

113TH CONGRESS
1ST SESSION

H. R. 2037

To establish a demonstration grant program to recruit, train, deploy, and professionally support psychiatric physicians in Indian health programs.

IN THE HOUSE OF REPRESENTATIVES

MAY 16, 2013

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

A BILL

To establish a demonstration grant program to recruit, train, deploy, and professionally support psychiatric physicians in Indian health programs.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Native American Psy-
5 chiatric and Mental Health Care Improvement Act”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

1 (1) The Substance Abuse and Mental Health
2 Services Administration concludes the rate of serious
3 mental illness in American Indians and Alaska Na-
4 tives is twice that of any other race or ethnicity.

5 (2) The Centers for Disease Control and Pre-
6 vention concludes the suicide rate among American
7 Indian and Alaska Native youth is more than twice
8 that of any other race or ethnicity.

9 (3) The United States Surgeon General at-
10 tributes high rates of homelessness, incarceration,
11 alcohol and drug abuse, stress, and trauma as prin-
12 cipal causes of mental illness in American Indians
13 and Alaska Natives.

14 (4) The Agency for Healthcare Research and
15 Quality concludes in The National Health Disparity
16 Report, 2011, that American Indians and Alaska
17 Natives had worse care than Whites in 28 measures
18 of health care quality and access.

19 (5) The Indian Health Service reports that per
20 capita spending on personal health care of American
21 Indians and Alaska Natives was \$2,741 in 2012—
22 nearly two-thirds below the national average of
23 \$7,239.

24 (6) The Department of Health and Human
25 Services, Office of Inspector General, reports that a

1 shortage of psychiatrists at the Indian Health Serv-
2 ice and other tribal health facilities significantly lim-
3 its mental health access to American Indians and
4 Alaska Natives.

5 (7) The One Sky Center, the American Indian/
6 Alaska Native National Resource Center for Sub-
7 stance Abuse and Mental Health Services, identifies
8 20 psychiatrists currently practicing in Indian coun-
9 try (out of approximately 60,000 psychiatrists prac-
10 ticing nationwide), and 2 Native American psychia-
11 trists currently practicing in Indian country (out of
12 13 practicing nationwide).

13 (8) According to the American Psychiatric As-
14 sociation, psychiatric physicians practicing in Amer-
15 ican Indian and Alaska Native population groups
16 often face cultural competency challenges, profes-
17 sional isolation, high demand for medical and mental
18 health services, relatively low compensation, and
19 high burnout rates.

20 (9) A legislative initiative is warranted to create
21 a nationally-replicable workforce model that identi-
22 fies and incorporates best practices for recruiting,
23 training, deploying, and professionally supporting
24 Native American psychiatric physicians or non-Na-
25 tive American psychiatric physicians (or both), who

1 are fully integrated into existing medical, mental,
2 and behavioral health systems in Indian health pro-
3 grams.

4 **SEC. 3. DEMONSTRATION GRANT PROGRAM TO RECRUIT,**
5 **TRAIN, DEPLOY, AND PROFESSIONALLY SUP-**
6 **PORT PSYCHIATRIC PHYSICIANS IN INDIAN**
7 **HEALTH PROGRAMS.**

8 (a) ESTABLISHMENT.—The Secretary of Health and
9 Human Services (in this section referred to as the “Sec-
10 retary”), in consultation with the Director of the Indian
11 Health Service and demonstration programs established
12 under section 123 of the Indian Health Care Improvement
13 Act (25 U.S.C. 1616p), shall award one 5-year grant to
14 one eligible entity to carry out a demonstration program
15 (in this Act referred to as the “Program”) under which
16 the eligible entity shall carry out the activities described
17 in subsection (b).

18 (b) ACTIVITIES TO BE CARRIED OUT BY RECIPIENT
19 OF GRANT UNDER PROGRAM.—Under the Program, the
20 grant recipient shall—

21 (1) create a nationally-replicable workforce
22 model that identifies and incorporates best practices
23 for recruiting, training, deploying, and professionally
24 supporting Native American and non-Native Amer-
25 ican psychiatric physicians to be fully integrated into

1 medical, mental, and behavioral health systems in
2 Indian health programs;

3 (2) recruit to participate in the Program Native
4 American and non-Native American psychiatric phy-
5 sicians who demonstrate interest in providing spe-
6 cialty health care services (as defined in section
7 313(a)(3) of the Indian Health Care Improvement
8 Act (25 U.S.C. 1638g(a)(3))) and primary care serv-
9 ices to American Indians and Alaska Natives;

10 (3) provide such psychiatric physicians partici-
11 pating in the Program with not more than 1 year of
12 supplemental clinical and cultural competency train-
13 ing to enable such physicians to provide such spe-
14 cialty health care services and primary care services
15 in Indian health programs;

16 (4) with respect to such psychiatric physicians
17 who are participating in the Program and trained
18 under paragraph (3), deploy such physicians to prac-
19 tice specialty care or primary care in Indian health
20 programs for a period of not less than 2 years and
21 professionally support such physicians for such pe-
22 riod with respect to practicing such care in such pro-
23 grams; and

24 (5) not later than 1 year after the last day of
25 the 5-year period for which the grant is awarded

1 under subsection (a), submit to the Secretary and to
2 the appropriate committees of Congress a report
3 that shall include—

4 (A) the workforce model created under
5 paragraph (1);

6 (B) strategies for disseminating the work-
7 force model to other entities with the capability
8 of adopting it; and

9 (C) recommendations for the Secretary and
10 Congress with respect to supporting an effective
11 and stable psychiatric and mental health work-
12 force that serves American Indians and Alaska
13 Natives.

