

111TH CONGRESS
1ST SESSION

S. 1790

To amend the Indian Health Care Improvement Act to revise and extend that Act, and for other purposes.

IN THE SENATE OF THE UNITED STATES

OCTOBER 15, 2009

Mr. DORGAN (for himself, Mr. REID, Ms. MURKOWSKI, Mr. UDALL of New Mexico, Mr. WHITEHOUSE, Mr. JOHNSON, Mr. TESTER, Mr. AKAKA, Mr. CONRAD, Mr. BEGICH, Mr. FRANKEN, Mr. BURRIS, Mr. INOUE, Ms. STABENOW, Mr. UDALL of Colorado, and Ms. KLOBUCHAR) introduced the following bill; which was read twice and referred to the Committee on Indian Affairs

A BILL

To amend the Indian Health Care Improvement Act to revise and extend that Act, and for other purposes.

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

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Indian Health Care Improvement Reauthorization and
6 Extension Act of 2009”.

7 (b) TABLE OF CONTENTS.—The table of contents of
8 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—INDIAN HEALTH CARE IMPROVEMENT ACT
REAUTHORIZATION AND AMENDMENTS

- Sec. 101. Reauthorization.
 Sec. 102. Findings.
 Sec. 103. Declaration of national Indian health policy.
 Sec. 104. Definitions.

Subtitle A—Indian Health Manpower

- Sec. 111. Community Health Aide Program.
 Sec. 112. Health professional chronic shortage demonstration programs.
 Sec. 113. Exemption from payment of certain fees.

Subtitle B—Health Services

- Sec. 121. Other authority for provision of services; shared services for long-term care.
 Sec. 122. Reimbursement from certain third parties of costs of health services.
 Sec. 123. Crediting of reimbursements.
 Sec. 124. Behavioral health training and community education programs.
 Sec. 125. Mammography and other cancer screening.
 Sec. 126. Patient travel costs.
 Sec. 127. Epidemiology centers.
 Sec. 128. Prevention, control, and elimination of communicable and infectious diseases.
 Sec. 129. Methods to increase clinician recruitment and retention issues.
 Sec. 130. Offices of Indian Men's Health and Indian Women's Health.
 Sec. 131. Contract health service disbursement formula.

Subtitle C—Health Facilities

- Sec. 141. Indian health care delivery demonstration projects.
 Sec. 142. Tribal management of federally owned quarters.
 Sec. 143. Other funding, equipment, and supplies for facilities.
 Sec. 144. Indian country modular component facilities demonstration program.
 Sec. 145. Mobile health stations demonstration program.

Subtitle D—Access to Health Services

- Sec. 151. Treatment of payments under Social Security Act health benefits programs.
 Sec. 152. Purchasing health care coverage.
 Sec. 153. Grants to and contracts with the Service, Indian tribes, tribal organizations, and urban Indian organizations to facilitate outreach, enrollment, and coverage of Indians under Social Security Act health benefit programs and other health benefits programs.
 Sec. 154. Sharing arrangements with Federal agencies.
 Sec. 155. Eligible Indian veteran services.
 Sec. 156. Nondiscrimination under Federal health care programs in qualifications for reimbursement for services.
 Sec. 157. Access to Federal insurance.
 Sec. 158. General exceptions.

Subtitle E—Health Services for Urban Indians

- Sec. 161. Requirement to confer with urban Indian organizations.
- Sec. 162. Expanded program authority for urban Indian organizations.
- Sec. 163. Community health representatives.

Subtitle F—Organizational Improvements

- Sec. 171. Establishment of the Indian Health Service as an agency of the Public Health Service.
- Sec. 172. Office of Direct Service Tribes.
- Sec. 173. Nevada area office.

Subtitle G—Behavioral Health Programs

- Sec. 181. Behavioral health programs.

“TITLE VII—BEHAVIORAL HEALTH PROGRAMS

“Subtitle A—General Programs

- “Sec. 701. Definitions.
- “Sec. 702. Behavioral health prevention and treatment services.
- “Sec. 703. Memoranda of agreement with the Department of Interior.
- “Sec. 704. Comprehensive behavioral health prevention and treatment program.
- “Sec. 705. Mental health technician program.
- “Sec. 706. Licensing requirement for mental health care workers.
- “Sec. 707. Indian women treatment programs.
- “Sec. 708. Indian youth program.
- “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 spectrum disorders programs.
- “Sec. 713. Child sexual abuse and prevention treatment programs.
- “Sec. 714. Domestic and sexual violence prevention and treatment.
- “Sec. 715. Behavioral health research.

“Subtitle B—Indian Youth Suicide Prevention

- “Sec. 721. Findings and purpose.
- “Sec. 722. Definitions.
- “Sec. 723. Indian youth telemental health demonstration project.
- “Sec. 724. Substance Abuse and Mental Health Services Administration grants.
- “Sec. 725. Use of predoctoral psychology and psychiatry interns.
- “Sec. 726. Indian youth life skills development demonstration program.

Subtitle H—Miscellaneous

- Sec. 191. Confidentiality of medical quality assurance records; qualified immunity for participants.
- Sec. 192. Arizona, North Dakota, and South Dakota as contract health service delivery areas; eligibility of California Indians.
- Sec. 193. Methods to increase access to professionals of certain corps.
- Sec. 194. Health services for ineligible persons.
- Sec. 195. Annual budget submission.

TITLE II—AMENDMENTS TO OTHER ACTS

Sec. 201. Solicitation of proposals for safe harbors under the Social Security Act for facilities of Indian health programs and urban Indian organizations.

Sec. 202. Annual report regarding Indians served by health benefits programs under Social Security Act.

Sec. 203. Including costs incurred by Service, a federally qualified health center, an AIDS drug assistance program, certain hospitals, or a pharmaceutical manufacturer patient assistance program in providing prescription drugs toward the annual out of pocket threshold under part D.

Sec. 204. Medicare amendments.

Sec. 205. Expansion of payments under Medicare, Medicaid, and CHIP for all covered services furnished by Indian health programs.

Sec. 206. Reauthorization of Native Hawaiian health care programs.

1 **TITLE I—INDIAN HEALTH CARE**
 2 **IMPROVEMENT ACT REAU-**
 3 **THORIZATION AND AMEND-**
 4 **MENTS**

5 **SEC. 101. REAUTHORIZATION.**

6 (a) IN GENERAL.—Section 825 of the Indian Health
 7 Care Improvement Act (25 U.S.C. 1680o) is amended to
 8 read as follows:

9 **“SEC. 825. AUTHORIZATION OF APPROPRIATIONS.**

10 “There are authorized to be appropriated such sums
 11 as are necessary to carry out this Act for fiscal year 2010
 12 and each fiscal year thereafter, to remain available until
 13 expended.”.

14 (b) REPEALS.—The following provisions of the In-
 15 dian Health Care Improvement Act are repealed:

16 (1) Section 123 (25 U.S.C. 1616p).

17 (2) Paragraph (6) of section 209(m) (25 U.S.C.
 18 1621h(m)).

1 (3) Subsection (g) of section 211 (25 U.S.C.
2 1621j).

3 (4) Subsection (e) of section 216 (25 U.S.C.
4 1621o).

5 (5) Section 224 (25 U.S.C. 1621w).

6 (6) Section 309 (25 U.S.C. 1638a).

7 (7) Section 407 (25 U.S.C. 1647).

8 (8) Subsection (c) of section 512 (25 U.S.C.
9 1660b).

10 (9) Section 514 (25 U.S.C. 1660d).

11 (10) Section 603 (25 U.S.C. 1663).

12 (11) Section 805 (25 U.S.C. 1675).

13 (c) CONFORMING AMENDMENTS.—

14 (1) Section 204(c)(1) of the Indian Health Care
15 Improvement Act (25 U.S.C. 1621c(c)(1)) is amend-
16 ed by striking “through fiscal year 2000”.

17 (2) Section 213 of the Indian Health Care Im-
18 provement Act (25 U.S.C. 1621l) is amended by
19 striking “(a) The Secretary” and inserting “The
20 Secretary”.

21 (3) Section 310 of the Indian Health Care Im-
22 provement Act (25 U.S.C. 1638b) is amended by
23 striking “funds provided pursuant to the authoriza-
24 tion contained in section 309” each place it appears

1 and inserting “funds made available to carry out
2 this title”.

3 **SEC. 102. FINDINGS.**

4 Section 2 of the Indian Health Care Improvement
5 Act (25 U.S.C. 1601) is amended—

6 (1) by redesignating subsections (a), (b), (c),
7 and (d) as paragraphs (1), (3), (4), and (5), respec-
8 tively, and indenting the paragraphs appropriately;
9 and

10 (2) by inserting after paragraph (1) (as so re-
11 designated) the following:

12 “(2) A major national goal of the United States
13 is to provide the resources, processes, and structure
14 that will enable Indian tribes and tribal members to
15 obtain the quantity and quality of health care serv-
16 ices and opportunities that will eradicate the health
17 disparities between Indians and the general popu-
18 lation of the United States.”.

19 **SEC. 103. DECLARATION OF NATIONAL INDIAN HEALTH**
20 **POLICY.**

21 Section 3 of the Indian Health Care Improvement
22 Act (25 U.S.C. 1602) is amended to read as follows:

1 **“SEC. 3. DECLARATION OF NATIONAL INDIAN HEALTH POL-**
2 **ICY.**

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

6 “(1) to ensure the highest possible health status
7 for Indians and urban Indians and to provide all re-
8 sources necessary to effect that policy;

9 “(2) to raise the health status of Indians and
10 urban Indians to at least the levels set forth in the
11 goals contained within the Healthy People 2010 ini-
12 tiative or successor objectives;

13 “(3) to ensure maximum Indian participation in
14 the direction of health care services so as to render
15 the persons administering such services and the
16 services themselves more responsive to the needs and
17 desires of Indian communities;

18 “(4) to increase the proportion of all degrees in
19 the health professions and allied and associated
20 health professions awarded to Indians so that the
21 proportion of Indian health professionals in each
22 Service area is raised to at least the level of that of
23 the general population;

24 “(5) to require that all actions under this Act
25 shall be carried out with active and meaningful con-
26 sultation with Indian tribes and tribal organizations,

1 and conference with urban Indian organizations, to
2 implement this Act and the national policy of Indian
3 self-determination;

4 “(6) to ensure that the United States and In-
5 dian tribes work in a government-to-government re-
6 lationship to ensure quality health care for all tribal
7 members; and

8 “(7) to provide funding for programs and facili-
9 ties operated by Indian tribes and tribal organiza-
10 tions in amounts that are not less than the amounts
11 provided to programs and facilities operated directly
12 by the Service.”.

13 **SEC. 104. DEFINITIONS.**

14 Section 4 of the Indian Health Care Improvement
15 Act (25 U.S.C. 1603) is amended—

16 (1) by striking the matter preceding subsection
17 (a) and inserting “In this Act:”;

18 (2) in each of subsections (c), (j), (k), and (l),
19 by redesignating the paragraphs contained in the
20 subsections as subparagraphs and indenting the sub-
21 paragraphs appropriately;

22 (3) by redesignating subsections (a) through (q)
23 as paragraphs (17), (18), (13), (14), (26), (28),
24 (27), (29), (1), (20), (11), (7), (19), (10), (21), (8),
25 and (9), respectively, indenting the paragraphs ap-

1 appropriately, and moving the paragraphs so as to ap-
2 pear in numerical order;

3 (4) in each paragraph (as so redesignated), by
4 inserting a heading the text of which is comprised of
5 the term defined in the paragraph;

6 (5) by inserting “The term” after each para-
7 graph heading;

8 (6) by inserting after paragraph (1) (as redesign-
9 nated by paragraph (3)) the following:

10 “(2) BEHAVIORAL HEALTH.—

11 “(A) IN GENERAL.—The term ‘behavioral
12 health’ means the blending of substance (alco-
13 hol, drugs, inhalants, and tobacco) abuse and
14 mental health prevention and treatment for the
15 purpose of providing comprehensive services.

16 “(B) INCLUSIONS.—The term ‘behavioral
17 health’ includes the joint development of sub-
18 stance abuse and mental health treatment plan-
19 ning and coordinated case management using a
20 multidisciplinary approach.

21 “(3) CALIFORNIA INDIAN.—The term ‘Calif-
22 ornia Indian’ means any Indian who is eligible for
23 health services provided by the Service pursuant to
24 section 809.

1 “(4) COMMUNITY COLLEGE.—The term ‘com-
2 munity college’ means—

3 “(A) a tribal college or university; or

4 “(B) a junior or community college.

5 “(5) CONTRACT HEALTH SERVICE.—The term
6 ‘contract health service’ means any health service
7 that is—

8 “(A) delivered based on a referral by, or at
9 the expense of, an Indian health program; and

10 “(B) provided by a public or private med-
11 ical provider or hospital that is not a provider
12 or hospital of the Indian health program.

13 “(6) DEPARTMENT.—The term ‘Department’,
14 unless otherwise designated, means the Department
15 of Health and Human Services.”;

16 (7) by striking paragraph (7) (as redesignated
17 by paragraph (3)) and inserting the following:

18 “(7) DISEASE PREVENTION.—

19 “(A) IN GENERAL.—The term ‘disease pre-
20 vention’ means any activity for—

21 “(i) the reduction, limitation, and pre-
22 vention of—

23 “(I) disease; and

24 “(II) complications of disease;

25 and

1 “(ii) the reduction of consequences of
2 disease.

3 “(B) INCLUSIONS.—The term ‘disease pre-
4 vention’ includes an activity for—

5 “(i) controlling—

6 “(I) the development of diabetes;

7 “(II) high blood pressure;

8 “(III) infectious agents;

9 “(IV) injuries;

10 “(V) occupational hazards and
11 disabilities;

12 “(VI) sexually transmittable dis-
13 eases; or

14 “(VII) toxic agents; or

15 “(ii) providing—

16 “(I) fluoridation of water; or

17 “(II) immunizations.”;

18 (8) by striking paragraph (9) (as redesignated
19 by paragraph (3)) and inserting the following:

20 “(9) FAS.—The term ‘fetal alcohol syndrome’
21 or ‘FAS’ means a syndrome in which, with a history
22 of maternal alcohol consumption during pregnancy,
23 the following criteria are met:

24 “(A) Central nervous system involvement
25 such as mental retardation, developmental

1 delay, intellectual deficit, microencephaly, or
2 neurologic abnormalities.

3 “(B) Craniofacial abnormalities with at
4 least 2 of the following: microphthalmia, short
5 palpebral fissures, poorly developed philtrum,
6 thin upper lip, flat nasal bridge, and short
7 upturned nose.

8 “(C) Prenatal or postnatal growth delay.”;
9 (9) by striking paragraphs (11) and (12) (as
10 redesignated by paragraph (3)) and inserting the
11 following:

12 “(11) HEALTH PROMOTION.—The term ‘health
13 promotion’ means any activity for—

14 “(A) fostering social, economic, environ-
15 mental, and personal factors conducive to
16 health, including raising public awareness re-
17 garding health matters and enabling individuals
18 to cope with health problems by increasing
19 knowledge and providing valid information;

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

22 “(C) promoting education and work in ac-
23 cordance 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, including programs for—

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 methods
14 of prevention of communicable diseases, in-
15 cluding HIV/AIDS;

16 “(vii) environmental health;

17 “(viii) exercise and physical fitness;

18 “(ix) avoidance of fetal alcohol spec-
19 trum disorders;

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

1 “(xxviii) violence prevention; and

2 “(xxix) such other activities identified
3 by the Service, a tribal health program, or
4 an urban Indian organization to promote
5 achievement of any of the objectives re-
6 ferred to in section 3(2).

7 “(12) INDIAN HEALTH PROGRAM.—The term
8 ‘Indian health program’ means—

9 “(A) any health program administered di-
10 rectly by the Service;

11 “(B) any tribal health program; and

12 “(C) any Indian tribe or tribal organiza-
13 tion to which the Secretary provides funding
14 pursuant to section 23 of the Act of June 25,
15 1910 (25 U.S.C. 47) (commonly known as the
16 ‘Buy Indian Act’).”;

17 (10) by inserting after paragraph (14) (as re-
18 designated by paragraph (3)) the following:

19 “(15) JUNIOR OR COMMUNITY COLLEGE.—The
20 term ‘junior or community college’ has the meaning
21 given the term in section 312(e) of the Higher Edu-
22 cation Act of 1965 (20 U.S.C. 1058(e)).

23 “(16) RESERVATION.—

1 “(A) IN GENERAL.—The term ‘reservation’
2 means a reservation, Pueblo, or colony of any
3 Indian tribe.

4 “(B) INCLUSIONS.—The term ‘reservation’
5 includes—

6 “(i) former reservations in Oklahoma;

7 “(ii) Indian allotments; and

8 “(iii) Alaska Native Regions estab-
9 lished pursuant to the Alaska Native
10 Claims Settlement Act (43 U.S.C. 1601 et
11 seq.)”;

12 (11) by striking paragraph (20) (as redesignig-
13 nated by paragraph (3)) and inserting the following:

14 “(20) SERVICE UNIT.—The term ‘Service unit’
15 means an administrative entity of the Service or a
16 tribal health program through which services are
17 provided, directly or by contract, to eligible Indians
18 within a defined geographic area.”;

19 (12) by inserting after paragraph (21) (as re-
20 designated by paragraph (3)) the following:

21 “(22) TELEHEALTH.—The term ‘telehealth’ has
22 the meaning given the term in section 330K(a) of
23 the Public Health Service Act (42 U.S.C. 254c-
24 16(a)).

1 “(23) **TELEMEDICINE.**—The term ‘telemedicine’
2 means a telecommunications link to an end user
3 through the use of eligible equipment that electroni-
4 cally links health professionals or patients and
5 health professionals at separate sites in order to ex-
6 change health care information in audio, video,
7 graphic, or other format for the purpose of providing
8 improved health care services.

9 “(24) **TRIBAL COLLEGE OR UNIVERSITY.**—The
10 term ‘tribal college or university’ has the meaning
11 given the term in section 316(b) of the Higher Edu-
12 cation Act of 1965 (20 U.S.C. 1059c(b)).

13 “(25) **TRIBAL HEALTH PROGRAM.**—The term
14 ‘tribal health program’ means an Indian tribe or
15 tribal organization that operates any health pro-
16 gram, service, function, activity, or facility funded,
17 in whole or part, by the Service through, or provided
18 for in, a contract or compact with the Service under
19 the Indian Self-Determination and Education Assist-
20 ance Act (25 U.S.C. 450 et seq.)”; and

21 (13) by striking paragraph (26) (as redesign-
22 nated by paragraph (3)) and inserting the following:

23 “(26) **TRIBAL ORGANIZATION.**—The term ‘trib-
24 al organization’ has the meaning given the term in

1 section 4 of the Indian Self-Determination and Edu-
2 cation Assistance Act (25 U.S.C. 450b).”.

3 **Subtitle A—Indian Health**
4 **Manpower**

5 **SEC. 111. COMMUNITY HEALTH AIDE PROGRAM.**

6 Section 119 of the Indian Health Care Improvement
7 Act (25 U.S.C. 1616*l*) is amended to read as follows:

8 **“SEC. 119. COMMUNITY HEALTH AIDE PROGRAM.**

9 “(a) **GENERAL PURPOSES OF PROGRAM.**—Pursuant
10 to the Act of November 2, 1921 (25 U.S.C. 13) (commonly
11 known as the ‘Snyder Act’), the Secretary, acting through
12 the Service, shall develop and operate a Community
13 Health Aide Program in the State of Alaska under which
14 the Service—

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

17 “(2) uses those aides or practitioners in the
18 provision of health care, health promotion, and dis-
19 ease prevention services to Alaska Natives living in
20 villages in rural Alaska; and

21 “(3) provides for the establishment of tele-
22 conferencing capacity in health clinics located in or
23 near those villages for use by community health
24 aides 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 those 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 regarding the
14 theory of health care with supervised practical
15 experience 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 that identi-
8 fies 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 ensure the pro-
20 vision of quality health care, health promotion, and
21 disease prevention services; and

22 “(7) ensure that—

23 “(A) pulpal therapy (not including
24 pulpotomies on deciduous teeth) or extraction of
25 adult teeth can be performed by a dental health

1 aide therapist only after consultation with a li-
2 censed dentist who determines that the proce-
3 dure is a medical emergency that cannot be re-
4 solved with palliative treatment; and

5 “(B) dental health aide therapists are
6 strictly prohibited from performing all other
7 oral or jaw surgeries, subject to the condition
8 that uncomplicated extractions shall not be con-
9 sidered oral surgery under this section.

10 “(c) PROGRAM REVIEW.—

11 “(1) NEUTRAL PANEL.—

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

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

21 “(2) STUDY.—

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

1 Program under this section to ensure that the
2 quality of care provided through those services
3 is adequate and appropriate.

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

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

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

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

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

23 “(D) CONSULTATION.—In carrying out the
24 study under this paragraph, the neutral panel
25 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 Alaska
12 tribal organizations under paragraph (2)(D).

13 “(d) NATIONALIZATION OF PROGRAM.—

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

20 “(2) REQUIREMENT.—In establishing a na-
21 tional program under paragraph (1), the Secretary
22 shall not reduce the amounts provided for the Com-
23 munity Health Aide Program described in sub-
24 sections (a) and (b).”.

