1128D(a)(1)(A) of the Social Se-
15 curity Act (42 U.S.C. 1320a-7d(a)(1)(A)), soliciting a
16 proposal, not later than July 1, 2010, on the development
17 of safe harbors described in such section relating to health
18 care items and services provided by facilities of Indian
19 Health Programs or an urban Indian organization (as
20 such terms are defined in section 4 of the Indian Health
21 Care Improvement Act). Such a safe harbor may relate
22 to areas such as transportation, housing, or cost-sharing,
23 assistance provided through such facilities or contract
24 health services for Indians.

1 **SEC. 3204. ANNUAL REPORT ON INDIANS SERVED BY SO-**
2 **CIAL SECURITY ACT HEALTH BENEFIT PRO-**
3 **GRAMS.**

4 Section 1139 of the Social Security Act (42 U.S.C.
5 1320b-9), as amended by the sections 3203 and 3204,
6 is amended by redesignating subsection (e) as subsection
7 (f), and inserting after subsection (d) the following new
8 subsection:

9 “(e) ANNUAL REPORT ON INDIANS SERVED BY
10 HEALTH BENEFIT PROGRAMS FUNDED UNDER THIS
11 ACT.—Beginning January 1, 2011, and annually there-
12 after, the Secretary, acting through the Administrator of
13 the Centers for Medicare & Medicaid Services and the Di-
14 rector of the Indian Health Service, shall submit a report
15 to Congress regarding the enrollment and health status
16 of Indians receiving items or services under health benefit
17 programs funded under this Act during the preceding
18 year. Each such report shall include the following:

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

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

25 “(3) General information regarding the health
26 status of the Indians described in paragraph (1),

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

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

18 “(5) Such other information as the Secretary
19 determines is appropriate.”.

1 **SEC. 3205. DEVELOPMENT OF RECOMMENDATIONS TO IM-**
2 **PROVE INTERSTATE COORDINATION OF MED-**
3 **ICAID AND SCHIP COVERAGE OF INDIAN**
4 **CHILDREN AND OTHER CHILDREN WHO ARE**
5 **OUTSIDE OF THEIR STATE OF RESIDENCY BE-**
6 **CAUSE OF EDUCATIONAL OR OTHER NEEDS.**

7 (a) **STUDY.**—The Secretary shall conduct a study to
8 identify barriers to interstate coordination of enrollment
9 and coverage under the Medicaid program under title XIX
10 of the Social Security Act and the State Children’s Health
11 Insurance Program under title XXI of such Act of chil-
12 dren who are eligible for medical assistance or child health
13 assistance under such programs and who, because of edu-
14 cational needs, migration of families, emergency evacu-
15 ations, or otherwise, frequently change their State of resi-
16 dency or otherwise are temporarily present outside of the
17 State of their residency. Such study shall include an exam-
18 ination of the enrollment and coverage coordination issues
19 faced by Indian children who are eligible for medical as-
20 sistance or child health assistance under such programs
21 in their State of residence and who temporarily reside in
22 an out-of-State boarding school or peripheral dormitory
23 funded by the Bureau of Indian Affairs.

24 (b) **REPORT.**—Not later than 18 months after the
25 date of enactment of this Act, the Secretary, in consulta-
26 tion with directors of State Medicaid programs under title

1 XIX of the Social Security Act and directors of State Chil-
2 dren's Health Insurance Programs under title XXI of such
3 Act, shall submit a report to Congress that contains rec-
4 ommendations for such legislative and administrative ac-
5 tions as the Secretary determines appropriate to address
6 the enrollment and coverage coordination barriers identi-
7 fied through the study required under subsection (a).

○