14 (c) ELIGIBLE ENTITIES.—

15 (1) REQUIREMENTS.—To be eligible to receive
16 the grant under this section, an entity shall—

17 (A) submit to the Secretary an application
18 at such time, in such manner, and containing
19 such information as the Secretary may require;

20 (B) be a department of psychiatry within
21 a medical school in the United States that is
22 accredited by the Liaison Committee on Medical
23 Education or a public or private non-profit enti-
24 ty affiliated with a medical school in the United

1 States that is accredited by the Liaison Com-
2 mittee on Medical Education; and

3 (C) have in existence, as of the time of
4 submission of the application under subpara-
5 graph (A), a relationship with Indian health
6 programs in at least two States with a dem-
7 onstrated need for psychiatric physicians and
8 provide assurances that the grant will be used
9 to serve rural and non-rural American Indian
10 and Alaska Native populations in at least two
11 States.

12 (2) PRIORITY IN SELECTING GRANT RECIPI-
13 ENT.—In awarding the grant under this section, the
14 Secretary shall give priority to an eligible entity that
15 satisfies each of the following:

16 (A) Demonstrates sufficient infrastructure
17 in size, scope, and capacity to undertake the
18 supplemental clinical and cultural competency
19 training of a minimum of 5 psychiatric physi-
20 cians, and to provide ongoing professional sup-
21 port to psychiatric physicians during the de-
22 ployment period to an Indian health program.

23 (B) Demonstrates a record in successfully
24 recruiting, training, and deploying physicians
25 who are American Indians and Alaska Natives.

1 (C) Demonstrates the ability to establish a
2 program advisory board, which may be pri-
3 marily composed of representatives of federally-
4 recognized tribes, Alaska Natives, and Indian
5 health programs to be served by the Program.

6 (d) ELIGIBILITY OF PSYCHIATRIC PHYSICIANS TO
7 PARTICIPATE IN THE PROGRAM.—

8 (1) IN GENERAL.—To be eligible to participate
9 in the Program, as described in subsection (b), a
10 psychiatric physician shall—

11 (A) be licensed or eligible for licensure to
12 practice in the State to which the physician is
13 to be deployed under subsection (b)(4); and

14 (B) demonstrate a commitment beyond the
15 one year of training described in subsection
16 (b)(3) and two years of deployment described in
17 subsection (b)(4) to a career as a specialty care
18 physician or primary care physician providing
19 mental health services in Indian health pro-
20 grams.

21 (2) PREFERENCE.—In selecting physicians to
22 participate under the Program, as described in sub-
23 section (b)(2), the grant recipient shall give pref-
24 erence to physicians who are American Indians and
25 Alaska Natives.

1 (e) LOAN FORGIVENESS.—Under the Program, any
2 psychiatric physician accepted to participate in the Pro-
3 gram shall, notwithstanding the provisions of subsection
4 (b) of section 108 of the Indian Health Care Improvement
5 Act (25 U.S.C. 1616a) and upon acceptance into the Pro-
6 gram, be deemed eligible and enrolled to participate in the
7 Indian Health Service Loan Repayment Program under
8 such section 108. Under such Loan Repayment Program,
9 the Secretary shall pay on behalf of the physician for each
10 year of deployment under the Program under this section
11 up to \$35,000 for loans described in subsection (g)(1) of
12 such section 108.

13 (f) DEFERRAL OF CERTAIN SERVICE.—The starting
14 date of required service of individuals in the National
15 Health Service Corps Service Program under title II of
16 the Public Health Service Act (42 U.S.C. 202 et seq.) who
17 are psychiatric physicians participating under the Pro-
18 gram under this section shall be deferred until the date
19 that is 30 days after the date of completion of the partici-
20 pation of such a physician in the Program under this sec-
21 tion.

22 (g) DEFINITIONS.—For purposes of this Act:

23 (1) AMERICAN INDIANS AND ALASKA NA-
24 TIVES.—The term “American Indians and Alaska
25 Natives” has the meaning given the term “Indian”

1 in section 447.50(b)(1) of title 42, Code of Federal
2 Regulations, as in existence as of the date of the en-
3 actment of this Act.

4 (2) INDIAN HEALTH PROGRAM.—The term “In-
5 dian health program” has the meaning given such
6 term in section 104(12) of the Indian Health Care
7 Improvement Act (25 U.S.C. 1603(12)).

8 (3) PROFESSIONALLY SUPPORT.—The term
9 “professionally support” means, with respect to psy-
10 chiatric physicians participating in the Program and
11 deployed to practice specialty care or primary care
12 in Indian health programs, the provision of com-
13 pensation to such physicians for the provision of
14 such care during such deployment and may include
15 the provision, dissemination, or sharing of best prac-
16 tices, field training, and other activities deemed ap-
17 propriate by the recipient of the grant under this
18 section.

19 (4) PSYCHIATRIC PHYSICIAN.—The term “psy-
20 chiatric physician” means a medical doctor or doctor
21 of osteopathy in good standing who has successfully
22 completed four-year psychiatric residency training or
23 who is enrolled in four-year psychiatric residency
24 training in a residency program accredited by the

1 Accreditation Council for Graduate Medical Edu-
2 cation.

3 (h) AUTHORIZATION OF APPROPRIATIONS.—There is
4 authorized to be appropriated to carry out this section
5 \$1,000,000 for each of the fiscal years 2014 through
6 2018.

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