1 **SEC. 112. HEALTH PROFESSIONAL CHRONIC SHORTAGE**
2 **DEMONSTRATION PROGRAMS.**

3 Title I of the Indian Health Care Improvement Act
4 (25 U.S.C. 1611 et seq.) (as amended by section 101(b))
5 is amended by adding at the end the following:

6 **“SEC. 123. HEALTH PROFESSIONAL CHRONIC SHORTAGE**
7 **DEMONSTRATION PROGRAMS.**

8 “(a) DEMONSTRATION PROGRAMS.—The Secretary,
9 acting through the Service, may fund demonstration pro-
10 grams for Indian health programs to address the chronic
11 shortages of health professionals.

12 “(b) PURPOSES OF PROGRAMS.—The purposes of
13 demonstration programs under subsection (a) shall be—

14 “(1) to provide direct clinical and practical ex-
15 perience within an Indian health program to health
16 profession students and residents from medical
17 schools;

18 “(2) to improve the quality of health care for
19 Indians by ensuring access to qualified health pro-
20 fessionals;

21 “(3) to provide academic and scholarly opportu-
22 nities for health professionals serving Indians by
23 identifying all academic and scholarly resources of
24 the region; and

1 “(4) to provide training and support for alter-
2 native provider types, such as community health rep-
3 resentatives, and community health aides.

4 “(c) ADVISORY BOARD.—The demonstration pro-
5 grams established pursuant to subsection (a) shall incor-
6 porate a program advisory board, which may be composed
7 of representatives of tribal governments, Indian health
8 programs, and Indian communities in the areas to be
9 served by the demonstration programs.”.

10 **SEC. 113. EXEMPTION FROM PAYMENT OF CERTAIN FEES.**

11 Title I of the Indian Health Care Improvement Act
12 (25 U.S.C. 1611 et seq.) (as amended by section 112) is
13 amended by adding at the end the following:

14 **“SEC. 124. EXEMPTION FROM PAYMENT OF CERTAIN FEES.**

15 “Employees of a tribal health program or urban In-
16 dian organization shall be exempt from payment of licens-
17 ing, registration, and any other fees imposed by a Federal
18 agency to the same extent that officers of the commis-
19 sioned corps of the Public Health Service and other em-
20 ployees of the Service are exempt from those fees.”.

1 **Subtitle B—Health Services**

2 **SEC. 121. OTHER AUTHORITY FOR PROVISION OF SERV-**
 3 **ICES; SHARED SERVICES FOR LONG-TERM**
 4 **CARE.**

5 (a) OTHER AUTHORITY FOR PROVISION OF SERV-
 6 ICES.—

7 (1) IN GENERAL.—Section 205 of the Indian
 8 Health Care Improvement Act (25 U.S.C. 1621d) is
 9 amended to read as follows:

10 **“SEC. 205. OTHER AUTHORITY FOR PROVISION OF SERV-**
 11 **ICES.**

12 “(a) DEFINITIONS.—In this section:

13 “(1) ASSISTED LIVING SERVICE.—The term ‘as-
 14 sisted living service’ means any service provided by
 15 an assisted living facility (as defined in section
 16 232(b) of the National Housing Act (12 U.S.C.
 17 1715w(b))), except that such an assisted living facil-
 18 ity—

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

21 “(B) shall meet all applicable standards
 22 for licensure.

23 “(2) HOME- AND COMMUNITY-BASED SERV-
 24 ICE.—The term ‘home- and community-based serv-
 25 ice’ means 1 or more of the services specified in

1 paragraphs (1) through (9) of section 1929(a) of the
2 Social Security Act (42 U.S.C. 1396t(a)) (whether
3 provided by the Service or by an Indian tribe or trib-
4 al organization pursuant to the Indian Self-Deter-
5 mination and Education Assistance Act (25 U.S.C.
6 450 et seq.)) that are or will be provided in accord-
7 ance with applicable standards.

8 “(3) HOSPICE CARE.—The term ‘hospice care’
9 means—

10 “(A) the items and services specified in
11 subparagraphs (A) through (H) of section
12 1861(dd)(1) of the Social Security Act (42
13 U.S.C. 1395x(dd)(1)); and

14 “(B) such other services as an Indian tribe
15 or tribal organization determines are necessary
16 and appropriate to provide in furtherance of
17 that care.

18 “(4) LONG-TERM CARE SERVICES.—The term
19 ‘long-term care services’ has the meaning given the
20 term ‘qualified long-term care services’ in section
21 7702B(c) of the Internal Revenue Code of 1986.

22 “(b) FUNDING AUTHORIZED.—The Secretary, acting
23 through the Service, Indian tribes, and tribal organiza-
24 tions, may provide funding under this Act to meet the ob-
25 jectives set forth in section 3 through health care-related

1 services and programs not otherwise described in this Act
2 for the following services:

3 “(1) Hospice care.

4 “(2) Assisted living services.

5 “(3) Long-term care services.

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

7 “(c) ELIGIBILITY.—The following individuals shall be
8 eligible to receive long-term care services under this sec-
9 tion:

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

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

17 “(3) Such other individuals as an applicable
18 tribal health program determines to be appropriate.

19 “(d) AUTHORIZATION OF CONVENIENT CARE SERV-
20 ICES.—The Secretary, acting through the Service, Indian
21 tribes, and tribal organizations, may also provide funding
22 under this Act to meet the objectives set forth in section
23 3 for convenient care services programs pursuant to sec-
24 tion 307(c)(2)(A).”.

1 (2) REPEAL.—Section 821 of the Indian Health
2 Care Improvement Act (25 U.S.C. 1680k) is re-
3 pealed.

4 (b) SHARED SERVICES FOR LONG-TERM CARE.—
5 Section 822 of the Indian Health Care Improvement Act
6 (25 U.S.C. 1680l) is amended to read as follows:

7 **“SEC. 822. SHARED SERVICES FOR LONG-TERM CARE.**

8 “(a) LONG-TERM CARE.—

9 “(1) IN GENERAL.—Notwithstanding any other
10 provision of law, the Secretary, acting through the
11 Service, is authorized to provide directly, or enter
12 into contracts or compacts under the Indian Self-De-
13 termination and Education Assistance Act (25
14 U.S.C. 450 et seq.) with Indian tribes or tribal orga-
15 nizations for, the delivery of long-term care (includ-
16 ing health care services associated with long-term
17 care) provided in a facility to Indians.

18 “(2) INCLUSIONS.—Each agreement under
19 paragraph (1) shall provide for the sharing of staff
20 or other services between the Service or a tribal
21 health program and a long-term care or related facil-
22 ity owned and operated (directly or through a con-
23 tract or compact under the Indian Self-Determina-
24 tion and Education Assistance Act (25 U.S.C. 450
25 et seq.)) by the Indian tribe or tribal organization.

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

3 “(1) may, at the request of the Indian tribe or
4 tribal organization, delegate to the Indian tribe or
5 tribal organization such powers of supervision and
6 control over Service employees as the Secretary de-
7 termines to be necessary to carry out the purposes
8 of this section;

9 “(2) shall provide that expenses (including sala-
10 ries) relating to services that are shared between the
11 Service and the tribal health program be allocated
12 proportionately between the Service and the Indian
13 tribe or tribal organization; and

14 “(3) may authorize the Indian tribe or tribal
15 organization to construct, renovate, or expand a
16 long-term care or other similar facility (including the
17 construction of a facility attached to a Service facil-
18 ity).

19 “(c) MINIMUM REQUIREMENT.—Any nursing facility
20 provided for under this section shall meet the require-
21 ments for nursing facilities under section 1919 of the So-
22 cial Security Act (42 U.S.C. 1396r).

23 “(d) OTHER ASSISTANCE.—The Secretary shall pro-
24 vide such technical and other assistance as may be nec-
25 essary to enable applicants to comply with this section.

1 “(e) USE OF EXISTING OR UNDERUSED FACILI-
 2 TIES.—The Secretary shall encourage the use of existing
 3 facilities that are underused, or allow the use of swing
 4 beds, for long-term or similar care.”.

5 **SEC. 122. REIMBURSEMENT FROM CERTAIN THIRD PAR-**
 6 **TIES OF COSTS OF HEALTH SERVICES.**

7 Section 206 of the Indian Health Care Improvement
 8 Act (25 U.S.C. 1621e) is amended to read as follows:

9 **“SEC. 206. REIMBURSEMENT FROM CERTAIN THIRD PAR-**
 10 **TIES OF COSTS OF HEALTH SERVICES.**

11 “(a) RIGHT OF RECOVERY.—Except as provided in
 12 subsection (f), the United States, an Indian tribe, or tribal
 13 organization shall have the right to recover from an insur-
 14 ance company, health maintenance organization, employee
 15 benefit plan, third-party tortfeasor, or any other respon-
 16 sible or liable third party (including a political subdivision
 17 or local governmental entity of a State) the reasonable
 18 charges billed by the Secretary, an Indian tribe, or tribal
 19 organization in providing health services through the Serv-
 20 ice, an Indian tribe, or tribal organization, or, if higher,
 21 the highest amount the third party would pay for care and
 22 services furnished by providers other than governmental
 23 entities, to any individual to the same extent that such
 24 individual, or any nongovernmental provider of such serv-

1 ices, would be eligible to receive damages, reimbursement,
2 or indemnification for such charges or expenses if—

3 “(1) such services had been provided by a non-
4 governmental provider; and

5 “(2) such individual had been required to pay
6 such charges or expenses and did pay such charges
7 or expenses.

8 “(b) LIMITATIONS ON RECOVERIES FROM STATES.—
9 Subsection (a) shall provide a right of recovery against
10 any State, only if the injury, illness, or disability for which
11 health services were provided is covered under—

12 “(1) workers’ compensation laws; or

13 “(2) a no-fault automobile accident insurance
14 plan or program.

15 “(c) NONAPPLICABILITY OF OTHER LAWS.—No law
16 of any State, or of any political subdivision of a State and
17 no provision of any contract, insurance or health mainte-
18 nance organization policy, employee benefit plan, self-in-
19 surance plan, managed care plan, or other health care plan
20 or program entered into or renewed after the date of en-
21 actment of the Indian Health Care Amendments of 1988,
22 shall prevent or hinder the right of recovery of the United
23 States, an Indian tribe, or tribal organization under sub-
24 section (a).

1 “(d) NO EFFECT ON PRIVATE RIGHTS OF ACTION.—
2 No action taken by the United States, an Indian tribe,
3 or tribal organization to enforce the right of recovery pro-
4 vided under this section shall operate to deny to the in-
5 jured person the recovery for that portion of the person’s
6 damage not covered hereunder.

7 “(e) ENFORCEMENT.—

8 “(1) IN GENERAL.—The United States, an In-
9 dian tribe, or tribal organization may enforce the
10 right of recovery provided under subsection (a) by—

11 “(A) intervening or joining in any civil ac-
12 tion or proceeding brought—

13 “(i) by the individual for whom health
14 services were provided by the Secretary, an
15 Indian tribe, or tribal organization; or

16 “(ii) by any representative or heirs of
17 such individual, or

18 “(B) instituting a separate civil action, in-
19 cluding a civil action for injunctive relief and
20 other relief and including, with respect to a po-
21 litical subdivision or local governmental entity
22 of a State, such an action against an official
23 thereof.

24 “(2) NOTICE.—All reasonable efforts shall be
25 made to provide notice of action instituted under

1 paragraph (1)(B) to the individual to whom health
2 services were provided, either before or during the
3 pendency of such action.

4 “(3) RECOVERY FROM TORTFEASORS.—

5 “(A) IN GENERAL.—In any case in which
6 an Indian tribe or tribal organization that is
7 authorized or required under a compact or con-
8 tract issued pursuant to the Indian Self-Deter-
9 mination and Education Assistance Act (25
10 U.S.C. 450 et seq.) to furnish or pay for health
11 services to a person who is injured or suffers a
12 disease on or after the date of enactment of the
13 Indian Health Care Improvement Reauthoriza-
14 tion and Extension Act of 2009 under cir-
15 cumstances that establish grounds for a claim
16 of liability against the tortfeasor with respect to
17 the injury or disease, the Indian tribe or tribal
18 organization shall have a right to recover from
19 the tortfeasor (or an insurer of the tortfeasor)
20 the reasonable value of the health services so
21 furnished, paid for, or to be paid for, in accord-
22 ance with the Federal Medical Care Recovery
23 Act (42 U.S.C. 2651 et seq.), to the same ex-
24 tent and under the same circumstances as the
25 United States may recover under that Act.

1 “(B) TREATMENT.—The right of an In-
2 dian tribe or tribal organization to recover
3 under subparagraph (A) shall be independent of
4 the rights of the injured or diseased person
5 served by the Indian tribe or tribal organiza-
6 tion.

7 “(f) LIMITATION.—Absent specific written authoriza-
8 tion by the governing body of an Indian tribe for the pe-
9 riod of such authorization (which may not be for a period
10 of more than 1 year and which may be revoked at any
11 time upon written notice by the governing body to the
12 Service), the United States shall not have a right of recov-
13 ery under this section if the injury, illness, or disability
14 for which health services were provided is covered under
15 a self-insurance plan funded by an Indian tribe, tribal or-
16 ganization, or urban Indian organization. Where such au-
17 thorization is provided, the Service may receive and ex-
18 pend such amounts for the provision of additional health
19 services consistent with such authorization.

20 “(g) COSTS AND ATTORNEY’S FEES.—In any action
21 brought to enforce the provisions of this section, a pre-
22 vailing plaintiff shall be awarded its reasonable attorney’s
23 fees and costs of litigation.

24 “(h) NONAPPLICABILITY OF CLAIMS FILING RE-
25 QUIREMENTS.—An insurance company, health mainte-

1 nance organization, self-insurance plan, managed care
2 plan, or other health care plan or program (under the So-
3 cial Security Act or otherwise) may not deny a claim for
4 benefits submitted by the Service or by an Indian tribe
5 or tribal organization based on the format in which the
6 claim is submitted if such format complies with the format
7 required for submission of claims under title XVIII of the
8 Social Security Act or recognized under section 1175 of
9 such Act.

10 “(i) APPLICATION TO URBAN INDIAN ORGANIZA-
11 TIONS.—The previous provisions of this section shall apply
12 to urban Indian organizations with respect to populations
13 served by such Organizations in the same manner they
14 apply to Indian tribes and tribal organizations with re-
15 spect to populations served by such Indian tribes and trib-
16 al organizations.

17 “(j) STATUTE OF LIMITATIONS.—The provisions of
18 section 2415 of title 28, United States Code, shall apply
19 to all actions commenced under this section, and the ref-
20 erences therein to the United States are deemed to include
21 Indian tribes, tribal organizations, and urban Indian orga-
22 nizations.

23 “(k) SAVINGS.—Nothing in this section shall be con-
24 strued to limit any right of recovery available to the
25 United States, an Indian tribe, or tribal organization

1 under the provisions of any applicable, Federal, State, or
2 tribal law, including medical lien laws.”.

3 **SEC. 123. CREDITING OF REIMBURSEMENTS.**

4 Section 207 of the Indian Health Care Improvement
5 Act (25 U.S.C. 1621f) is amended to read as follows:

6 **“SEC. 207. CREDITING OF REIMBURSEMENTS.**

7 “(a) USE OF AMOUNTS.—

8 “(1) RETENTION BY PROGRAM.—Except as pro-
9 vided in sections 202(a)(2) and 813, all reimburse-
10 ments received or recovered under any of the pro-
11 grams described in paragraph (2), including under
12 section 813, by reason of the provision of health
13 services by the Service, by an Indian tribe or tribal
14 organization, or by an urban Indian organization,
15 shall be credited to the Service, such Indian tribe or
16 tribal organization, or such urban Indian organiza-
17 tion, respectively, and may be used as provided in
18 section 401. In the case of such a service provided
19 by or through a Service Unit, such amounts shall be
20 credited to such unit and used for such purposes.

21 “(2) PROGRAMS COVERED.—The programs re-
22 ferred to in paragraph (1) are the following:

23 “(A) Titles XVIII, XIX, and XXI of the
24 Social Security Act.

25 “(B) This Act, including section 813.

1 “(C) Public Law 87–693.

2 “(D) Any other provision of law.

3 “(b) NO OFFSET OF AMOUNTS.—The Service may
4 not offset or limit any amount obligated to any Service
5 Unit or entity receiving funding from the Service because
6 of the receipt of reimbursements under subsection (a).”.

7 **SEC. 124. BEHAVIORAL HEALTH TRAINING AND COMMU-**
8 **NITY EDUCATION PROGRAMS.**

9 Section 209 of the Indian Health Care Improvement
10 Act (25 U.S.C. 1621h) is amended by striking subsection
11 (d) and inserting the following:

12 “(d) BEHAVIORAL HEALTH TRAINING AND COMMU-
13 NITY EDUCATION PROGRAMS.—

14 “(1) STUDY; LIST.—The Secretary, acting
15 through the Service, and the Secretary of the Inte-
16 rior, in consultation with Indian tribes and tribal or-
17 ganizations, shall conduct a study and compile a list
18 of the types of staff positions specified in paragraph
19 (2) whose qualifications include, or should include,
20 training in the identification, prevention, education,
21 referral, or treatment of mental illness, or dysfunc-
22 tional and self destructive behavior.

23 “(2) POSITIONS.—The positions referred to in
24 paragraph (1) are—

1 “(A) staff positions within the Bureau of
2 Indian Affairs, including existing positions, in
3 the fields of—

4 “(i) elementary and secondary edu-
5 cation;

6 “(ii) social services and family and
7 child welfare;

8 “(iii) law enforcement and judicial
9 services; and

10 “(iv) alcohol and substance abuse;

11 “(B) staff positions within the Service; and

12 “(C) staff positions similar to those identi-
13 fied in subparagraphs (A) and (B) established
14 and maintained by Indian tribes and tribal or-
15 ganizations (without regard to the funding
16 source).

17 “(3) TRAINING CRITERIA.—

18 “(A) IN GENERAL.—The appropriate Sec-
19 retary shall provide training criteria appropriate
20 to each type of position identified in paragraphs
21 (2)(A) and (2)(B) and ensure that appropriate
22 training has been, or shall be provided to any
23 individual in any such position. With respect to
24 any such individual in a position identified pur-
25 suant to paragraph (2)(C), the respective Secre-

1 taries shall provide appropriate training to, or
2 provide funds to, an Indian tribe or tribal orga-
3 nization for training of appropriate individuals.
4 In the case of positions funded under a contract
5 or compact under the Indian Self-Determina-
6 tion and Education Assistance Act (25 U.S.C.
7 450 et seq.), the appropriate Secretary shall en-
8 sure that such training costs are included in the
9 contract or compact, as the Secretary deter-
10 mines necessary.

11 “(B) POSITION SPECIFIC TRAINING CRI-
12 TERIA.—Position specific training criteria shall
13 be culturally relevant to Indians and Indian
14 tribes and shall ensure that appropriate infor-
15 mation regarding traditional health care prac-
16 tices is provided.

17 “(4) COMMUNITY EDUCATION ON MENTAL ILL-
18 NESS.—The Service shall develop and implement, on
19 request of an Indian tribe, tribal organization, or
20 urban Indian organization, or assist the Indian tribe,
21 tribal organization, or urban Indian organization to
22 develop and implement, a program of community
23 education on mental illness. In carrying out this
24 paragraph, the Service shall, upon request of an In-
25 dian tribe, tribal organization, or urban Indian orga-

1 nization, provide technical assistance to the Indian
2 tribe, tribal organization, or urban Indian organiza-
3 tion to obtain and develop community educational
4 materials on the identification, prevention, referral,
5 and treatment of mental illness and dysfunctional
6 and self-destructive behavior.

7 “(5) PLAN.—Not later than 90 days after the
8 date of enactment of the Indian Health Care Im-
9 provement Reauthorization and Extension Act of
10 2009, the Secretary shall develop a plan under which
11 the Service will increase the health care staff pro-
12 viding behavioral health services by at least 500 po-
13 sitions within 5 years after the date of enactment of
14 that Act, with at least 200 of such positions devoted
15 to child, adolescent, and family services. The plan
16 developed under this paragraph shall be imple-
17 mented under the Act of November 2, 1921 (25
18 U.S.C. 13) (commonly known as the ‘Snyder Act’).”.

19 **SEC. 125. MAMMOGRAPHY AND OTHER CANCER SCREEN-**
20 **ING.**

21 Section 212 of the Indian Health Care Improvement
22 Act (25 U.S.C. 1621k) is amended to read as follows:

1 **“SEC. 212. MAMMOGRAPHY AND OTHER CANCER SCREEN-**
2 **ING.**

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

5 “(1) SCREENING MAMMOGRAPHY.—Screening
6 mammography (as defined in section 1861(jj) of the
7 Social Security Act (42 U.S.C. 1395x(jj))) for In-
8 dian women at a frequency appropriate to those
9 women under accepted and appropriate national
10 standards, and under such terms and conditions as
11 are consistent with standards established by the Sec-
12 retary to ensure the safety and accuracy of screen-
13 ing mammography under part B of title XVIII of
14 that Act (42 U.S.C. 1395j et seq.).

15 “(2) OTHER CANCER SCREENING.—

16 “(A) IN GENERAL.—Other cancer screen-
17 ing that receives an A or B rating as rec-
18 ommended by the United States Preventive
19 Services Task Force established under section
20 915(a)(1) of the Public Health Service Act (42
21 U.S.C. 299b–4(a)(1)).

22 “(B) REQUIREMENT.—The Secretary shall
23 ensure that screening provided for under this
24 paragraph complies with the recommendations
25 of the Task Force referred to in subparagraph
26 (A) with respect to—

- 1 “(i) frequency;
- 2 “(ii) the population to be served;
- 3 “(iii) the procedure or technology to
- 4 be used;
- 5 “(iv) evidence of effectiveness; and
- 6 “(v) other matters that the Secretary
- 7 determines to be appropriate.”.

8 **SEC. 126. PATIENT TRAVEL COSTS.**

9 Section 213 of the Indian Health Care Improvement

10 Act (25 U.S.C. 1621*l*) is amended to read as follows:

11 **“SEC. 213. 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 and Tribal Health Programs, is au-

1 thORIZED to provide funds for the following patient travel
 2 costs, including qualified escorts, associated with receiving
 3 health care services provided (either through direct or con-
 4 tract care or through a contract or compact under the In-
 5 dian Self-Determination and Education Assistance Act
 6 (25 U.S.C. 450 et seq.)) under this 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. 127. EPIDEMIOLOGY CENTERS.**

17 Section 214 of the Indian Health Care Improvement
 18 Act (25 U.S.C. 1621m) is amended to read as follows:

19 **“SEC. 214. EPIDEMIOLOGY CENTERS.**

20 “(a) ESTABLISHMENT OF CENTERS.—

21 “(1) IN GENERAL.—The Secretary shall estab-
 22 lish an epidemiology center in each Service area to
 23 carry out the functions described in subsection (b).

24 “(2) NEW CENTERS.—

1 “(A) IN GENERAL.—Subject to subpara-
2 graph (B), any new center established after the
3 date of enactment of the Indian Health Care
4 Improvement Reauthorization and Extension
5 Act of 2009 may be operated under a grant au-
6 thorized by subsection (d).

7 “(B) REQUIREMENT.—Funding provided
8 in a grant described in subparagraph (A) shall
9 not be divisible.

10 “(b) FUNCTIONS OF CENTERS.—In consultation with
11 and on the request of Indian tribes, tribal organizations,
12 and urban Indian organizations, each Service area epide-
13 miology center established under this section shall, with
14 respect to the applicable Service area—

15 “(1) collect data relating to, and monitor
16 progress made toward meeting, each of the health
17 status objectives of the Service, the Indian tribes,
18 tribal organizations, and urban Indian organizations
19 in the Service area;

20 “(2) evaluate existing delivery systems, data
21 systems, and other systems that impact the improve-
22 ment of Indian health;

23 “(3) assist Indian tribes, tribal organizations,
24 and urban Indian organizations in identifying high-
25 est-priority health status objectives and the services

1 needed to achieve those objectives, based on epide-
2 miological data;

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

5 “(5) make recommendations to improve health
6 care delivery systems for Indians and urban Indians;

7 “(6) provide requested technical assistance to
8 Indian tribes, tribal organizations, and urban Indian
9 organizations in the development of local health
10 service priorities and incidence and prevalence rates
11 of disease and other illness in the community; and

12 “(7) provide disease surveillance and assist In-
13 dian tribes, tribal organizations, and urban Indian
14 communities to promote public health.

15 “(c) TECHNICAL ASSISTANCE.—The Director of the
16 Centers for Disease Control and Prevention shall provide
17 technical assistance to the centers in carrying out this sec-
18 tion.

19 “(d) GRANTS FOR STUDIES.—

20 “(1) IN GENERAL.—The Secretary may make
21 grants to Indian tribes, tribal organizations, Indian
22 organizations, and eligible intertribal consortia to
23 conduct epidemiological studies of Indian commu-
24 nities.

1 “(2) ELIGIBLE INTERTRIBAL CONSORTIA.—An
2 intertribal consortium or Indian organization shall
3 be eligible to receive a grant under this subsection
4 if the intertribal consortium is—

5 “(A) incorporated for the primary purpose
6 of improving Indian health; and

7 “(B) representative of the Indian tribes or
8 urban Indian communities residing in the area
9 in which the intertribal consortium is located.

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

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

16 “(A) demonstrate the technical, adminis-
17 trative, and financial expertise necessary to
18 carry out the functions described in paragraph
19 (5);

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

23 “(C) demonstrate cooperation from Indian
24 tribes or urban Indian organizations in the area
25 to be served.

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

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

5 “(B) to provide information to, and consult
6 with, tribal leaders, urban Indian community
7 leaders, and related health staff regarding
8 health care and health service management
9 issues; and

10 “(C) in collaboration with Indian tribes,
11 tribal organizations, and urban Indian organi-
12 zations, to provide to the Service information
13 regarding ways to improve the health status of
14 Indians.

15 “(e) ACCESS TO INFORMATION.—

16 “(1) IN GENERAL.—An epidemiology center op-
17 erated by a grantee pursuant to a grant awarded
18 under subsection (d) shall be treated as a public
19 health authority (as defined in section 164.501 of
20 title 45, Code of Federal Regulations (or a successor
21 regulation)) for purposes of the Health Insurance
22 Portability and Accountability Act of 1996 (Public
23 Law 104–191; 110 Stat. 1936).

24 “(2) ACCESS TO INFORMATION.—The Secretary
25 shall grant to each epidemiology center described in

1 paragraph (1) access to use of the data, data sets,
2 monitoring systems, delivery systems, and other pro-
3 tected health information in the possession of the
4 Secretary.

5 “(3) REQUIREMENT.—The activities of an epi-
6 demiology center described in paragraph (1) shall be
7 for the purposes of research and for preventing and
8 controlling disease, injury, or disability (as those ac-
9 tivities are described in section 164.512 of title 45,
10 Code of Federal Regulations (or a successor regula-
11 tion)), for purposes of the Health Insurance Port-
12 ability and Accountability Act of 1996 (Public Law
13 104–191; 110 Stat. 1936).

14 “(f) FUNDS NOT DIVISIBLE.—An epidemiology cen-
15 ter established under this section shall be subject to the
16 Indian Self-Determination and Education Assistance Act
17 (25 U.S.C. 450 et seq.), but the funds for the center shall
18 not be divisible.”.

19 **SEC. 128. PREVENTION, CONTROL, AND ELIMINATION OF**
20 **COMMUNICABLE AND INFECTIOUS DISEASES.**

21 Section 218 of the Indian Health Care Improvement
22 Act (25 U.S.C. 1621q) is amended to read as follows:

1 **“SEC. 218. PREVENTION, CONTROL, AND ELIMINATION OF**
2 **COMMUNICABLE AND INFECTIOUS DISEASES.**

3 “(a) GRANTS AUTHORIZED.—The Secretary, acting
4 through the Service, and after consultation with the Cen-
5 ters for Disease Control and Prevention, may make grants
6 available to Indian tribes and tribal organizations for the
7 following:

8 “(1) Projects for the prevention, control, and
9 elimination of communicable and infectious diseases,
10 including tuberculosis, hepatitis, HIV, respiratory
11 syncytial virus, hanta virus, sexually transmitted dis-
12 eases, and H. pylori.

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

16 “(3) Education, training, and clinical skills im-
17 provement activities in the prevention, control, and
18 elimination of communicable and infectious diseases
19 for health professionals, including allied health pro-
20 fessionals.

21 “(4) Demonstration projects for the screening,
22 treatment, and prevention of hepatitis C virus
23 (HCV).

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

1 “(c) COORDINATION WITH HEALTH AGENCIES.—In-
 2 dian tribes and tribal organizations receiving funding
 3 under this section are encouraged to coordinate their ac-
 4 tivities with the Centers for Disease Control and Preven-
 5 tion and State and local health agencies.

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

8 “(1) may, at the request of an Indian tribe or
 9 tribal organization, provide technical assistance; and

10 “(2) shall prepare and submit a report to Con-
 11 gress biennially on the use of funds under this sec-
 12 tion and on the progress made toward the preven-
 13 tion, control, and elimination of communicable and
 14 infectious diseases among Indians and urban Indi-
 15 ans.”.

16 **SEC. 129. METHODS TO INCREASE CLINICIAN RECRUIT-**
 17 **MENT AND RETENTION ISSUES.**

18 (a) LICENSING.—Section 221 of the Indian Health
 19 Care Improvement Act (25 U.S.C. 1621t) is amended to
 20 read as follows:

21 **“SEC. 221. LICENSING.**

22 “Licensed health professionals employed by a tribal
 23 health program shall be exempt, if licensed in any State,
 24 from the licensing requirements of the State in which the
 25 tribal health program performs the services described in

1 the contract or compact of the tribal health program under
 2 the Indian Self-Determination and Education Assistance
 3 Act (25 U.S.C. 450 et seq.).”.

4 (b) TREATMENT OF SCHOLARSHIPS FOR CERTAIN
 5 PURPOSES.—Title I of the Indian Health Care Improve-
 6 ment Act (25 U.S.C. 1611 et seq.) (as amended by section
 7 113) is amended by adding at the end the following:

8 **“SEC. 125. TREATMENT OF SCHOLARSHIPS FOR CERTAIN**
 9 **PURPOSES.**

10 “A scholarship provided to an individual pursuant to
 11 this title shall be considered to be a qualified scholarship
 12 for purposes of section 117 of the Internal Revenue Code
 13 of 1986.”.

14 **SEC. 130. OFFICES OF INDIAN MEN’S HEALTH AND INDIAN**
 15 **WOMEN’S HEALTH.**

16 Section 223 of the Indian Health Care Improvement
 17 Act (25 U.S.C. 1621v) is amended—

18 (1) by striking the section designation and
 19 heading and all that follows through “oversee efforts
 20 of the Service to” and inserting the following:

21 **“SEC. 223. OFFICES OF INDIAN MEN’S HEALTH AND INDIAN**
 22 **WOMEN’S HEALTH.**

23 “(a) OFFICE OF INDIAN MEN’S HEALTH.—

1 “(1) ESTABLISHMENT.—The Secretary may es-
2 tablish within the Service an office, to be known as
3 the ‘Office of Indian Men’s Health’.

4 “(2) DIRECTOR.—

5 “(A) IN GENERAL.—The Office of Indian
6 Men’s Health shall be headed by a director, to
7 be appointed by the Secretary.

8 “(B) DUTIES.—The director shall coordi-
9 nate and promote the health status of Indian
10 men in the United States.

11 “(3) REPORT.—Not later than 2 years after the
12 date of enactment of the Indian Health Care Im-
13 provement Reauthorization and Extension Act of
14 2009, the Secretary, acting through the Service,
15 shall submit to Congress a report describing—

16 “(A) any activity carried out by the direc-
17 tor as of the date on which the report is pre-
18 pared; and

19 “(B) any finding of the director with re-
20 spect to the health of Indian men.

21 “(b) OFFICE OF INDIAN WOMEN’S HEALTH.—The
22 Secretary, acting through the Service, shall establish an
23 office, to be known as the ‘Office of Indian Women’s
24 Health’, to”;

1 (2) in subsection (b) (as so redesignated) by in-
2 serting “(including urban Indian women)” before
3 “of all ages”.

4 **SEC. 131. CONTRACT HEALTH SERVICE DISBURSEMENT**
5 **FORMULA.**

6 Title II of the Indian Health Care Improvement Act
7 (25 U.S.C. 1621 et seq.) is amended by adding at the end
8 the following:

9 **“SEC. 226. CONTRACT HEALTH SERVICE DISBURSEMENT**
10 **FORMULA.**

11 “(a) IN GENERAL.—Not later than 90 days after the
12 date of enactment of this section, the Secretary, acting
13 through the Service, shall initiate procedures under sub-
14 chapter III of chapter 5 of title 5, United States Code,
15 to negotiate and promulgate such regulations or amend-
16 ments to establish a disbursement formula for contract
17 health service funds.

18 “(b) REGULATIONS.—

19 “(1) PROPOSED REGULATIONS.—Proposed reg-
20 ulations to implement this section shall be published
21 in the Federal Register by the Secretary no later
22 than 24 months after the date of enactment of this
23 section and shall have no less than a 120-day com-
24 ment period.

1 “(2) EXPIRATION OF AUTHORITY.—The author-
2 ity to promulgate regulation under paragraph (1)
3 shall expire 36 months after the date of the enact-
4 ment of this section.

5 “(c) PROCEDURES.—

6 “(1) IN GENERAL.—A negotiated rulemaking
7 committee established pursuant to section 565 of
8 title 5, United States Code, to carry out this section
9 shall have as its members only representatives of the
10 Federal Government and representatives of Indian
11 tribes and tribal organizations, who shall be nomi-
12 nated by and be representatives of Indian tribes and
13 tribal organizations from each Service area.

14 “(2) REQUIREMENTS.—The committee shall
15 confer with, and accommodate participation by, rep-
16 resentatives of Indian tribes, inter-tribal consortia,
17 tribal organizations, and individual tribal members.

18 “(3) ADAPTATION OF PROCEDURES.—The Sec-
19 retary shall adapt the negotiated rulemaking proce-
20 dures to the unique context of self-governance and
21 the government-to-government relationship between
22 the United States and Indian tribes.”.

1 **Subtitle C—Health Facilities**

2 **SEC. 141. INDIAN HEALTH CARE DELIVERY DEMONSTRATION PROJECTS.**

3 Section 307 of the Indian Health Care Improvement
4 Act (25 U.S.C. 1637) is amended to read as follows:

5 **“SEC. 307. INDIAN HEALTH CARE DELIVERY DEMONSTRATION PROJECTS.**

6 “(a) IN GENERAL.—The Secretary, acting through
7 the Service, is authorized to carry out, or to enter into
8 contracts under the Indian Self-Determination and Edu-
9 cation Assistance Act (25 U.S.C. 450 et seq.) with Indian
10 Tribes or tribal organizations to carry out, a health care
11 delivery demonstration project to test alternative means
12 of delivering health care and services to Indians through
13 facilities.

14 “(b) USE OF FUNDS.—The Secretary, in approving
15 projects pursuant to this section—

16 “(1) may authorize such contracts for the con-
17 struction and renovation of hospitals, health centers,
18 health stations, and other facilities to deliver health
19 care services; and

20 “(2) is authorized—

21 “(A) to waive any leasing prohibition;

22 “(B) to permit carryover of funds appro-
23 priated for the provision of health care services;

1 “(C) to permit the use of other available
2 funds;

3 “(D) to permit the use of funds or prop-
4 erty donated from any source for project pur-
5 poses;

6 “(E) to provide for the reversion of do-
7 nated real or personal property to the donor;
8 and

9 “(F) to permit the use of Service funds to
10 match other funds, including Federal funds.

11 “(c) HEALTH CARE DEMONSTRATION PROJECTS.—

12 “(1) DEFINITION OF CONVENIENT CARE SERV-
13 ICE.—In this subsection, the term ‘convenient care
14 service’ means any primary health care service, such
15 as urgent care services, nonemergent care services,
16 prevention services and screenings, and any service
17 authorized by section 203 or 205(d), that is offered
18 at an alternative setting.

19 “(2) GENERAL PROJECTS.—

20 “(A) CRITERIA.—The Secretary may ap-
21 prove under this section demonstration projects
22 that meet the following criteria:

23 “(i) There is a need for a new facility
24 or program, such as a program for conven-

1 ient care services, or the reorientation of
2 an existing facility or program.

3 “(ii) A significant number of Indians,
4 including Indians with low health status,
5 will be served by the project.

6 “(iii) The project has the potential to
7 deliver services in an efficient and effective
8 manner.

9 “(iv) The project is economically via-
10 ble.

11 “(v) For projects carried out by an
12 Indian tribe or tribal organization, the In-
13 dian tribe or tribal organization has the
14 administrative and financial capability to
15 administer the project.

16 “(vi) The project is integrated with
17 providers of related health and social serv-
18 ices and is coordinated with, and avoids
19 duplication of, existing services in order to
20 expand the availability of services.

21 “(B) PRIORITY.—In approving demonstra-
22 tion projects under this paragraph, the Sec-
23 retary shall give priority to demonstration
24 projects, to the extent the projects meet the cri-

1 teria described in subparagraph (A), located in
2 any of the following Service units:

3 “(i) Cass Lake, Minnesota.

4 “(ii) Mescalero, New Mexico.

5 “(iii) Owyhee and Elko, Nevada.

6 “(iv) Schurz, Nevada.

7 “(v) Ft. Yuma, California.

8 “(3) INNOVATIVE HEALTH SERVICES DELIVERY
9 DEMONSTRATION PROJECT.—

10 “(A) CRITERIA.—The Secretary shall look
11 at innovative ways to deliver health care serv-
12 ices, such as medical, dental, alternative medi-
13 cine, pharmaceutical, nursing, and clinical lab-
14 oratory services, in American Indian and Alas-
15 ka Native communities, including convenient
16 care service, community health centers, and
17 other health care models which improve access
18 to quality health promotion and disease preven-
19 tion services.

20 “(B) APPROVAL.—In addition to projects
21 described in paragraph (2), in any fiscal year,
22 the Secretary is authorized to approve not more
23 than 10 applications for health care delivery
24 demonstration projects that—

1 “(i) include a convenient care service
2 program as an alternative means of deliv-
3 ering health care services to Indians; and

4 “(ii) meet the criteria described in
5 subparagraph (C).

6 “(C) CRITERIA.—The Secretary shall ap-
7 prove under subparagraph (B) demonstration
8 projects that meet all of the following criteria:

9 “(i) The criteria set forth in para-
10 graph (2)(A).

11 “(ii) There is a lack of access to
12 health care services at existing health care
13 facilities, which may be due to limited
14 hours of operation at those facilities or
15 other factors.

16 “(iii) The project—

17 “(I) expands the availability of
18 services; or

19 “(II) reduces—

20 “(aa) the burden on Con-
21 tract Health Services; or

22 “(bb) the need for emer-
23 gency room visits.

24 “(d) PEER REVIEW PANELS.—The Secretary may
25 provide for the establishment of peer review panels, as nec-

1 essary, to review and evaluate applications using the cri-
2 teria described in paragraphs (2)(A) and (3)(C) of sub-
3 section (c).

4 “(e) TECHNICAL ASSISTANCE.—The Secretary shall
5 provide such technical and other assistance as may be nec-
6 essary to enable applicants to comply with this section.

7 “(f) SERVICE TO INELIGIBLE PERSONS.—Subject to
8 section 813, the authority to provide services to persons
9 otherwise ineligible for the health care benefits of the
10 Service, and the authority to extend hospital privileges in
11 Service facilities to non-Service health practitioners as
12 provided in section 813, may be included, subject to the
13 terms of that section, in any demonstration project ap-
14 proved pursuant to this section.

15 “(g) EQUITABLE TREATMENT.—For purposes of
16 subsection (c), the Secretary, in evaluating facilities oper-
17 ated under any contract or compact under the Indian Self-
18 Determination and Education Assistance Act (25 U.S.C.
19 450 et seq.), shall use the same criteria that the Secretary
20 uses in evaluating facilities operated directly by the Serv-
21 ice.

22 “(h) EQUITABLE INTEGRATION OF FACILITIES.—
23 The Secretary shall ensure that the planning, design, con-
24 struction, renovation, and expansion needs of Service and
25 non-Service facilities that are the subject of a contract or

1 compact under the Indian Self-Determination and Edu-
 2 cation Assistance Act (25 U.S.C. 450 et seq.) for health
 3 services are fully and equitably integrated into the imple-
 4 mentation of the health care delivery demonstration
 5 projects under this section.”.

6 **SEC. 142. TRIBAL MANAGEMENT OF FEDERALLY OWNED**
 7 **QUARTERS.**

8 Title III of the Indian Health Care Improvement Act
 9 (as amended by section 101(b)) is amended by inserting
 10 after section 308 (25 U.S.C. 1638) the following:

11 **“SEC. 309. TRIBAL MANAGEMENT OF FEDERALLY OWNED**
 12 **QUARTERS.**

13 “(a) RENTAL RATES.—

14 “(1) ESTABLISHMENT.—Notwithstanding any
 15 other provision of law, a tribal health program that
 16 operates a hospital or other health facility and the
 17 federally owned quarters associated with such a fa-
 18 cility pursuant to a contract or compact under the
 19 Indian Self-Determination and Education Assistance
 20 Act (25 U.S.C. 450 et seq.) may establish the rental
 21 rates charged to the occupants of those quarters, on
 22 providing notice to the Secretary.

23 “(2) OBJECTIVES.—In establishing rental rates
 24 under this subsection, a tribal health program shall
 25 attempt—

1 “(A) to base the rental rates on the rea-
2 sonable value of the quarters to the occupants
3 of the quarters; and

4 “(B) to generate sufficient funds to pru-
5 dently provide for the operation and mainte-
6 nance of the quarters, and at the discretion of
7 the tribal health program, to supply reserve
8 funds for capital repairs and replacement of the
9 quarters.

10 “(3) EQUITABLE FUNDING.—A federally owned
11 quarters the rental rates for which are established
12 by a tribal health program under this subsection
13 shall remain eligible to receive improvement and re-
14 pair funds to the same extent that all federally
15 owned quarters used to house personnel in programs
16 of the Service are eligible to receive those funds.

17 “(4) NOTICE OF RATE CHANGE.—A tribal
18 health program that establishes a rental rate under
19 this subsection shall provide occupants of the feder-
20 ally owned quarters a notice of any change in the
21 rental rate by not later than the date that is 60 days
22 notice before the effective date of the change.

23 “(5) RATES IN ALASKA.—A rental rate estab-
24 lished by a tribal health program under this section
25 for a federally owned quarters in the State of Alaska

1 may be based on the cost of comparable private
2 rental housing in the nearest established community
3 with a year-round population of 1,500 or more indi-
4 viduals.

5 “(b) DIRECT COLLECTION OF RENT.—

6 “(1) IN GENERAL.—Notwithstanding any other
7 provision of law, and subject to paragraph (2), a
8 tribal health program may collect rent directly from
9 Federal employees who occupy federally owned quar-
10 ters if the tribal health program submits to the Sec-
11 retary and the employees a notice of the election of
12 the tribal health program to collect rents directly
13 from the employees.

14 “(2) ACTION BY EMPLOYEES.—On receipt of a
15 notice described in paragraph (1)—

16 “(A) the affected Federal employees shall
17 pay rent for occupancy of a federally owned
18 quarters directly to the applicable tribal health
19 program; and

20 “(B) the Secretary shall not have the au-
21 thority to collect rent from the employees
22 through payroll deduction or otherwise.

23 “(3) USE OF PAYMENTS.—The rent payments
24 under this subsection—

1 “(A) shall be retained by the applicable
2 tribal health program in a separate account,
3 which shall be used by the tribal health pro-
4 gram for the maintenance (including capital re-
5 pairs and replacement) and operation of the
6 quarters, as the tribal health program deter-
7 mines to be appropriate; and

8 “(B) shall not be made payable to, or oth-
9 erwise be deposited with, the United States.

10 “(4) RETROCESSION OF AUTHORITY.—If a trib-
11 al health program that elected to collect rent directly
12 under paragraph (1) requests retrocession of the au-
13 thority of the tribal health program to collect that
14 rent, the retrocession shall take effect on the earlier
15 of—

16 “(A) the first day of the month that begins
17 not less than 180 days after the tribal health
18 program submits the request; and

19 “(B) such other date as may be mutually
20 agreed on by the Secretary and the tribal health
21 program.”.

1 **SEC. 143. OTHER FUNDING, EQUIPMENT, AND SUPPLIES**
2 **FOR FACILITIES.**

3 Title III of the Indian Health Care Improvement Act
4 (25 U.S.C. 1631 et seq.) is amended by adding at the end
5 the following:

6 **“SEC. 311. OTHER FUNDING, EQUIPMENT, AND SUPPLIES**
7 **FOR FACILITIES.**

8 “(a) AUTHORIZATION.—

9 “(1) AUTHORITY TO TRANSFER FUNDS.—The
10 head of any Federal agency to which funds, equip-
11 ment, or other supplies are made available for the
12 construction or operation of a health care facility
13 may transfer the funds, equipment, or supplies to
14 the Secretary for the construction or operation of a
15 health care facility to achieve—

16 “(A) the purposes of this Act; and

17 “(B) the purposes for which the funds,
18 equipment, or supplies were made available to
19 the Federal agency.

20 “(2) AUTHORITY TO ACCEPT FUNDS.—The Sec-
21 retary may—

22 “(A) accept from any source, including
23 Federal and State agencies, funds, equipment,
24 or supplies that are available for the construc-
25 tion or operation of health care facilities; and

1 “(B) use those funds, equipment, and sup-
2 plies to plan, design, and construct health care
3 facilities for Indians, including pursuant to a
4 contract or compact under the Indian Self-De-
5 termination and Education Assistance Act (25
6 U.S.C. 450 et seq.).

7 “(3) EFFECT OF RECEIPT.—Receipt of funds
8 by the Secretary under this subsection shall not af-
9 fect any priority established under section 301.

10 “(b) INTERAGENCY AGREEMENTS.—The Secretary
11 may enter into interagency agreements with Federal or
12 State agencies and other entities, and accept funds, equip-
13 ment, or other supplies from those entities, to provide for
14 the planning, design, and construction of health care fa-
15 cilities to be administered by Indian health programs to
16 achieve—

17 “(1) the purposes of this Act; and

18 “(2) the purposes for which the funds were ap-
19 propriated or otherwise provided.

20 “(c) ESTABLISHMENT OF STANDARDS.—The Sec-
21 retary, acting through the Service, shall establish, by regu-
22 lation, standards for the planning, design, and construc-
23 tion of health care facilities serving Indians under this
24 Act.”.

1 **SEC. 144. INDIAN COUNTRY MODULAR COMPONENT FACILI-**
2 **TIES DEMONSTRATION PROGRAM.**

3 Title III of the Indian Health Care Improvement Act
4 (25 U.S.C. 1631 et seq.) (as amended by section 143) is
5 amended by adding at the end the following:

6 **“SEC. 312. INDIAN COUNTRY MODULAR COMPONENT FA-**
7 **CILITIES DEMONSTRATION PROGRAM.**

8 “(a) DEFINITION OF MODULAR COMPONENT
9 HEALTH CARE FACILITY.—In this section, the term ‘mod-
10 ular component health care facility’ means a health care
11 facility that is constructed—

12 “(1) off-site using prefabricated component
13 units for subsequent transport to the destination lo-
14 cation; and

15 “(2) represents a more economical method for
16 provision of health care facility than a traditionally
17 constructed health care building.

18 “(b) ESTABLISHMENT.—The Secretary, acting
19 through the Service, shall establish a demonstration pro-
20 gram under which the Secretary shall award no less than
21 3 grants for purchase, installation and maintenance of
22 modular component health care facilities in Indian com-
23 munities for provision of health care services.

24 “(c) SELECTION OF LOCATIONS.—

25 “(1) PETITIONS.—

1 “(A) SOLICITATION.—The Secretary shall
2 solicit from Indian tribes petitions for location
3 of the modular component health care facilities
4 in the Service areas of the petitioning Indian
5 tribes.

6 “(B) PETITION.—To be eligible to receive
7 a grant under this section, an Indian tribe or
8 tribal organization must submit to the Sec-
9 retary a petition to construct a modular compo-
10 nent health care facility in the Indian commu-
11 nity of the Indian tribe, at such time, in such
12 manner, and containing such information as the
13 Secretary may require.

14 “(2) SELECTION.—In selecting the location of
15 each modular component health care facility to be
16 provided under the demonstration program, the Sec-
17 retary shall give priority to projects already on the
18 Indian Health Service facilities construction priority
19 list and petitions which demonstrate that erection of
20 a modular component health facility—

21 “(A) is more economical than construction
22 of a traditionally constructed health care facil-
23 ity;

1 “(B) can be constructed and erected on the
2 selected location in less time than traditional
3 construction; and

4 “(C) can adequately house the health care
5 services needed by the Indian population to be
6 served.

7 “(3) EFFECT OF SELECTION.—A modular com-
8 ponent health care facility project selected for par-
9 ticipation in the demonstration program shall not be
10 eligible for entry on the facilities construction prior-
11 ities list entitled ‘IHS Health Care Facilities FY
12 2011 Planned Construction Budget’ and dated May
13 7, 2009 (or any successor list).

14 “(d) ELIGIBILITY.—

15 “(1) IN GENERAL.—An Indian tribe may sub-
16 mit a petition under subsection (c)(1)(B) regardless
17 of whether the Indian tribe is a party to any con-
18 tract or compact under the Indian Self-Determina-
19 tion and Education Assistance Act (25 U.S.C. 450
20 et seq.).

21 “(2) ADMINISTRATION.—At the election of an
22 Indian tribe or tribal organization selected for par-
23 ticipation in the demonstration program, the funds
24 provided for the project shall be subject to the provi-

1 sions of the Indian Self-Determination and Edu-
2 cation Assistance Act.

3 “(e) REPORTS.—Not later than 1 year after the date
4 on which funds are made available for the demonstration
5 program and annually thereafter, the Secretary shall sub-
6 mit to Congress a report describing—

7 “(1) each activity carried out under the dem-
8 onstration program, including an evaluation of the
9 success of the activity; and

10 “(2) the potential benefits of increased use of
11 modular component health care facilities in other In-
12 dian communities.

13 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
14 are authorized to be appropriated \$50,000,000 to carry
15 out the demonstration program under this section for the
16 first 5 fiscal years, and such sums as may be necessary
17 to carry out the program in subsequent fiscal years.”.

18 **SEC. 145. MOBILE HEALTH STATIONS DEMONSTRATION**
19 **PROGRAM.**

20 Title III of the Indian Health Care Improvement Act
21 (25 U.S.C. 1631 et seq.) (as amended by section 144) is
22 amended by adding at the end the following:

23 **“SEC. 313. MOBILE HEALTH STATIONS DEMONSTRATION**
24 **PROGRAM.**

25 “(a) DEFINITIONS.—In this section:

1 “(1) ELIGIBLE TRIBAL CONSORTIUM.—The
2 term ‘eligible tribal consortium’ means a consortium
3 composed of 2 or more Service units between which
4 a mobile health station can be transported by road
5 in up to 8 hours. A Service unit operated by the
6 Service or by an Indian tribe or tribal organization
7 shall be equally eligible for participation in such con-
8 sortium.

9 “(2) MOBILE HEALTH STATION.—The term
10 ‘mobile health station’ means a health care unit
11 that—

12 “(A) is constructed, maintained, and capa-
13 ble of being transported within a semi-trailer
14 truck or similar vehicle;

15 “(B) is equipped for the provision of 1 or
16 more specialty health care services; and

17 “(C) can be equipped to be docked to a
18 stationary health care facility when appropriate.

19 “(3) SPECIALTY HEALTH CARE SERVICE.—

20 “(A) IN GENERAL.—The term ‘specialty
21 health care service’ means a health care service
22 which requires the services of a health care pro-
23 fessional with specialized knowledge or experi-
24 ence.

1 “(B) INCLUSIONS.—The term ‘specialty
2 health care service’ includes any service relating
3 to—

4 “(i) dialysis;

5 “(ii) surgery;

6 “(iii) mammography;

7 “(iv) dentistry; or

8 “(v) any other specialty health care
9 service.

10 “(b) ESTABLISHMENT.—The Secretary, acting
11 through the Service, shall establish a demonstration pro-
12 gram under which the Secretary shall provide at least 3
13 mobile health station projects.

14 “(c) PETITION.—To be eligible to receive a mobile
15 health station under the demonstration program, an eligi-
16 ble tribal consortium shall submit to the Secretary, a peti-
17 tion at such time, in such manner, and containing—

18 “(1) a description of the Indian population to
19 be served;

20 “(2) a description of the specialty service or
21 services for which the mobile health station is re-
22 quested and the extent to which such service or serv-
23 ices are currently available to the Indian population
24 to be served; and

1 “(3) such other information as the Secretary
2 may require.

3 “(d) USE OF FUNDS.—The Secretary shall use
4 amounts made available to carry out the demonstration
5 program under this section—

6 “(1)(A) to establish, purchase, lease, or main-
7 tain mobile health stations for the eligible tribal con-
8 sortia selected for projects; and

9 “(B) to provide, through the mobile health sta-
10 tion, such specialty health care services as the af-
11 fected eligible tribal consortium determines to be
12 necessary for the Indian population served;

13 “(2) to employ an existing mobile health station
14 (regardless of whether the mobile health station is
15 owned or rented and operated by the Service) to pro-
16 vide specialty health care services to an eligible trib-
17 al consortium; and

18 “(3) to establish, purchase, or maintain docking
19 equipment for a mobile health station, including the
20 establishment or maintenance of such equipment at
21 a modular component health care facility (as defined
22 in section 312(a)), if applicable.

23 “(e) REPORTS.—Not later than 1 year after the date
24 on which the demonstration program is established under
25 subsection (b) and annually thereafter, the Secretary, act-

1 ing through the Service, shall submit to Congress a report
2 describing—

3 “(1) each activity carried out under the dem-
4 onstration program including an evaluation of the
5 success of the activity; and

6 “(2) the potential benefits of increased use of
7 mobile health stations to provide specialty health
8 care services for Indian communities.

9 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
10 are authorized to be appropriated \$5,000,000 per year to
11 carry out the demonstration program under this section
12 for the first 5 fiscal years, and such sums as may be need-
13 ed to carry out the program in subsequent fiscal years.”.

14 **Subtitle D—Access to Health** 15 **Services**

16 **SEC. 151. TREATMENT OF PAYMENTS UNDER SOCIAL SECU-** 17 **RITY ACT HEALTH BENEFITS PROGRAMS.**

18 Section 401 of the Indian Health Care Improvement
19 Act (25 U.S.C. 1641) is amended to read as follows:

20 **“SEC. 401. TREATMENT OF PAYMENTS UNDER SOCIAL SE-** 21 **CURITY ACT HEALTH BENEFITS PROGRAMS.**

22 “(a) DISREGARD OF MEDICARE, MEDICAID, AND
23 CHIP PAYMENTS IN DETERMINING APPROPRIATIONS.—
24 Any payments received by an Indian health program or
25 by an urban Indian organization under title XVIII, XIX,

1 or XXI of the Social Security Act for services provided
2 to Indians eligible for benefits under such respective titles
3 shall not be considered in determining appropriations for
4 the provision of health care and services to Indians.

5 “(b) NONPREFERENTIAL TREATMENT.—Nothing in
6 this Act authorizes the Secretary to provide services to an
7 Indian with coverage under title XVIII, XIX, or XI of the
8 Social Security Act in preference to an Indian without
9 such coverage.

10 “(c) USE OF FUNDS.—

11 “(1) SPECIAL FUND.—

12 “(A) 100 PERCENT PASS-THROUGH OF
13 PAYMENTS DUE TO FACILITIES.—Notwith-
14 standing any other provision of law, but subject
15 to paragraph (2), payments to which a facility
16 of the Service is entitled by reason of a provi-
17 sion of title XVIII or XIX of the Social Secu-
18 rity Act shall be placed in a special fund to be
19 held by the Secretary. In making payments
20 from such fund, the Secretary shall ensure that
21 each Service unit of the Service receives 100
22 percent of the amount to which the facilities of
23 the Service, for which such Service unit makes
24 collections, are entitled by reason of a provision
25 of either such title.

1 “(B) USE OF FUNDS.—Amounts received
2 by a facility of the Service under subparagraph
3 (A) by reason of a provision of title XVIII or
4 XIX of the Social Security Act shall first be
5 used (to such extent or in such amounts as are
6 provided in appropriation Acts) for the purpose
7 of making any improvements in the programs
8 of the Service operated by or through such fa-
9 cility which may be necessary to achieve or
10 maintain compliance with the applicable condi-
11 tions and requirements of such respective title.
12 Any amounts so received that are in excess of
13 the amount necessary to achieve or maintain
14 such conditions and requirements shall, subject
15 to consultation with the Indian tribes being
16 served by the Service unit, be used for reducing
17 the health resource deficiencies (as determined
18 in section 201(c)) of such Indian tribes, includ-
19 ing the provision of services pursuant to section
20 205.

21 “(2) DIRECT PAYMENT OPTION.—Paragraph
22 (1) shall not apply to a tribal health program upon
23 the election of such program under subsection (d) to
24 receive payments directly. No payment may be made
25 out of the special fund described in such paragraph

1 with respect to reimbursement made for services
2 provided by such program during the period of such
3 election.

4 “(d) DIRECT BILLING.—

5 “(1) IN GENERAL.—Subject to complying with
6 the requirements of paragraph (2), a tribal health
7 program may elect to directly bill for, and receive
8 payment for, health care items and services provided
9 by such program for which payment is made under
10 title XVIII, XIX, or XXI of the Social Security Act
11 or from any other third party payor.

12 “(2) DIRECT REIMBURSEMENT.—

13 “(A) USE OF FUNDS.—Each tribal health
14 program making the election described in para-
15 graph (1) with respect to a program under a
16 title of the Social Security Act shall be reim-
17 bursed directly by that program for items and
18 services furnished without regard to subsection
19 (c)(1), except that all amounts so reimbursed
20 shall be used by the tribal health program for
21 the purpose of making any improvements in fa-
22 cilities of the tribal health program that may be
23 necessary to achieve or maintain compliance
24 with the conditions and requirements applicable
25 generally to such items and services under the

1 program under such title and to provide addi-
2 tional health care services, improvements in
3 health care facilities and tribal health pro-
4 grams, any health care-related purpose (includ-
5 ing coverage for a service or service within a
6 contract health service delivery area or any por-
7 tion of a contract health service delivery area
8 that would otherwise be provided as a contract
9 health service), or otherwise to achieve the ob-
10 jectives provided in section 3 of this Act.

11 “(B) AUDITS.—The amounts paid to a
12 tribal health program making the election de-
13 scribed in paragraph (1) with respect to a pro-
14 gram under title XVIII, XIX, or XXI of the So-
15 cial Security Act shall be subject to all auditing
16 requirements applicable to the program under
17 such title, as well as all auditing requirements
18 applicable to programs administered by an In-
19 dian health program. Nothing in the preceding
20 sentence shall be construed as limiting the ap-
21 plication of auditing requirements applicable to
22 amounts paid under title XVIII, XIX, or XXI
23 of the Social Security Act.

24 “(C) IDENTIFICATION OF SOURCE OF PAY-
25 MENTS.—Any tribal health program that re-

1 ceives reimbursements or payments under title
2 XVIII, XIX, or XXI of the Social Security Act
3 shall provide to the Service a list of each pro-
4 vider enrollment number (or other identifier)
5 under which such program receives such reim-
6 bursements or payments.

7 “(3) EXAMINATION AND IMPLEMENTATION OF
8 CHANGES.—

9 “(A) IN GENERAL.—The Secretary, acting
10 through the Service and with the assistance of
11 the Administrator of the Centers for Medicare
12 & Medicaid Services, shall examine on an ongo-
13 ing basis and implement any administrative
14 changes that may be necessary to facilitate di-
15 rect billing and reimbursement under the pro-
16 gram established under this subsection, includ-
17 ing any agreements with States that may be
18 necessary to provide for direct billing under a
19 program under title XIX or XXI of the Social
20 Security Act.

21 “(B) COORDINATION OF INFORMATION.—
22 The Service shall provide the Administrator of
23 the Centers for Medicare & Medicaid Services
24 with copies of the lists submitted to the Service
25 under paragraph (2)(C), enrollment data re-

1 garding patients served by the Service (and by
2 tribal health programs, to the extent such data
3 is available to the Service), and such other in-
4 formation as the Administrator may require for
5 purposes of administering title XVIII, XIX, or
6 XXI of the Social Security Act.

7 “(4) WITHDRAWAL FROM PROGRAM.—A tribal
8 health program that bills directly under the program
9 established under this subsection may withdraw
10 from participation in the same manner and under
11 the same conditions that an Indian tribe or tribal or-
12 ganization may retrocede a contracted program to
13 the Secretary under the authority of the Indian Self-
14 Determination and Education Assistance Act (25
15 U.S.C. 450 et seq.). All cost accounting and billing
16 authority under the program established under this
17 subsection shall be returned to the Secretary upon
18 the Secretary’s acceptance of the withdrawal of par-
19 ticipation in this program.

20 “(5) TERMINATION FOR FAILURE TO COMPLY
21 WITH REQUIREMENTS.—The Secretary may termi-
22 nate the participation of a tribal health program or
23 in the direct billing program established under this
24 subsection if the Secretary determines that the pro-
25 gram has failed to comply with the requirements of

1 paragraph (2). The Secretary shall provide a tribal
2 health program with notice of a determination that
3 the program has failed to comply with any such re-
4 quirement and a reasonable opportunity to correct
5 such noncompliance prior to terminating the pro-
6 gram’s participation in the direct billing program es-
7 tablished under this subsection.

8 “(e) RELATED PROVISIONS UNDER THE SOCIAL SE-
9 CURITY ACT.—For provisions related to subsections (c)
10 and (d), see sections 1880, 1911, and 2107(e)(1)(D) of
11 the Social Security Act.”.

12 **SEC. 152. PURCHASING HEALTH CARE COVERAGE.**

13 Section 402 of the Indian Health Care Improvement
14 Act (25 U.S.C. 1642) is amended to read as follows:

15 **“SEC. 402. PURCHASING HEALTH CARE COVERAGE.**

16 “(a) IN GENERAL.—Insofar as amounts are made
17 available under law (including a provision of the Social
18 Security Act, the Indian Self-Determination and Edu-
19 cation Assistance Act (25 U.S.C. 450 et seq.), or other
20 law, other than under section 404) to Indian tribes, tribal
21 organizations, and urban Indian organizations for health
22 benefits for Service beneficiaries, Indian tribes, tribal or-
23 ganizations, and urban Indian organizations may use such
24 amounts to purchase health benefits coverage (including
25 coverage for a service, or service within a contract health

1 service delivery area, or any portion of a contract health
2 service delivery area that would otherwise be provided as
3 a contract health service) for such beneficiaries in any
4 manner, including through—

5 “(1) a tribally owned and operated health care
6 plan;

7 “(2) a State or locally authorized or licensed
8 health care plan;

9 “(3) a health insurance provider or managed
10 care organization;

11 “(4) a self-insured plan; or

12 “(5) a high deductible or health savings account
13 plan.

14 “(b) FINANCIAL NEED.—The purchase of coverage
15 under subsection (a) by an Indian tribe, tribal organiza-
16 tion, or urban Indian organization may be based on the
17 financial needs of such beneficiaries (as determined by the
18 1 or more Indian tribes being served based on a schedule
19 of income levels developed or implemented by such 1 ore
20 more Indian tribes).

21 “(c) EXPENSES FOR SELF-INSURED PLAN.—In the
22 case of a self-insured plan under subsection (a)(4), the
23 amounts may be used for expenses of operating the plan,
24 including administration and insurance to limit the finan-
25 cial risks to the entity offering the plan.

1 “(d) CONSTRUCTION.—Nothing in this section shall
2 be construed as affecting the use of any amounts not re-
3 ferred to in subsection (a).”.

4 **SEC. 153. GRANTS TO AND CONTRACTS WITH THE SERVICE,**
5 **INDIAN TRIBES, TRIBAL ORGANIZATIONS,**
6 **AND URBAN INDIAN ORGANIZATIONS TO FA-**
7 **CILITATE OUTREACH, ENROLLMENT, AND**
8 **COVERAGE OF INDIANS UNDER SOCIAL SECU-**
9 **RITY ACT HEALTH BENEFIT PROGRAMS AND**
10 **OTHER HEALTH BENEFITS PROGRAMS.**

11 Section 404 of the Indian Health Care Improvement
12 Act (25 U.S.C. 1644) is amended to read as follows:

13 **“SEC. 404. GRANTS TO AND CONTRACTS WITH THE SERV-**
14 **ICE, INDIAN TRIBES, TRIBAL ORGANIZA-**
15 **TIONS, AND URBAN INDIAN ORGANIZATIONS**
16 **TO FACILITATE OUTREACH, ENROLLMENT,**
17 **AND COVERAGE OF INDIANS UNDER SOCIAL**
18 **SECURITY ACT HEALTH BENEFIT PROGRAMS**
19 **AND OTHER HEALTH BENEFITS PROGRAMS.**

20 “(a) INDIAN TRIBES AND TRIBAL ORGANIZA-
21 TIONS.—The Secretary, acting through the Service, shall
22 make grants to or enter into contracts with Indian tribes
23 and tribal organizations to assist such tribes and tribal
24 organizations in establishing and administering programs
25 on or near reservations and trust lands, including pro-

1 grams to provide outreach and enrollment through video,
2 electronic delivery methods, or telecommunication devices
3 that allow real-time or time-delayed communication be-
4 tween individual Indians and the benefit program, to as-
5 sist individual Indians—

6 “(1) to enroll for benefits under a program es-
7 tablished under title XVIII, XIX, or XXI of the So-
8 cial Security Act and other health benefits pro-
9 grams; and

10 “(2) with respect to such programs for which
11 the charging of premiums and cost sharing is not
12 prohibited under such programs, to pay premiums or
13 cost sharing for coverage for such benefits, which
14 may be based on financial need (as determined by
15 the Indian tribe or tribes or tribal organizations
16 being served based on a schedule of income levels de-
17 veloped or implemented by such tribe, tribes, or trib-
18 al organizations).

19 “(b) CONDITIONS.—The Secretary, acting through
20 the Service, shall place conditions as deemed necessary to
21 effect the purpose of this section in any grant or contract
22 which the Secretary makes with any Indian tribe or tribal
23 organization pursuant to this section. Such conditions
24 shall include requirements that the Indian tribe or tribal
25 organization successfully undertake—

1 “(1) to determine the population of Indians eli-
2 gible for the benefits described in subsection (a);

3 “(2) to educate Indians with respect to the ben-
4 efits available under the respective programs;

5 “(3) to provide transportation for such indi-
6 vidual Indians to the appropriate offices for enroll-
7 ment or applications for such benefits; and

8 “(4) to develop and implement methods of im-
9 proving the participation of Indians in receiving ben-
10 efits under such programs.

11 “(c) APPLICATION TO URBAN INDIAN ORGANIZA-
12 TIONS.—

13 “(1) IN GENERAL.—The provisions of sub-
14 section (a) shall apply with respect to grants and
15 other funding to urban Indian organizations with re-
16 spect to populations served by such organizations in
17 the same manner they apply to grants and contracts
18 with Indian tribes and tribal organizations with re-
19 spect to programs on or near reservations.

20 “(2) REQUIREMENTS.—The Secretary shall in-
21 clude in the grants or contracts made or provided
22 under paragraph (1) requirements that are—

23 “(A) consistent with the requirements im-
24 posed by the Secretary under subsection (b);

1 “(B) appropriate to urban Indian organi-
2 zations and urban Indians; and

3 “(C) necessary to effect the purposes of
4 this section.

5 “(d) FACILITATING COOPERATION.—The Secretary,
6 acting through the Centers for Medicare & Medicaid Serv-
7 ices, shall develop and disseminate best practices that will
8 serve to facilitate cooperation with, and agreements be-
9 tween, States and the Service, Indian tribes, tribal organi-
10 zations, or urban Indian organizations with respect to the
11 provision of health care items and services to Indians
12 under the programs established under title XVIII, XIX,
13 or XXI of the Social Security Act.

14 “(e) AGREEMENTS RELATING TO IMPROVING EN-
15 ROLLMENT OF INDIANS UNDER SOCIAL SECURITY ACT
16 HEALTH BENEFITS PROGRAMS.—For provisions relating
17 to agreements of the Secretary, acting through the Serv-
18 ice, for the collection, preparation, and submission of ap-
19 plications by Indians for assistance under the Medicaid
20 and children’s health insurance programs established
21 under titles XIX and XXI of the Social Security Act, and
22 benefits under the Medicare program established under
23 title XVIII of such Act, see subsections (a) and (b) of sec-
24 tion 1139 of the Social Security Act.

1 “(f) DEFINITION OF PREMIUMS AND COST SHAR-
2 ING.—In this section:

3 “(1) PREMIUM.—The term ‘premium’ includes
4 any enrollment fee or similar charge.

5 “(2) COST SHARING.—The term ‘cost sharing’
6 includes any deduction, deductible, copayment, coin-
7 surance, or similar charge.”.

8 **SEC. 154. SHARING ARRANGEMENTS WITH FEDERAL AGEN-**
9 **CIES.**

10 Section 405 of the Indian Health Care Improvement
11 Act (25 U.S.C. 1645) is amended to read as follows:

12 **“SEC. 405. SHARING ARRANGEMENTS WITH FEDERAL AGEN-**
13 **CIES.**

14 “(a) AUTHORITY.—

15 “(1) IN GENERAL.—The Secretary may enter
16 into (or expand) arrangements for the sharing of
17 medical facilities and services between the Service,
18 Indian tribes, and tribal organizations and the De-
19 partment of Veterans Affairs and the Department of
20 Defense.

21 “(2) CONSULTATION BY SECRETARY RE-
22 QUIRED.—The Secretary may not finalize any ar-
23 rangement between the Service and a Department
24 described in paragraph (1) without first consulting

1 with the Indian tribes which will be significantly af-
2 fected by the arrangement.

3 “(b) LIMITATIONS.—The Secretary shall not take
4 any action under this section or under subchapter IV of
5 chapter 81 of title 38, United States Code, which would
6 impair—

7 “(1) the priority access of any Indian to health
8 care services provided through the Service and the
9 eligibility of any Indian to receive health services
10 through the Service;

11 “(2) the quality of health care services provided
12 to any Indian through the Service;

13 “(3) the priority access of any veteran to health
14 care services provided by the Department of Vet-
15 erans Affairs;

16 “(4) the quality of health care services provided
17 by the Department of Veterans Affairs or the De-
18 partment of Defense; or

19 “(5) the eligibility of any Indian who is a vet-
20 eran to receive health services through the Depart-
21 ment of Veterans Affairs.

22 “(c) REIMBURSEMENT.—The Service, Indian tribe,
23 or tribal organization shall be reimbursed by the Depart-
24 ment of Veterans Affairs or the Department of Defense
25 (as the case may be) where services are provided through

1 the Service, an Indian tribe, or a tribal organization to
2 beneficiaries eligible for services from either such Depart-
3 ment, notwithstanding any other provision of law.

4 “(d) CONSTRUCTION.—Nothing in this section may
5 be construed as creating any right of a non-Indian veteran
6 to obtain health services from the Service.”.

7 **SEC. 155. ELIGIBLE INDIAN VETERAN SERVICES.**

8 Title IV of the Indian Health Care Improvement Act
9 (25 U.S.C. 1641 et seq.) (as amended by section 101(b))
10 is amended by adding at the end the following:

11 **“SEC. 407. ELIGIBLE INDIAN VETERAN SERVICES.**

12 “(a) FINDINGS; PURPOSE.—

13 “(1) FINDINGS.—Congress finds that—

14 “(A) collaborations between the Secretary
15 and the Secretary of Veterans Affairs regarding
16 the treatment of Indian veterans at facilities of
17 the Service should be encouraged to the max-
18 imum extent practicable; and

19 “(B) increased enrollment for services of
20 the Department of Veterans Affairs by veterans
21 who are members of Indian tribes should be en-
22 couraged to the maximum extent practicable.

23 “(2) PURPOSE.—The purpose of this section is
24 to reaffirm the goals stated in the document entitled
25 ‘Memorandum of Understanding Between the VA/

1 Veterans Health Administration And HHS/Indian
2 Health Service' and dated February 25, 2003 (relat-
3 ing to cooperation and resource sharing between the
4 Veterans Health Administration and Service).

5 “(b) DEFINITIONS.—In this section:

6 “(1) ELIGIBLE INDIAN VETERAN.—The term
7 ‘eligible Indian veteran’ means an Indian or Alaska
8 Native veteran who receives any medical service that
9 is—

10 “(A) authorized under the laws adminis-
11 tered by the Secretary of Veterans Affairs; and

12 “(B) administered at a facility of the Serv-
13 ice (including a facility operated by an Indian
14 tribe or tribal organization through a contract
15 or compact with the Service under the Indian
16 Self-Determination and Education Assistance
17 Act (25 U.S.C. 450 et seq.)) pursuant to a local
18 memorandum of understanding.

19 “(2) LOCAL MEMORANDUM OF UNDER-
20 STANDING.—The term ‘local memorandum of under-
21 standing’ means a memorandum of understanding
22 between the Secretary (or a designee, including the
23 director of any area office of the Service) and the
24 Secretary of Veterans Affairs (or a designee) to im-
25 plement the document entitled ‘Memorandum of Un-

1 derstanding Between the VA/Veterans Health Ad-
2 ministration And HHS/Indian Health Service’ and
3 dated February 25, 2003 (relating to cooperation
4 and resource sharing between the Veterans Health
5 Administration and Indian Health Service).

6 “(c) ELIGIBLE INDIAN VETERANS EXPENSES.—

7 “(1) IN GENERAL.—Notwithstanding any other
8 provision of law, the Secretary shall provide for vet-
9 eran-related expenses incurred by eligible Indian vet-
10 erans as described in subsection (b)(1)(B).

11 “(2) METHOD OF PAYMENT.—The Secretary
12 shall establish such guidelines as the Secretary de-
13 termines to be appropriate regarding the method of
14 payments to the Secretary of Veterans Affairs under
15 paragraph (1).

16 “(d) TRIBAL APPROVAL OF MEMORANDA.—In nego-
17 tiating a local memorandum of understanding with the
18 Secretary of Veterans Affairs regarding the provision of
19 services to eligible Indian veterans, the Secretary shall
20 consult with each Indian tribe that would be affected by
21 the local memorandum of understanding.

22 “(e) FUNDING.—

23 “(1) TREATMENT.—Expenses incurred by the
24 Secretary in carrying out subsection (c)(1) shall not

1 be considered to be Contract Health Service ex-
 2 penses.

3 “(2) USE OF FUNDS.—Of funds made available
 4 to the Secretary in appropriations Acts for the Serv-
 5 ice (excluding funds made available for facilities,
 6 Contract Health Services, or contract support costs),
 7 the Secretary shall use such sums as are necessary
 8 to carry out this section.”.

9 **SEC. 156. NONDISCRIMINATION UNDER FEDERAL HEALTH**
 10 **CARE PROGRAMS IN QUALIFICATIONS FOR**
 11 **REIMBURSEMENT FOR SERVICES.**

12 Title IV of the Indian Health Care Improvement Act
 13 (25 U.S.C. 1641 et seq.) (as amended by section 155) is
 14 amended by adding at the end the following:

15 **“SEC. 408. NONDISCRIMINATION UNDER FEDERAL HEALTH**
 16 **CARE PROGRAMS IN QUALIFICATIONS FOR**
 17 **REIMBURSEMENT FOR SERVICES.**

18 “(a) REQUIREMENT TO SATISFY GENERALLY APPLI-
 19 CABLE PARTICIPATION REQUIREMENTS.—

20 “(1) IN GENERAL.—A Federal health care pro-
 21 gram must accept an entity that is operated by the
 22 Service, an Indian tribe, tribal organization, or
 23 urban Indian organization as a provider eligible to
 24 receive payment under the program for health care
 25 services furnished to an Indian on the same basis as

1 any other provider qualified to participate as a pro-
2 vider of health care services under the program if
3 the entity meets generally applicable State or other
4 requirements for participation as a provider of
5 health care services under the program.

6 “(2) SATISFACTION OF STATE OR LOCAL LICEN-
7 SURE OR RECOGNITION REQUIREMENTS.—Any re-
8 quirement for participation as a provider of health
9 care services under a Federal health care program
10 that an entity be licensed or recognized under the
11 State or local law where the entity is located to fur-
12 nish health care services shall be deemed to have
13 been met in the case of an entity operated by the
14 Service, an Indian tribe, tribal organization, or
15 urban Indian organization if the entity meets all the
16 applicable standards for such licensure or recogni-
17 tion, regardless of whether the entity obtains a li-
18 cense or other documentation under such State or
19 local law. In accordance with section 221, the ab-
20 sence of the licensure of a health professional em-
21 ployed by such an entity under the State or local law
22 where the entity is located shall not be taken into
23 account for purposes of determining whether the en-
24 tity meets such standards, if the professional is li-
25 censed in another State.

1 “(b) APPLICATION OF EXCLUSION FROM PARTICIPA-
2 TION IN FEDERAL HEALTH CARE PROGRAMS.—

3 “(1) EXCLUDED ENTITIES.—No entity operated
4 by the Service, an Indian tribe, tribal organization,
5 or urban Indian organization that has been excluded
6 from participation in any Federal health care pro-
7 gram or for which a license is under suspension or
8 has been revoked by the State where the entity is lo-
9 cated shall be eligible to receive payment or reim-
10 bursement under any such program for health care
11 services furnished to an Indian.

12 “(2) EXCLUDED INDIVIDUALS.—No individual
13 who has been excluded from participation in any
14 Federal health care program or whose State license
15 is under suspension shall be eligible to receive pay-
16 ment or reimbursement under any such program for
17 health care services furnished by that individual, di-
18 rectly or through an entity that is otherwise eligible
19 to receive payment for health care services, to an In-
20 dian.

21 “(3) FEDERAL HEALTH CARE PROGRAM DE-
22 FINED.—In this subsection, the term, ‘Federal
23 health care program’ has the meaning given that
24 term in section 1128B(f) of the Social Security Act
25 (42 U.S.C. 1320a–7b(f)), except that, for purposes

1 of this subsection, such term shall include the health
2 insurance program under chapter 89 of title 5,
3 United States Code.

4 “(c) RELATED PROVISIONS.—For provisions related
5 to nondiscrimination against providers operated by the
6 Service, an Indian tribe, tribal organization, or urban In-
7 dian organization, see section 1139(c) of the Social Secu-
8 rity Act (42 U.S.C. 1320b–9(c)).”

9 **SEC. 157. ACCESS TO FEDERAL INSURANCE.**

10 Title IV of the Indian Health Care Improvement Act
11 (25 U.S.C. 1641 et seq.) (as amended by section 156) is
12 amended by adding at the end the following:

13 **“SEC. 409. ACCESS TO FEDERAL INSURANCE.**

14 “Notwithstanding the provisions of title 5, United
15 States Code, Executive order, or administrative regula-
16 tion, an Indian tribe or tribal organization carrying out
17 programs under the Indian Self-Determination and Edu-
18 cation Assistance Act (25 U.S.C. 450 et seq.) or an urban
19 Indian organization carrying out programs under title V
20 of this Act shall be entitled to purchase coverage, rights,
21 and benefits for the employees of such Indian tribe or trib-
22 al organization, or urban Indian organization, under chap-
23 ter 89 of title 5, United States Code, and chapter 87 of
24 such title if necessary employee deductions and agency
25 contributions in payment for the coverage, rights, and ben-

1 efits for the period of employment with such Indian tribe
 2 or tribal organization, or urban Indian organization, are
 3 currently deposited in the applicable Employee’s Fund
 4 under such title.”.

5 **SEC. 158. GENERAL EXCEPTIONS.**

6 Title IV of the Indian Health Care Improvement Act
 7 (25 U.S.C. 1641 et seq.) (as amended by section 157) is
 8 amended by adding at the end the following:

9 **“SEC. 410. GENERAL EXCEPTIONS.**

10 “The requirements of this title shall not apply to any
 11 excepted benefits described in paragraph (1)(A) or (3) of
 12 section 2791(c) of the Public Health Service Act (42
 13 U.S.C. 300gg–91).”.

14 **Subtitle E—Health Services for**
 15 **Urban Indians**

16 **SEC. 161. REQUIREMENT TO CONFER WITH URBAN INDIAN**
 17 **ORGANIZATIONS.**

18 (a) CONFERRING WITH URBAN INDIAN ORGANIZA-
 19 TIONS.—Title V of the Indian Health Care Improvement
 20 Act (25 U.S.C. 1651 et seq.) (as amended by section
 21 101(b)) is amended by adding at the end the following:

1 **“SEC. 514. CONFERRING WITH URBAN INDIAN ORGANIZA-**
 2 **TIONS.**

3 “(a) DEFINITION OF CONFER.—In this section, the
 4 term ‘confer’ means to engage in an open and free ex-
 5 change of information and opinions that—

6 “(1) leads to mutual understanding and com-
 7 prehension; and

8 “(2) emphasizes trust, respect, and shared re-
 9 sponsibility.

10 “(b) REQUIREMENT.—The Secretary shall ensure
 11 that the Service confers, to the maximum extent prac-
 12 ticable, with urban Indian organizations in carrying out
 13 this Act.”.

14 (b) CONTRACTS WITH, AND GRANTS TO, URBAN IN-
 15 DIAN ORGANIZATIONS.—Section 502 of the Indian Health
 16 Care Improvement Act (25 U.S.C. 1652) is amended to
 17 read as follows:

18 **“SEC. 502. CONTRACTS WITH, AND GRANTS TO, URBAN IN-**
 19 **DIAN ORGANIZATIONS.**

20 “(a) IN GENERAL.—Pursuant to the Act of Novem-
 21 ber 2, 1921 (25 U.S.C. 13) (commonly known as the ‘Sny-
 22 der Act’), the Secretary, acting through the Service, shall
 23 enter into contracts with, or make grants to, urban Indian
 24 organizations to assist the urban Indian organizations in
 25 the establishment and administration, within urban cen-
 26 ters, of programs that meet the requirements of this title.

1 **“SEC. 516. COMMUNITY HEALTH REPRESENTATIVES.**

2 “The Secretary, acting through the Service, may
3 enter into contracts with, and make grants to, urban In-
4 dian organizations for the employment of Indians trained
5 as health service providers through the Community Health
6 Representative Program under section 107 in the provi-
7 sion of health care, health promotion, and disease preven-
8 tion services to urban Indians.”.

9 **Subtitle F—Organizational**
10 **Improvements**

11 **SEC. 171. ESTABLISHMENT OF THE INDIAN HEALTH SERV-**
12 **ICE AS AN AGENCY OF THE PUBLIC HEALTH**
13 **SERVICE.**

14 Section 601 of the Indian Health Care Improvement
15 Act (25 U.S.C. 1661) is amended to read as follows:

16 **“SEC. 601. ESTABLISHMENT OF THE INDIAN HEALTH SERV-**
17 **ICE AS AN AGENCY OF THE PUBLIC HEALTH**
18 **SERVICE.**

19 “(a) ESTABLISHMENT.—

20 “(1) IN GENERAL.—In order to more effectively
21 and efficiently carry out the responsibilities, authori-
22 ties, and functions of the United States to provide
23 health care services to Indians and Indian tribes, as
24 are or may be hereafter provided by Federal statute
25 or treaties, there is established within the Public

1 Health Service of the Department the Indian Health
2 Service.

3 “(2) DIRECTOR.—The Service shall be adminis-
4 tered by a Director, who shall be appointed by the
5 President, by and with the advice and consent of the
6 Senate. The Director shall report to the Secretary.
7 Effective with respect to an individual appointed by
8 the President, by and with the advice and consent
9 of the Senate, after January 1, 2008, the term of
10 service of the Director shall be 4 years. A Director
11 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 Reauthorization and Extension
16 Act of 2009 shall serve as Director.

17 “(4) ADVOCACY AND CONSULTATION.—The po-
18 sition of Director is established to, in a manner con-
19 sistent with the government-to-government relation-
20 ship between the United States and Indian Tribes—

21 “(A) facilitate advocacy for the develop-
22 ment of appropriate Indian health policy; and

23 “(B) promote consultation on matters re-
24 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 Director shall—

6 “(1) perform all functions that were, on the day
7 before the date of enactment of the Indian Health
8 Care Improvement Reauthorization and Extension
9 Act of 2009, carried out by or under the direction
10 of the individual serving as Director of the Service
11 on that day;

12 “(2) perform all functions of the Secretary re-
13 lating to the maintenance and operation of hospital
14 and health facilities for Indians and the planning
15 for, and provision and utilization of, health services
16 for Indians;

17 “(3) administer all health programs under
18 which health care is provided to Indians based upon
19 their status as Indians which are administered by
20 the Secretary, including programs under—

21 “(A) this Act;

22 “(B) the Act of November 2, 1921 (25
23 U.S.C. 13);

24 “(C) the Act of August 5, 1954 (42 U.S.C.
25 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) directly advise the Secretary concerning
9 the development of all policy- and budget-related
10 matters affecting Indian 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 Director, shall have the authority—

6 “(A) except to the extent provided for in
7 paragraph (2), to appoint and compensate em-
8 ployees for the Service in accordance with title
9 5, United States Code;

10 “(B) to enter into contracts for the pro-
11 curement of goods and services to carry out the
12 functions of the Service; and

13 “(C) to manage, expend, and obligate all
14 funds appropriated for the Service.

15 “(2) PERSONNEL ACTIONS.—Notwithstanding
16 any other provision of law, the provisions of section
17 12 of the Act of June 18, 1934 (48 Stat. 986; 25
18 U.S.C. 472), shall apply to all personnel actions
19 taken with respect to new positions created within
20 the Service as a result of its establishment under
21 subsection (a).”.

22 **SEC. 172. OFFICE OF DIRECT SERVICE TRIBES.**

23 Title VI of the Indian Health Care Improvement Act
24 (25 U.S.C. 1661 et seq.) (as amended by section 101(b))
25 is amended by adding at the end the following:

1 **“SEC. 603. OFFICE OF DIRECT SERVICE TRIBES.**

2 “(a) ESTABLISHMENT.—There is established within
3 the Service an office, to be known as the ‘Office of Direct
4 Service Tribes’.

5 “(b) TREATMENT.—The Office of Direct Service
6 Tribes shall be located in the Office of the Director.

7 “(c) DUTIES.—The Office of Direct Service Tribes
8 shall be responsible for—

9 “(1) providing Service-wide leadership, guidance
10 and support for direct service tribes to include stra-
11 tegic planning and program evaluation;

12 “(2) ensuring maximum flexibility to tribal
13 health and related support systems for Indian bene-
14 ficiaries;

15 “(3) serving as the focal point for consultation
16 and participation between direct service tribes and
17 organizations and the Service in the development of
18 Service policy;

19 “(4) holding no less than biannual consultations
20 with direct service tribes in appropriate locations to
21 gather information and aid in the development of
22 health policy; and

23 “(5) directing a national program and providing
24 leadership and advocacy in the development of
25 health policy, program management, budget formu-

1 lation, resource allocation, and delegation support
2 for direct service tribes.”.

3 **SEC. 173. NEVADA AREA OFFICE.**

4 Title VI of the Indian Health Care Improvement Act
5 (25 U.S.C. 1661 et seq.) (as amended by section 172) is
6 amended by adding at the end the following:

7 **“SEC. 604. NEVADA AREA OFFICE.**

8 “(a) IN GENERAL.—Not later than 1 year after the
9 date of enactment of this section, the Secretary of Health
10 and Human Services, in consultation with Indian tribes,
11 tribal organizations, and urban Indian organizations in
12 the State of Nevada, shall submit to Congress a plan ex-
13 plaining the manner and schedule by which a Nevada area
14 office, separate and distinct from the Phoenix area office,
15 can be established in Nevada.

16 “(b) FAILURE TO SUBMIT A PLAN.—If the Secretary
17 fails to submit a plan in accordance with this section, the
18 Secretary shall withhold such operations funds reserved
19 for the Phoenix Area Office of the Indian Health Service.
20 Funds withheld pursuant to this subsection may, at the
21 discretion of the Secretary, be restored to the Phoenix
22 Area Office upon compliance with this section.”.

1 **Subtitle G—Behavioral Health**
 2 **Programs**

3 **SEC. 181. BEHAVIORAL HEALTH PROGRAMS.**

4 Title VII of the Indian Health Care Improvement Act
 5 (25 U.S.C. 1665 et seq.) is amended to read as follows:

6 **“TITLE VII—BEHAVIORAL**
 7 **HEALTH PROGRAMS**

8 **“Subtitle A—General Programs**

9 **“SEC. 701. DEFINITIONS.**

10 “In this subtitle:

11 “(1) ALCOHOL-RELATED
 12 NEURODEVELOPMENTAL DISORDERS; ARND.—The
 13 term ‘alcohol-related neurodevelopmental disorders’
 14 or ‘ARND’ means, with a history of maternal alco-
 15 hol consumption during pregnancy, central nervous
 16 system abnormalities, which may range from minor
 17 intellectual deficits and developmental delays to
 18 mental retardation. ARND children may have behav-
 19 ioral problems, learning disabilities, problems with
 20 executive functioning, and attention disorders. The
 21 neurological defects of ARND may be as severe as
 22 FAS, but facial anomalies and other physical char-
 23 acteristics are not present in ARND, thus making
 24 diagnosis difficult.

1 “(2) ASSESSMENT.—The term ‘assessment’
2 means the systematic collection, analysis, and dis-
3 semination of information on health status, health
4 needs, and health problems.

5 “(3) BEHAVIORAL HEALTH AFTERCARE.—The
6 term ‘behavioral health aftercare’ includes those ac-
7 tivities and resources used to support recovery fol-
8 lowing inpatient, residential, intensive substance
9 abuse, or mental health outpatient or outpatient
10 treatment. The purpose is to help prevent or deal
11 with relapse by ensuring that by the time a client or
12 patient is discharged from a level of care, such as
13 outpatient treatment, an aftercare plan has been de-
14 veloped with the client. An aftercare plan may use
15 such resources as a community-based therapeutic
16 group, transitional living facilities, a 12-step spon-
17 sor, a local 12-step or other related support group,
18 and other community-based providers.

19 “(4) DUAL DIAGNOSIS.—The term ‘dual diag-
20 nosis’ means coexisting substance abuse and mental
21 illness conditions or diagnosis. Such clients are
22 sometimes referred to as mentally ill chemical abuser
23 s (MICAs).

24 “(5) FETAL ALCOHOL SPECTRUM DIS-
25 ORDERS.—

1 “(A) IN GENERAL.—The term ‘fetal alco-
2 hol spectrum disorders’ includes a range of ef-
3 fects that can occur in an individual whose
4 mother drank alcohol during pregnancy, includ-
5 ing physical, mental, behavioral, and/or learning
6 disabilities with possible lifelong implications.

7 “(B) INCLUSIONS.—The term ‘fetal alcohol
8 spectrum disorders’ may include—

9 “(i) fetal alcohol syndrome (FAS);

10 “(ii) partial fetal alcohol syndrome
11 (partial FAS);

12 “(iii) alcohol-related birth defects
13 (ARBD); and

14 “(iv) alcohol-related
15 neurodevelopmental disorders (ARND).

16 “(6) FAS OR FETAL ALCOHOL SYNDROME.—
17 The term ‘FAS’ or ‘fetal alcohol syndrome’ means a
18 syndrome in which, with a history of maternal alco-
19 hol consumption during pregnancy, the following cri-
20 teria are met:

21 “(A) Central nervous system involvement,
22 such as mental retardation, developmental
23 delay, intellectual deficit, microencephaly, or
24 neurological abnormalities.

1 “(B) Craniofacial abnormalities with at
2 least 2 of the following:

3 “(i) Microphthalmia.

4 “(ii) Short palpebral fissures.

5 “(iii) Poorly developed philtrum.

6 “(iv) Thin upper lip.

7 “(v) Flat nasal bridge.

8 “(vi) Short upturned nose.

9 “(C) Prenatal or postnatal growth delay.

10 “(7) REHABILITATION.—The term ‘rehabilita-
11 tion’ means medical and health care services that—

12 “(A) are recommended by a physician or
13 licensed practitioner of the healing arts within
14 the scope of their practice under applicable law;

15 “(B) are furnished in a facility, home, or
16 other setting in accordance with applicable
17 standards; and

18 “(C) have as their purpose any of the fol-
19 lowing:

20 “(i) The maximum attainment of
21 physical, mental, and developmental func-
22 tioning.

23 “(ii) Averting deterioration in physical
24 or mental functional status.

1 “(iii) The maintenance of physical or
2 mental health functional status.

3 “(8) SUBSTANCE ABUSE.—The term ‘substance
4 abuse’ includes inhalant abuse.

5 “(9) SYSTEMS OF CARE.—The term ‘Systems of
6 Care’ means a system for delivering services to chil-
7 dren and their families that is child-centered, family-
8 focused and family-driven, community-based, and
9 culturally competent and responsive to the needs of
10 the children and families being served. The systems
11 of care approach values prevention and early identi-
12 fication, smooth transitions for children and fami-
13 lies, child and family participation and advocacy,
14 comprehensive array of services, individualized serv-
15 ice planning, services in the least restrictive environ-
16 ment, and integrated services with coordinated plan-
17 ning across the child-serving systems.

18 **“SEC. 702. BEHAVIORAL HEALTH PREVENTION AND TREAT-**
19 **MENT SERVICES.**

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

22 “(1) To authorize and direct the Secretary, act-
23 ing through the Service, Indian tribes, and tribal or-
24 ganizations, to develop a comprehensive behavioral
25 health prevention and treatment program which em-

1 phasizes collaboration among alcohol and substance
2 abuse, social services, and mental health programs.

3 “(2) To provide information, direction, and
4 guidance relating to mental illness and dysfunction
5 and self-destructive behavior, including child abuse
6 and family violence, to those Federal, tribal, State,
7 and local agencies responsible for programs in In-
8 dian communities in areas of health care, education,
9 social services, child and family welfare, alcohol and
10 substance abuse, law enforcement, and judicial serv-
11 ices.

12 “(3) To assist Indian tribes to identify services
13 and resources available to address mental illness and
14 dysfunctional and self-destructive behavior.

15 “(4) To provide authority and opportunities for
16 Indian tribes and tribal organizations to develop, im-
17 plement, and coordinate with community-based pro-
18 grams which include identification, prevention, edu-
19 cation, referral, and treatment services, including
20 through multidisciplinary resource teams.

21 “(5) To ensure that Indians, as citizens of the
22 United States and of the States in which they re-
23 side, have the same access to behavioral health serv-
24 ices to which all citizens have access.

1 “(6) To modify or supplement existing pro-
2 grams and authorities in the areas identified in
3 paragraph (2).

4 “(b) PLANS.—

5 “(1) DEVELOPMENT.—The Secretary, acting
6 through the Service, Indian tribes, and tribal organi-
7 zations, shall encourage Indian tribes and tribal or-
8 ganizations to develop tribal plans, and urban Indian
9 organizations to develop local plans, and for all such
10 groups to participate in developing areawide plans
11 for Indian Behavioral Health Services. The plans
12 shall include, to the extent feasible, the following
13 components:

14 “(A) An assessment of the scope of alcohol
15 or other substance abuse, mental illness, and
16 dysfunctional and self-destructive behavior, in-
17 cluding suicide, child abuse, and family vio-
18 lence, among Indians, including—

19 “(i) the number of Indians served who
20 are directly or indirectly affected by such
21 illness or behavior; or

22 “(ii) an estimate of the financial and
23 human cost attributable to such illness or
24 behavior.

1 “(B) An assessment of the existing and
2 additional resources necessary for the preven-
3 tion and treatment of such illness and behavior,
4 including an assessment of the progress toward
5 achieving the availability of the full continuum
6 of care described in subsection (c).

7 “(C) An estimate of the additional funding
8 needed by the Service, Indian tribes, tribal or-
9 ganizations, and urban Indian organizations to
10 meet their responsibilities under the plans.

11 “(2) NATIONAL CLEARINGHOUSE.—The Sec-
12 retary, acting through the Service, shall coordinate
13 with existing national clearinghouses and informa-
14 tion centers to include at the clearinghouses and
15 centers plans and reports on the outcomes of such
16 plans developed by Indian tribes, tribal organiza-
17 tions, urban Indian organizations, and Service areas
18 relating to behavioral health. The Secretary shall en-
19 sure access to these plans and outcomes by any In-
20 dian tribe, tribal organization, urban Indian organi-
21 zation, or the Service.

22 “(3) TECHNICAL ASSISTANCE.—The Secretary
23 shall provide technical assistance to Indian tribes,
24 tribal organizations, and urban Indian organizations
25 in preparation of plans under this section and in de-

1 veloping standards of care that may be used and
2 adopted locally.

3 “(c) PROGRAMS.—The Secretary, acting through the
4 Service, shall provide, to the extent feasible and if funding
5 is available, programs including the following:

6 “(1) COMPREHENSIVE CARE.—A comprehensive
7 continuum of behavioral health care which pro-
8 vides—

9 “(A) community-based prevention, inter-
10 vention, outpatient, and behavioral health
11 aftercare;

12 “(B) detoxification (social and medical);

13 “(C) acute hospitalization;

14 “(D) intensive outpatient/day treatment;

15 “(E) residential treatment;

16 “(F) transitional living for those needing a
17 temporary, stable living environment that is
18 supportive of treatment and recovery goals;

19 “(G) emergency shelter;

20 “(H) intensive case management;

21 “(I) diagnostic services; and

22 “(J) promotion of healthy approaches to
23 risk and safety issues, including injury preven-
24 tion.

1 “(2) CHILD CARE.—Behavioral health services
2 for Indians from birth through age 17, including—

3 “(A) preschool and school age fetal alcohol
4 spectrum disorder services, including assess-
5 ment and behavioral intervention;

6 “(B) mental health and substance abuse
7 services (emotional, organic, alcohol, drug, in-
8 halant, and tobacco);

9 “(C) identification and treatment of co-oc-
10 ccurring disorders and comorbidity;

11 “(D) prevention of alcohol, drug, inhalant,
12 and tobacco use;

13 “(E) early intervention, treatment, and
14 aftercare;

15 “(F) promotion of healthy approaches to
16 risk and safety issues; and

17 “(G) identification and treatment of ne-
18 glect and physical, mental, and sexual abuse.

19 “(3) ADULT CARE.—Behavioral health services
20 for Indians from age 18 through 55, including—

21 “(A) early intervention, treatment, and
22 aftercare;

23 “(B) mental health and substance abuse
24 services (emotional, alcohol, drug, inhalant, and
25 tobacco), including sex specific services;

1 “(C) identification and treatment of co-oc-
2 curring disorders (dual diagnosis) and comor-
3 bidity;

4 “(D) promotion of healthy approaches for
5 risk-related behavior;

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

9 “(F) sex specific treatment for sexual as-
10 sault and domestic violence.

11 “(4) FAMILY CARE.—Behavioral health services
12 for families, including—

13 “(A) early intervention, treatment, and
14 aftercare for affected families;

15 “(B) treatment for sexual assault and do-
16 mestic violence; and

17 “(C) promotion of healthy approaches re-
18 lating to parenting, domestic violence, and other
19 abuse issues.

20 “(5) ELDER CARE.—Behavioral health services
21 for Indians 56 years of age and older, including—

22 “(A) early intervention, treatment, and
23 aftercare;

1 “(B) mental health and substance abuse
2 services (emotional, alcohol, drug, inhalant, and
3 tobacco), including sex specific services;

4 “(C) identification and treatment of co-oc-
5 ccurring disorders (dual diagnosis) and comor-
6 bidity;

7 “(D) promotion of healthy approaches to
8 managing conditions related to aging;

9 “(E) sex specific treatment for sexual as-
10 sult, domestic violence, neglect, physical and
11 mental abuse and exploitation; and

12 “(F) identification and treatment of de-
13 mentias regardless of cause.

14 “(d) COMMUNITY BEHAVIORAL HEALTH PLAN.—

15 “(1) ESTABLISHMENT.—The governing body of
16 any Indian tribe, tribal organization, or urban In-
17 dian organization may adopt a resolution for the es-
18 tablishment of a community behavioral health plan
19 providing for the identification and coordination of
20 available resources and programs to identify, pre-
21 vent, or treat substance abuse, mental illness, or
22 dysfunctional and self-destructive behavior, including
23 child abuse and family violence, among its members
24 or its service population. This plan should include

1 behavioral health services, social services, intensive
2 outpatient services, and continuing aftercare.

3 “(2) TECHNICAL ASSISTANCE.—At the request
4 of an Indian tribe, tribal organization, or urban In-
5 dian organization, the Bureau of Indian Affairs and
6 the Service shall cooperate with and provide tech-
7 nical assistance to the Indian tribe, tribal organiza-
8 tion, or urban Indian organization in the develop-
9 ment and implementation of such plan.

10 “(3) FUNDING.—The Secretary, acting through
11 the Service, Indian tribes, and tribal organizations,
12 may make funding available to Indian tribes and
13 tribal organizations which adopt a resolution pursu-
14 ant to paragraph (1) to obtain technical assistance
15 for the development of a community behavioral
16 health plan and to provide administrative support in
17 the implementation of such plan.

18 “(e) COORDINATION FOR AVAILABILITY OF SERV-
19 ICES.—The Secretary, acting through the Service, shall
20 coordinate behavioral health planning, to the extent fea-
21 sible, with other Federal agencies and with State agencies,
22 to encourage comprehensive behavioral health services for
23 Indians regardless of their place of residence.

24 “(f) MENTAL HEALTH CARE NEED ASSESSMENT.—
25 Not later than 1 year after the date of enactment of the

1 Indian Health Care Improvement Reauthorization and
2 Extension Act of 2009, the Secretary, acting through the
3 Service, shall make an assessment of the need for inpa-
4 tient mental health care among Indians and the avail-
5 ability and cost of inpatient mental health facilities which
6 can meet such need. In making such assessment, the Sec-
7 retary shall consider the possible conversion of existing,
8 underused Service hospital beds into psychiatric units to
9 meet such need.

10 **“SEC. 703. MEMORANDA OF AGREEMENT WITH THE DE-**
11 **PARTMENT OF INTERIOR.**

12 “(a) CONTENTS.—Not later than 1 year after the
13 date of enactment of the Indian Health Care Improvement
14 Reauthorization and Extension Act of 2009, the Sec-
15 retary, acting through the Service, and the Secretary of
16 the Interior shall develop and enter into a memoranda of
17 agreement, or review and update any existing memoranda
18 of agreement, as required by section 4205 of the Indian
19 Alcohol and Substance Abuse Prevention and Treatment
20 Act of 1986 (25 U.S.C. 2411) under which the Secretaries
21 address the following:

22 “(1) The scope and nature of mental illness and
23 dysfunctional and self-destructive behavior, including
24 child abuse and family violence, among Indians.

1 “(2) The existing Federal, tribal, State, local,
2 and private services, resources, and programs avail-
3 able to provide behavioral health services for Indi-
4 ans.

5 “(3) The unmet need for additional services, re-
6 sources, and programs necessary to meet the needs
7 identified pursuant to paragraph (1).

8 “(4)(A) The right of Indians, as citizens of the
9 United States and of the States in which they re-
10 side, to have access to behavioral health services to
11 which all citizens have access.

12 “(B) The right of Indians to participate in, and
13 receive the benefit of, such services.

14 “(C) The actions necessary to protect the exer-
15 cise of such right.

16 “(5) The responsibilities of the Bureau of In-
17 dian Affairs and the Service, including mental illness
18 identification, prevention, education, referral, and
19 treatment services (including services through multi-
20 disciplinary resource teams), at the central, area,
21 and agency and Service unit, Service area, and head-
22 quarters levels to address the problems identified in
23 paragraph (1).

24 “(6) A strategy for the comprehensive coordina-
25 tion of the behavioral health services provided by the

1 Bureau of Indian Affairs and the Service to meet
2 the problems identified pursuant to paragraph (1),
3 including—

4 “(A) the coordination of alcohol and sub-
5 stance abuse programs of the Service, the Bu-
6 reau of Indian Affairs, and Indian tribes and
7 tribal organizations (developed under the Indian
8 Alcohol and Substance Abuse Prevention and
9 Treatment Act of 1986 (25 U.S.C. 2401 et
10 seq.)) with behavioral health initiatives pursu-
11 ant to this Act, particularly with respect to the
12 referral and treatment of dually diagnosed indi-
13 viduals requiring behavioral health and sub-
14 stance abuse treatment; and

15 “(B) ensuring that the Bureau of Indian
16 Affairs and Service programs and services (in-
17 cluding multidisciplinary resource teams) ad-
18 dressing child abuse and family violence are co-
19 ordinated with such non-Federal programs and
20 services.

21 “(7) Directing appropriate officials of the Bu-
22 reau of Indian Affairs and the Service, particularly
23 at the agency and Service unit levels, to cooperate
24 fully with tribal requests made pursuant to commu-
25 nity behavioral health plans adopted under section

1 702(c) and section 4206 of the Indian Alcohol and
2 Substance Abuse Prevention and Treatment Act of
3 1986 (25 U.S.C. 2412).

4 “(8) Providing for an annual review of such
5 agreement by the Secretaries which shall be provided
6 to Congress and Indian tribes and tribal organiza-
7 tions.

8 “(b) SPECIFIC PROVISIONS REQUIRED.—The memo-
9 randa of agreement updated or entered into pursuant to
10 subsection (a) shall include specific provisions pursuant to
11 which the Service shall assume responsibility for—

12 “(1) the determination of the scope of the prob-
13 lem of alcohol and substance abuse among Indians,
14 including the number of Indians within the jurisdic-
15 tion of the Service who are directly or indirectly af-
16 fected by alcohol and substance abuse and the finan-
17 cial and human cost;

18 “(2) an assessment of the existing and needed
19 resources necessary for the prevention of alcohol and
20 substance abuse and the treatment of Indians af-
21 fected by alcohol and substance abuse; and

22 “(3) an estimate of the funding necessary to
23 adequately support a program of prevention of alco-
24 hol and substance abuse and treatment of Indians
25 affected by alcohol and substance abuse.

1 “(c) PUBLICATION.—Each memorandum of agree-
2 ment entered into or renewed (and amendments or modi-
3 fications thereto) under subsection (a) shall be published
4 in the Federal Register. At the same time as publication
5 in the Federal Register, the Secretary shall provide a copy
6 of such memoranda, amendment, or modification to each
7 Indian tribe, tribal organization, and urban Indian organi-
8 zation.

9 **“SEC. 704. COMPREHENSIVE BEHAVIORAL HEALTH PRE-**
10 **VENTION AND TREATMENT PROGRAM.**

11 “(a) ESTABLISHMENT.—

12 “(1) IN GENERAL.—The Secretary, acting
13 through the Service, shall provide a program of com-
14 prehensive behavioral health, prevention, treatment,
15 and aftercare, including Systems of Care, which
16 shall include—

17 “(A) prevention, through educational inter-
18 vention, in Indian communities;

19 “(B) acute detoxification, psychiatric hos-
20 pitalization, residential, and intensive outpatient
21 treatment;

22 “(C) community-based rehabilitation and
23 aftercare;

24 “(D) community education and involve-
25 ment, including extensive training of health

1 care, educational, and community-based per-
2 sonnel;

3 “(E) specialized residential treatment pro-
4 grams for high-risk populations, including preg-
5 nant and postpartum women and their children;
6 and

7 “(F) diagnostic services.

8 “(2) TARGET POPULATIONS.—The target popu-
9 lation of such programs shall be members of Indian
10 tribes. Efforts to train and educate key members of
11 the Indian community shall also target employees of
12 health, education, judicial, law enforcement, legal,
13 and social service programs.

14 “(b) CONTRACT HEALTH SERVICES.—

15 “(1) IN GENERAL.—The Secretary, acting
16 through the Service, may enter into contracts with
17 public or private providers of behavioral health treat-
18 ment services for the purpose of carrying out the
19 program required under subsection (a).

20 “(2) PROVISION OF ASSISTANCE.—In carrying
21 out this subsection, the Secretary shall provide as-
22 sistance to Indian tribes and tribal organizations to
23 develop criteria for the certification of behavioral
24 health service providers and accreditation of service

1 facilities which meet minimum standards for such
2 services and facilities.

3 **“SEC. 705. MENTAL HEALTH TECHNICIAN PROGRAM.**

4 “(a) IN GENERAL.—Pursuant to the Act of Novem-
5 ber 2, 1921 (25 U.S.C. 13) (commonly known as the ‘Sny-
6 der Act’), the Secretary shall establish and maintain a
7 mental health technician program within the Service
8 which—

9 “(1) provides for the training of Indians as
10 mental health technicians; and

11 “(2) employs such technicians in the provision
12 of community-based mental health care that includes
13 identification, prevention, education, referral, and
14 treatment services.

15 “(b) PARAPROFESSIONAL TRAINING.—In carrying
16 out subsection (a), the Secretary, acting through the Serv-
17 ice, shall provide high-standard paraprofessional training
18 in mental health care necessary to provide quality care to
19 the Indian communities to be served. Such training shall
20 be based upon a curriculum developed or approved by the
21 Secretary which combines education in the theory of men-
22 tal health care with supervised practical experience in the
23 provision of such care.

24 “(c) SUPERVISION AND EVALUATION OF TECHN-
25 CIANS.—The Secretary, acting through the Service, shall

1 supervise and evaluate the mental health technicians in
2 the training program.

3 “(d) TRADITIONAL HEALTH CARE PRACTICES.—The
4 Secretary, acting through the Service, shall ensure that
5 the program established pursuant to this subsection in-
6 volves the use and promotion of the traditional health care
7 practices of the Indian tribes to be served.

8 **“SEC. 706. LICENSING REQUIREMENT FOR MENTAL**
9 **HEALTH CARE WORKERS.**

10 “(a) IN GENERAL.—Subject to section 221, and ex-
11 cept as provided in subsection (b), any individual employed
12 as a psychologist, social worker, or marriage and family
13 therapist for the purpose of providing mental health care
14 services to Indians in a clinical setting under this Act is
15 required to be licensed as a psychologist, social worker,
16 or marriage and family therapist, respectively.

17 “(b) TRAINEES.—An individual may be employed as
18 a trainee in psychology, social work, or marriage and fam-
19 ily therapy to provide mental health care services de-
20 scribed in subsection (a) if such individual—

21 “(1) works under the direct supervision of a li-
22 censed psychologist, social worker, or marriage and
23 family therapist, respectively;

24 “(2) is enrolled in or has completed at least 2
25 years of course work at a post-secondary, accredited

1 education program for psychology, social work, mar-
2 riage and family therapy, or counseling; and

3 “(3) meets such other training, supervision, and
4 quality review requirements as the Secretary may es-
5 tablish.

6 **“SEC. 707. INDIAN WOMEN TREATMENT PROGRAMS.**

7 “(a) GRANTS.—The Secretary, consistent with sec-
8 tion 702, may make grants to Indian tribes, tribal organi-
9 zations, and urban Indian organizations to develop and
10 implement a comprehensive behavioral health program of
11 prevention, intervention, treatment, and relapse preven-
12 tion services that specifically addresses the cultural, his-
13 torical, social, and child care needs of Indian women, re-
14 gardless of age.

15 “(b) USE OF GRANT FUNDS.—A grant made pursu-
16 ant to this section may be used—

17 “(1) to develop and provide community train-
18 ing, education, and prevention programs for Indian
19 women relating to behavioral health issues, including
20 fetal alcohol spectrum disorders;

21 “(2) to identify and provide psychological serv-
22 ices, counseling, advocacy, support, and relapse pre-
23 vention to Indian women and their families; and

24 “(3) to develop prevention and intervention
25 models for Indian women which incorporate tradi-

1 tional health care practices, cultural values, and
2 community and family involvement.

3 “(c) CRITERIA.—The Secretary, in consultation with
4 Indian tribes and tribal organizations, shall establish cri-
5 teria for the review and approval of applications and pro-
6 posals for funding under this section.

7 “(d) ALLOCATION OF FUNDS FOR URBAN INDIAN
8 ORGANIZATIONS.—20 percent of the funds appropriated
9 pursuant to this section shall be used to make grants to
10 urban Indian organizations.

11 **“SEC. 708. INDIAN YOUTH PROGRAM.**

12 “(a) DETOXIFICATION AND REHABILITATION.—The
13 Secretary, acting through the Service, consistent with sec-
14 tion 702, shall develop and implement a program for acute
15 detoxification and treatment for Indian youths, including
16 behavioral health services. The program shall include re-
17 gional treatment centers designed to include detoxification
18 and rehabilitation for both sexes on a referral basis and
19 programs developed and implemented by Indian tribes or
20 tribal organizations at the local level under the Indian
21 Self-Determination and Education Assistance Act (25
22 U.S.C. 450 et seq.). Regional centers shall be integrated
23 with the intake and rehabilitation programs based in the
24 referring Indian community.

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

3 “(1) ESTABLISHMENT.—

4 “(A) IN GENERAL.—The Secretary, acting
5 through the Service, shall construct, renovate,
6 or, as necessary, purchase, and appropriately
7 staff and operate, at least 1 youth regional
8 treatment center or treatment network in each
9 area under the jurisdiction of an area office.

10 “(B) AREA OFFICE IN CALIFORNIA.—For
11 the purposes of this subsection, the area office
12 in California shall be considered to be 2 area
13 offices, 1 office whose jurisdiction shall be con-
14 sidered to encompass the northern area of the
15 State of California, and 1 office whose jurisdic-
16 tion shall be considered to encompass the re-
17 mainder of the State of California for the pur-
18 pose of implementing California treatment net-
19 works.

20 “(2) FUNDING.—For the purpose of staffing
21 and operating such centers or facilities, funding
22 shall be pursuant to the Act of November 2, 1921
23 (25 U.S.C. 13).

24 “(3) LOCATION.—A youth treatment center
25 constructed or purchased under this subsection shall

1 be constructed or purchased at a location within the
2 area described in paragraph (1) agreed upon (by ap-
3 propriate tribal resolution) by a majority of the In-
4 dian tribes to be served by such center.

5 “(4) SPECIFIC PROVISION OF FUNDS.—

6 “(A) IN GENERAL.—Notwithstanding any
7 other provision of this title, the Secretary may,
8 from amounts authorized to be appropriated for
9 the purposes of carrying out this section, make
10 funds available to—

11 “(i) the Tanana Chiefs Conference,
12 Incorporated, for the purpose of leasing,
13 constructing, renovating, operating, and
14 maintaining a residential youth treatment
15 facility in Fairbanks, Alaska; and

16 “(ii) the Southeast Alaska Regional
17 Health Corporation to staff and operate a
18 residential youth treatment facility without
19 regard to the proviso set forth in section
20 4(l) of the Indian Self-Determination and
21 Education Assistance Act (25 U.S.C.
22 450b(l)).

23 “(B) PROVISION OF SERVICES TO ELIGI-
24 BLE YOUTHS.—Until additional residential
25 youth treatment facilities are established in

1 Alaska pursuant to this section, the facilities
2 specified in subparagraph (A) shall make every
3 effort to provide services to all eligible Indian
4 youths residing in Alaska.

5 “(c) INTERMEDIATE ADOLESCENT BEHAVIORAL
6 HEALTH SERVICES.—

7 “(1) IN GENERAL.—The Secretary, acting
8 through the Service, may provide intermediate be-
9 havioral health services, which may incorporate Sys-
10 tems of Care, to Indian children and adolescents, in-
11 cluding—

12 “(A) pretreatment assistance;

13 “(B) inpatient, outpatient, and aftercare
14 services;

15 “(C) emergency care;

16 “(D) suicide prevention and crisis interven-
17 tion; and

18 “(E) prevention and treatment of mental
19 illness and dysfunctional and self-destructive
20 behavior, including child abuse and family vio-
21 lence.

22 “(2) USE OF FUNDS.—Funds provided under
23 this subsection may be used—

1 “(A) to construct or renovate an existing
2 health facility to provide intermediate behav-
3 ioral health services;

4 “(B) to hire behavioral health profes-
5 sionals;

6 “(C) to staff, operate, and maintain an in-
7 termediate mental health facility, group home,
8 sober housing, transitional housing or similar
9 facilities, or youth shelter where intermediate
10 behavioral health services are being provided;

11 “(D) to make renovations and hire appro-
12 priate staff to convert existing hospital beds
13 into adolescent psychiatric units; and

14 “(E) for intensive home- and community-
15 based services.

16 “(3) CRITERIA.—The Secretary, acting through
17 the Service, shall, in consultation with Indian tribes
18 and tribal organizations, establish criteria for the re-
19 view and approval of applications or proposals for
20 funding made available pursuant to this subsection.

21 “(d) FEDERALLY OWNED STRUCTURES.—

22 “(1) IN GENERAL.—The Secretary, in consulta-
23 tion with Indian tribes and tribal organizations,
24 shall—

1 “(A) identify and use, where appropriate,
2 federally owned structures suitable for local res-
3 idential or regional behavioral health treatment
4 for Indian youths; and

5 “(B) establish guidelines for determining
6 the suitability of any such federally owned
7 structure to be used for local residential or re-
8 gional behavioral health treatment for Indian
9 youths.

10 “(2) TERMS AND CONDITIONS FOR USE OF
11 STRUCTURE.—Any structure described in paragraph
12 (1) may be used under such terms and conditions as
13 may be agreed upon by the Secretary and the agency
14 having responsibility for the structure and any In-
15 dian tribe or tribal organization operating the pro-
16 gram.

17 “(e) REHABILITATION AND AFTERCARE SERVICES.—

18 “(1) IN GENERAL.—The Secretary, Indian
19 tribes, or tribal organizations, in cooperation with
20 the Secretary of the Interior, shall develop and im-
21 plement within each Service unit, community-based
22 rehabilitation and follow-up services for Indian
23 youths who are having significant behavioral health
24 problems, and require long-term treatment, commu-
25 nity reintegration, and monitoring to support the In-

1 dian youths after their return to their home commu-
2 nity.

3 “(2) ADMINISTRATION.—Services under para-
4 graph (1) shall be provided by trained staff within
5 the community who can assist the Indian youths in
6 their continuing development of self-image, positive
7 problem-solving skills, and nonalcohol or substance
8 abusing behaviors. Such staff may include alcohol
9 and substance abuse counselors, mental health pro-
10 fessionals, and other health professionals and para-
11 professionals, including community health represent-
12 atives.

13 “(f) INCLUSION OF FAMILY IN YOUTH TREATMENT
14 PROGRAM.—In providing the treatment and other services
15 to Indian youths authorized by this section, the Secretary,
16 acting through the Service, shall provide for the inclusion
17 of family members of such youths in the treatment pro-
18 grams or other services as may be appropriate. Not less
19 than 10 percent of the funds appropriated for the pur-
20 poses of carrying out subsection (e) shall be used for out-
21 patient care of adult family members related to the treat-
22 ment of an Indian youth under that subsection.

23 “(g) MULTIDRUG ABUSE PROGRAM.—The Secretary,
24 acting through the Service, shall provide, consistent with
25 section 702, programs and services to prevent and treat

1 the abuse of multiple forms of substances, including alco-
2 hol, drugs, inhalants, and tobacco, among Indian youths
3 residing in Indian communities, on or near reservations,
4 and in urban areas and provide appropriate mental health
5 services to address the incidence of mental illness among
6 such youths.

7 “(h) INDIAN YOUTH MENTAL HEALTH.—The Sec-
8 retary, acting through the Service, shall collect data for
9 the report under section 801 with respect to—

10 “(1) the number of Indian youth who are being
11 provided mental health services through the Service
12 and tribal health programs;

13 “(2) a description of, and costs associated with,
14 the mental health services provided for Indian youth
15 through the Service and tribal health programs;

16 “(3) the number of youth referred to the Serv-
17 ice or tribal health programs for mental health serv-
18 ices;

19 “(4) the number of Indian youth provided resi-
20 dential treatment for mental health and behavioral
21 problems through the Service and tribal health pro-
22 grams, reported separately for on- and off-reserva-
23 tion facilities; and

24 “(5) the costs of the services described in para-
25 graph (4).

1 **“SEC. 709. INPATIENT AND COMMUNITY-BASED MENTAL**
2 **HEALTH FACILITIES DESIGN, CONSTRUC-**
3 **TION, AND STAFFING.**

4 “Not later than 1 year after the date of enactment
5 of the Indian Health Care Improvement Reauthorization
6 and Extension Act of 2009, the Secretary, acting through
7 the Service, may provide, in each area of the Service, not
8 less than 1 inpatient mental health care facility, or the
9 equivalent, for Indians with behavioral health problems.
10 For the purposes of this subsection, California shall be
11 considered to be 2 area offices, 1 office whose location
12 shall be considered to encompass the northern area of the
13 State of California and 1 office whose jurisdiction shall
14 be considered to encompass the remainder of the State
15 of California. The Secretary shall consider the possible
16 conversion of existing, underused Service hospital beds
17 into psychiatric units to meet such need.

18 **“SEC. 710. TRAINING AND COMMUNITY EDUCATION.**

19 “(a) PROGRAM.—The Secretary, in cooperation with
20 the Secretary of the Interior, shall develop and implement
21 or assist Indian tribes and tribal organizations to develop
22 and implement, within each Service unit or tribal program,
23 a program of community education and involvement which
24 shall be designed to provide concise and timely information
25 to the community leadership of each tribal community.
26 Such program shall include education about behavioral

1 health issues to political leaders, tribal judges, law en-
2 forcement personnel, members of tribal health and edu-
3 cation boards, health care providers including traditional
4 practitioners, and other critical members of each tribal
5 community. Such program may also include community-
6 based training to develop local capacity and tribal commu-
7 nity provider training for prevention, intervention, treat-
8 ment, and aftercare.

9 “(b) INSTRUCTION.—The Secretary, acting through
10 the Service, shall provide instruction in the area of behav-
11 ioral health issues, including instruction in crisis interven-
12 tion and family relations in the context of alcohol and sub-
13 stance abuse, child sexual abuse, youth alcohol and sub-
14 stance abuse, and the causes and effects of fetal alcohol
15 spectrum disorders to appropriate employees of the Bu-
16 reau of Indian Affairs and the Service, and to personnel
17 in schools or programs operated under any contract with
18 the Bureau of Indian Affairs or the Service, including su-
19 pervisors of emergency shelters and halfway houses de-
20 scribed in section 4213 of the Indian Alcohol and Sub-
21 stance Abuse Prevention and Treatment Act of 1986 (25
22 U.S.C. 2433).

23 “(c) TRAINING MODELS.—In carrying out the edu-
24 cation and training programs required by this section, the
25 Secretary, in consultation with Indian tribes, tribal organi-

1 zations, Indian behavioral health experts, and Indian alco-
2 hol and substance abuse prevention experts, shall develop
3 and provide community-based training models. Such mod-
4 els shall address—

5 “(1) the elevated risk of alcohol and behavioral
6 health problems faced by children of alcoholics;

7 “(2) the cultural, spiritual, and
8 multigenerational aspects of behavioral health prob-
9 lem prevention and recovery; and

10 “(3) community-based and multidisciplinary
11 strategies, including Systems of Care, for preventing
12 and treating behavioral health problems.

13 **“SEC. 711. BEHAVIORAL HEALTH PROGRAM.**

14 “(a) INNOVATIVE PROGRAMS.—The Secretary, acting
15 through the Service, consistent with section 702, may
16 plan, develop, implement, and carry out programs to de-
17 liver innovative community-based behavioral health serv-
18 ices to Indians.

19 “(b) AWARDS; CRITERIA.—The Secretary may award
20 a grant for a project under subsection (a) to an Indian
21 tribe or tribal organization and may consider the following
22 criteria:

23 “(1) The project will address significant unmet
24 behavioral health needs among Indians.

1 “(2) The project will serve a significant number
2 of Indians.

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

5 “(4) The Indian tribe or tribal organization has
6 the administrative and financial capability to admin-
7 ister the project.

8 “(5) The project may deliver services in a man-
9 ner consistent with traditional health care practices.

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

12 “(c) **EQUITABLE TREATMENT.**—For purposes of this
13 subsection, the Secretary shall, in evaluating project appli-
14 cations or proposals, use the same criteria that the Sec-
15 retary uses in evaluating any other application or proposal
16 for such funding.

17 **“SEC. 712. FETAL ALCOHOL SPECTRUM DISORDERS PRO-**
18 **GRAMS.**

19 “(a) **PROGRAMS.**—

20 “(1) **ESTABLISHMENT.**—The Secretary, con-
21 sistent with section 701, acting through the Service,
22 Indian Tribes, and Tribal Organizations, is author-
23 ized to establish and operate fetal alcohol spectrum
24 disorders programs as provided in this section for

1 the purposes of meeting the health status objectives
2 specified in section 3.

3 “(2) USE OF FUNDS.—

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

7 “(i) To develop and provide for Indi-
8 ans community and in-school training, edu-
9 cation, and prevention programs relating
10 to fetal alcohol spectrum disorders.

11 “(ii) To identify and provide behav-
12 ioral health treatment to high-risk Indian
13 women and high-risk women pregnant with
14 an Indian’s child.

15 “(iii) To identify and provide appro-
16 priate psychological services, educational
17 and vocational support, counseling, advo-
18 cacy, and information to fetal alcohol spec-
19 trum disorders-affected Indians and their
20 families or caretakers.

21 “(iv) To develop and implement coun-
22 seling and support programs in schools for
23 fetal alcohol spectrum disorders-affected
24 Indian children.

1 “(v) To develop prevention and inter-
2 vention models which incorporate practi-
3 tioners of traditional health care practices,
4 cultural values, and community involve-
5 ment.

6 “(vi) To develop, print, and dissemi-
7 nate education and prevention materials on
8 fetal alcohol spectrum disorders.

9 “(vii) To develop and implement, in
10 consultation with Indian Tribes and Tribal
11 Organizations, and in conference with
12 urban Indian Organizations, culturally sen-
13 sitive assessment and diagnostic tools in-
14 cluding dysmorphology clinics and multi-
15 disciplinary fetal alcohol spectrum dis-
16 orders clinics for use in Indian commu-
17 nities and urban Centers.

18 “(viii) To develop and provide training
19 on fetal alcohol spectrum disorders to pro-
20 fessionals providing services to Indians, in-
21 cluding medical and allied health practi-
22 tioners, social service providers, educators,
23 and law enforcement, court officials and
24 corrections personnel in the juvenile and
25 criminal justice systems.

1 “(B) ADDITIONAL USES.—In addition to
2 any purpose under subparagraph (A), funding
3 provided pursuant to this section may be used
4 for 1 or more of the following:

5 “(i) Early childhood intervention
6 projects from birth on to mitigate the ef-
7 fects of fetal alcohol spectrum disorders
8 among Indians.

9 “(ii) Community-based support serv-
10 ices for Indians and women pregnant with
11 Indian children.

12 “(iii) Community-based housing for
13 adult Indians with fetal alcohol spectrum
14 disorders.

15 “(3) CRITERIA FOR APPLICATIONS.—The Sec-
16 retary shall establish criteria for the review and ap-
17 proval of applications for funding under this section.

18 “(b) SERVICES.—The Secretary, acting through the
19 Service, Indian Tribes, and Tribal Organizations, shall—

20 “(1) develop and provide services for the pre-
21 vention, intervention, treatment, and aftercare for
22 those affected by fetal alcohol spectrum disorders in
23 Indian communities; and

24 “(2) provide supportive services, including serv-
25 ices to meet the special educational, vocational,

1 school-to-work transition, and independent living
2 needs of adolescent and adult Indians with fetal al-
3 cohol spectrum disorders.

4 “(c) APPLIED RESEARCH PROJECTS.—The Sec-
5 retary, acting through the Substance Abuse and Mental
6 Health Services Administration, shall make grants to In-
7 dian Tribes, Tribal Organizations, and urban Indian Or-
8 ganizations for applied research projects which propose to
9 elevate the understanding of methods to prevent, inter-
10 vene, treat, or provide rehabilitation and behavioral health
11 aftercare for Indians and urban Indians affected by fetal
12 alcohol spectrum disorders.

13 “(d) FUNDING FOR URBAN INDIAN ORGANIZA-
14 TIONS.—Ten percent of the funds appropriated pursuant
15 to this section shall be used to make grants to urban In-
16 dian Organizations funded under title V.

17 **“SEC. 713. CHILD SEXUAL ABUSE AND PREVENTION TREAT-**
18 **MENT PROGRAMS.**

19 “(a) ESTABLISHMENT.—The Secretary, acting
20 through the Service, shall establish, consistent with section
21 702, in every Service area, programs involving treatment
22 for—

23 “(1) victims of sexual abuse who are Indian
24 children or children in an Indian household; and

1 “(2) perpetrators of child sexual abuse who are
2 Indian or members of an Indian household.

3 “(b) USE OF FUNDS.—Funding provided pursuant to
4 this section shall be used for the following:

5 “(1) To develop and provide community edu-
6 cation and prevention programs related to sexual
7 abuse of Indian children or children in an Indian
8 household.

9 “(2) To identify and provide behavioral health
10 treatment to victims of sexual abuse who are Indian
11 children or children in an Indian household, and to
12 their family members who are affected by sexual
13 abuse.

14 “(3) To develop prevention and intervention
15 models which incorporate traditional health care
16 practices, cultural values, and community involve-
17 ment.

18 “(4) To develop and implement culturally sen-
19 sitive assessment and diagnostic tools for use in In-
20 dian communities and urban centers.

21 “(5) To identify and provide behavioral health
22 treatment to Indian perpetrators and perpetrators
23 who are members of an Indian household—

24 “(A) making efforts to begin offender and
25 behavioral health treatment while the pepe-

1 “(1) to develop and implement prevention pro-
2 grams and community education programs relating
3 to domestic violence and sexual abuse;

4 “(2) to provide behavioral health services, in-
5 cluding victim support services, and medical treat-
6 ment (including examinations performed by sexual
7 assault nurse examiners) to Indian victims of domes-
8 tic violence or sexual abuse;

9 “(3) to purchase rape kits;

10 “(4) to develop prevention and intervention
11 models, which may incorporate traditional health
12 care practices; and

13 “(5) to identify and provide behavioral health
14 treatment to perpetrators who are Indian or mem-
15 bers of an Indian household.

16 “(c) TRAINING AND CERTIFICATION.—

17 “(1) IN GENERAL.—Not later than 1 year after
18 the date of enactment of the Indian Health Care Im-
19 provement Reauthorization and Extension Act of
20 2009, the Secretary shall establish appropriate pro-
21 tocols, policies, procedures, standards of practice,
22 and, if not available elsewhere, training curricula
23 and training and certification requirements for serv-
24 ices for victims of domestic violence and sexual
25 abuse.

1 “(2) REPORT.—Not later than 18 months after
2 the date of enactment of the Indian Health Care Im-
3 provement Reauthorization and Extension Act of
4 2009, the Secretary shall submit to the Committee
5 on Indian Affairs of the Senate and the Committee
6 on Natural Resources of the House of Representa-
7 tives a report that describes the means and extent
8 to which the Secretary has carried out paragraph
9 (1).

10 “(d) COORDINATION.—

11 “(1) IN GENERAL.—The Secretary, in coordina-
12 tion with the Attorney General, Federal and tribal
13 law enforcement agencies, Indian health programs,
14 and domestic violence or sexual assault victim orga-
15 nizations, shall develop appropriate victim services
16 and victim advocate training programs—

17 “(A) to improve domestic violence or sex-
18 ual abuse responses;

19 “(B) to improve forensic examinations and
20 collection;

21 “(C) to identify problems or obstacles in
22 the prosecution of domestic violence or sexual
23 abuse; and

24 “(D) to meet other needs or carry out
25 other activities required to prevent, treat, and

1 improve prosecutions of domestic violence and
2 sexual abuse.

3 “(2) REPORT.—Not later than 2 years after the
4 date of enactment of the Indian Health Care Im-
5 provement Reauthorization and Extension Act of
6 2009, the Secretary shall submit to the Committee
7 on Indian Affairs of the Senate and the Committee
8 on Natural Resources of the House of Representa-
9 tives a report that describes, with respect to the
10 matters described in paragraph (1), the improve-
11 ments made and needed, problems or obstacles iden-
12 tified, and costs necessary to address the problems
13 or obstacles, and any other recommendations that
14 the Secretary determines to be appropriate.

15 **“SEC. 715. BEHAVIORAL HEALTH RESEARCH.**

16 “(a) IN GENERAL.—The Secretary, in consultation
17 with appropriate Federal agencies, shall make grants to,
18 or enter into contracts with, Indian tribes, tribal organiza-
19 tions, and urban Indian organizations or enter into con-
20 tracts with, or make grants to appropriate institutions for,
21 the conduct of research on the incidence and prevalence
22 of behavioral health problems among Indians served by the
23 Service, Indian tribes, or tribal organizations and among
24 Indians in urban areas. Research priorities under this sec-
25 tion shall include—

1 “(1) the multifactorial causes of Indian youth
2 suicide, including—

3 “(A) protective and risk factors and sci-
4 entific data that identifies those factors; and

5 “(B) the effects of loss of cultural identity
6 and the development of scientific data on those
7 effects;

8 “(2) the interrelationship and interdependence
9 of behavioral health problems with alcoholism and
10 other substance abuse, suicide, homicides, other in-
11 juries, and the incidence of family violence; and

12 “(3) the development of models of prevention
13 techniques.

14 “(b) EMPHASIS.—The effect of the interrelationships
15 and interdependencies referred to in subsection (a)(2) on
16 children, and the development of prevention techniques
17 under subsection (a)(3) applicable to children, shall be em-
18 phasized.

19 **“Subtitle B—Indian Youth Suicide**
20 **Prevention**

21 **“SEC. 721. FINDINGS AND PURPOSE.**

22 “(a) FINDINGS.—Congress finds that—

23 “(1)(A) the rate of suicide of American Indians
24 and Alaska Natives is 1.9 times higher than the na-
25 tional average rate; and

1 “(B) the rate of suicide of Indian and Alaska
2 Native youth aged 15 through 24 is—

3 “(i) 3.5 times the national average rate;
4 and

5 “(ii) the highest rate of any population
6 group in the United States;

7 “(2) many risk behaviors and contributing fac-
8 tors for suicide are more prevalent in Indian country
9 than in other areas, including—

10 “(A) history of previous suicide attempts;

11 “(B) family history of suicide;

12 “(C) history of depression or other mental
13 illness;

14 “(D) alcohol or drug abuse;

15 “(E) health disparities;

16 “(F) stressful life events and losses;

17 “(G) easy access to lethal methods;

18 “(H) exposure to the suicidal behavior of
19 others;

20 “(I) isolation; and

21 “(J) incarceration;

22 “(3) according to national data for 2005, sui-
23 cide was the second-leading cause of death for Indi-
24 ans and Alaska Natives of both sexes aged 10
25 through 34;

1 “(4)(A) the suicide rates of Indian and Alaska
2 Native males aged 15 through 24 are—

3 “(i) as compared to suicide rates of males
4 of any other racial group, up to 4 times greater;
5 and

6 “(ii) as compared to suicide rates of fe-
7 males of any other racial group, up to 11 times
8 greater; and

9 “(B) data demonstrates that, over their life-
10 times, females attempt suicide 2 to 3 times more
11 often than males;

12 “(5)(A) Indian tribes, especially Indian tribes
13 located in the Great Plains, have experienced epi-
14 demic levels of suicide, up to 10 times the national
15 average; and

16 “(B) suicide clustering in Indian country affects
17 entire tribal communities;

18 “(6) death rates for Indians and Alaska Natives
19 are statistically underestimated because many areas
20 of Indian country lack the proper resources to iden-
21 tify and monitor the presence of disease;

22 “(7)(A) the Indian Health Service experiences
23 health professional shortages, with physician vacancy
24 rates of approximately 17 percent, and nursing va-
25 cancy rates of approximately 18 percent, in 2007;

1 “(B) 90 percent of all teens who die by suicide
2 suffer from a diagnosable mental illness at time of
3 death;

4 “(C) more than $\frac{1}{2}$ of teens who die by suicide
5 have never been seen by a mental health provider;
6 and

7 “(D) $\frac{1}{3}$ of health needs in Indian country re-
8 late to mental health;

9 “(8) often, the lack of resources of Indian
10 tribes and the remote nature of Indian reservations
11 make it difficult to meet the requirements necessary
12 to access Federal assistance, including grants;

13 “(9) the Substance Abuse and Mental Health
14 Services Administration and the Service have estab-
15 lished specific initiatives to combat youth suicide in
16 Indian country and among Indians and Alaska Na-
17 tives throughout the United States, including the
18 National Suicide Prevention Initiative of the Service,
19 which has worked with Service, tribal, and urban In-
20 dian health programs since 2003;

21 “(10) the National Strategy for Suicide Preven-
22 tion was established in 2001 through a Department
23 of Health and Human Services collaboration
24 among—

1 “(A) the Substance Abuse and Mental
2 Health Services Administration;

3 “(B) the Service;

4 “(C) the Centers for Disease Control and
5 Prevention;

6 “(D) the National Institutes of Health;
7 and

8 “(E) the Health Resources and Services
9 Administration; and

10 “(11) the Service and other agencies of the De-
11 partment of Health and Human Services use infor-
12 mation technology and other programs to address
13 the suicide prevention and mental health needs of
14 Indians and Alaska Natives.

15 “(b) PURPOSES.—The purposes of this subtitle are—

16 “(1) to authorize the Secretary to carry out a
17 demonstration project to test the use of telemental
18 health services in suicide prevention, intervention,
19 and treatment of Indian youth, including through—

20 “(A) the use of psychotherapy, psychiatric
21 assessments, diagnostic interviews, therapies for
22 mental health conditions predisposing to sui-
23 cide, and alcohol and substance abuse treat-
24 ment;

1 “(B) the provision of clinical expertise to,
2 consultation services with, and medical advice
3 and training for frontline health care providers
4 working with Indian youth;

5 “(C) training and related support for com-
6 munity leaders, family members, and health
7 and education workers who work with Indian
8 youth;

9 “(D) the development of culturally relevant
10 educational materials on suicide; and

11 “(E) data collection and reporting;

12 “(2) to encourage Indian tribes, tribal organiza-
13 tions, and other mental health care providers serving
14 residents of Indian country to obtain the services of
15 predoctoral psychology and psychiatry interns; and

16 “(3) to enhance the provision of mental health
17 care services to Indian youth through existing grant
18 programs of the Substance Abuse and Mental
19 Health Services Administration.

20 **“SEC. 722. DEFINITIONS.**

21 “In this subtitle:

22 “(1) ADMINISTRATION.—The term ‘Administra-
23 tion’ means the Substance Abuse and Mental Health
24 Services Administration.

1 “(2) DEMONSTRATION PROJECT.—The term
2 ‘demonstration project’ means the Indian youth tele-
3 mental health demonstration project authorized
4 under section 723(a).

5 “(3) INDIAN COUNTRY.—The term ‘Indian
6 country’ has the meaning given the term in section
7 1151 of title 18, United States Code.

8 “(4) TELEMENTAL HEALTH.—The term ‘tele-
9 mental health’ means the use of electronic informa-
10 tion and telecommunications technologies to support
11 long-distance mental health care, patient and profes-
12 sional-related education, public health, and health
13 administration.

14 **“SEC. 723. INDIAN YOUTH TELEMENTAL HEALTH DEM-**
15 **ONSTRATION PROJECT.**

16 “(a) AUTHORIZATION.—

17 “(1) IN GENERAL.—The Secretary, acting
18 through the Service, is authorized to carry out a
19 demonstration project to award grants for the provi-
20 sion of telemental health services to Indian youth
21 who—

22 “(A) have expressed suicidal ideas;

23 “(B) have attempted suicide; or

24 “(C) have mental health conditions that in-
25 crease or could increase the risk of suicide.

1 “(2) ELIGIBILITY FOR GRANTS.—Grants under
2 paragraph (1) shall be awarded to Indian tribes and
3 tribal organizations that operate 1 or more facili-
4 ties—

5 “(A) located in an area with documented
6 disproportionately high rates of suicide;

7 “(B) reporting active clinical telehealth ca-
8 pabilities; or

9 “(C) offering school-based telemental
10 health services to Indian 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) MAXIMUM NUMBER OF GRANTS.—Not
15 more than 5 grants shall be provided under para-
16 graph (1), with priority consideration given to In-
17 dian tribes and tribal organizations that—

18 “(A) serve a particular community or geo-
19 graphic area in which there is a demonstrated
20 need to address Indian youth suicide;

21 “(B) enter into collaborative partnerships
22 with Service or other tribal health programs or
23 facilities to provide services under this dem-
24 onstration project;

1 “(C) serve an isolated community or geo-
2 graphic area that 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 “(5) CONSULTATION WITH ADMINISTRATION.—
7 In developing and carrying out the demonstration
8 project under this subsection, the Secretary shall
9 consult with the Administration as the Federal agen-
10 cy focused on mental health issues, including suicide.

11 “(b) USE OF FUNDS.—

12 “(1) IN GENERAL.—An Indian tribe or tribal
13 organization shall use a grant received under sub-
14 section (a) for the following purposes:

15 “(A) To provide telemental health services
16 to Indian youth, including the provision of—

17 “(i) psychotherapy;

18 “(ii) psychiatric assessments and di-
19 agnostic interviews, therapies for mental
20 health conditions predisposing to suicide,
21 and treatment; and

22 “(iii) alcohol and substance abuse
23 treatment.

24 “(B) To provide clinician-interactive med-
25 ical advice, guidance and training, assistance in

1 diagnosis and interpretation, crisis counseling
2 and intervention, and related assistance to
3 Service or tribal clinicians and health services
4 providers working with youth being served
5 under the demonstration project.

6 “(C) To assist, educate, and train commu-
7 nity leaders, health education professionals and
8 paraprofessionals, tribal outreach workers, and
9 family members who work with the youth re-
10 ceiving telemental health services under the
11 demonstration project, including with identifica-
12 tion of suicidal tendencies, crisis intervention
13 and suicide prevention, emergency skill develop-
14 ment, and building and expanding networks
15 among those individuals and with State and
16 local health services providers.

17 “(D) To develop and distribute culturally
18 appropriate community educational materials
19 regarding—

20 “(i) suicide prevention;

21 “(ii) suicide education;

22 “(iii) suicide screening;

23 “(iv) suicide intervention; and

1 “(v) ways to mobilize communities
2 with respect to the identification of risk
3 factors for suicide.

4 “(E) To conduct data collection and re-
5 porting relating to Indian youth suicide preven-
6 tion efforts.

7 “(2) TRADITIONAL HEALTH CARE PRAC-
8 TICES.—In carrying out the purposes described in
9 paragraph (1), an Indian tribe or tribal organization
10 may use and promote the traditional health care
11 practices of the Indian tribes of the youth to be
12 served.

13 “(c) APPLICATIONS.—

14 “(1) IN GENERAL.—Subject to paragraph (2),
15 to be eligible to receive a grant under subsection (a),
16 an Indian tribe or tribal organization shall prepare
17 and submit to the Secretary an application, at such
18 time, in such manner, and containing such informa-
19 tion as the Secretary may require, including—

20 “(A) a description of the project that the
21 Indian tribe or tribal organization will carry out
22 using the funds provided under the grant;

23 “(B) a description of the manner in which
24 the project funded under the grant would—

1 “(i) meet the telemental health care
2 needs of the Indian youth population to be
3 served by the project; or

4 “(ii) improve the access of the Indian
5 youth population to be served to suicide
6 prevention and treatment services;

7 “(C) evidence of support for the project
8 from the local community to be served by the
9 project;

10 “(D) a description of how the families and
11 leadership of the communities or populations to
12 be served by the project would be involved in
13 the development and ongoing operations of the
14 project;

15 “(E) a plan to involve the tribal commu-
16 nity of the youth who are provided services by
17 the project in planning and evaluating the men-
18 tal health care and suicide prevention efforts
19 provided, in order to ensure the integration of
20 community, clinical, environmental, and cultural
21 components of the treatment; and

22 “(F) a plan for sustaining the project after
23 Federal assistance for the demonstration
24 project has terminated.

1 “(2) EFFICIENCY OF GRANT APPLICATION
2 PROCESS.—The Secretary shall carry out such meas-
3 ures as the Secretary determines to be necessary to
4 maximize the time and workload efficiency of the
5 process by which Indian tribes and tribal organiza-
6 tions apply for grants under paragraph (1).

7 “(d) COLLABORATION.—The Secretary, acting
8 through the Service, shall encourage Indian tribes and
9 tribal organizations receiving grants under this section to
10 collaborate to enable comparisons regarding best practices
11 across projects.

12 “(e) ANNUAL REPORT.—Each grant recipient shall
13 submit to the Secretary an annual report that—

14 “(1) describes the number of telemental health
15 services provided; and

16 “(2) includes any other information that the
17 Secretary may require.

18 “(f) REPORTS TO CONGRESS.—

19 “(1) INITIAL REPORT.—

20 “(A) IN GENERAL.—Not later than 2 years
21 after the date on which the first grant is award-
22 ed under this section, the Secretary shall sub-
23 mit to the Committee on Indian Affairs of the
24 Senate and the Committee on Natural Re-
25 sources and the Committee on Energy and

1 Commerce of the House of Representatives a
2 report that—

3 “(i) describes each project funded by
4 a grant under this section during the pre-
5 ceding 2-year period, including a descrip-
6 tion of the level of success achieved by the
7 project; and

8 “(ii) evaluates whether the demonstra-
9 tion project should be continued during the
10 period beginning on the date of termi-
11 nation of funding for the demonstration
12 project under subsection (g) and ending on
13 the date on which the final report is sub-
14 mitted under paragraph (2).

15 “(B) CONTINUATION OF DEMONSTRATION
16 PROJECT.—On a determination by the Sec-
17 retary under clause (ii) of subparagraph (A)
18 that the demonstration project should be con-
19 tinued, the Secretary may carry out the dem-
20 onstration project during the period described
21 in that clause using such sums otherwise made
22 available to the Secretary as the Secretary de-
23 termines to be appropriate.

24 “(2) FINAL REPORT.—Not later than 270 days
25 after the date of termination of funding for the dem-

1 onstration project under subsection (g), the Sec-
2 retary shall submit to the Committee on Indian Af-
3 fairs of the Senate and the Committee on Natural
4 Resources and the Committee on Energy and Com-
5 merce of the House of Representatives a final report
6 that—

7 “(A) describes the results of the projects
8 funded by grants awarded under this section,
9 including any data available that indicate the
10 number of attempted suicides;

11 “(B) evaluates the impact of the tele-
12 mental health services funded by the grants in
13 reducing the number of completed suicides
14 among Indian youth;

15 “(C) evaluates whether the demonstration
16 project should be—

17 “(i) expanded to provide more than 5
18 grants; and

19 “(ii) designated as a permanent pro-
20 gram; and

21 “(D) evaluates the benefits of expanding
22 the demonstration project to include urban In-
23 dian organizations.

1 those Indian tribes or tribal organizations pos-
 2 sess adequate personnel or infrastructure to ful-
 3 fill all applicable requirements of the relevant
 4 program.

5 “(B) DESCRIPTION OF GRANT PRO-
 6 GRAMS.—A grant program referred to in sub-
 7 paragraph (A) is a grant program—

8 “(i) administered by the Administra-
 9 tion to fund activities relating to mental
 10 health, suicide prevention, or suicide-re-
 11 lated risk factors; and

12 “(ii) under which an Indian tribe or
 13 tribal organization is an eligible recipient.

14 “(3) CLARIFICATION REGARDING INDIAN
 15 TRIBES AND TRIBAL ORGANIZATIONS.—Notwith-
 16 standing any other provision of law, in applying for
 17 a grant under any program administered by the Ad-
 18 ministration, no Indian tribe or tribal organization
 19 shall be required to apply through a State or State
 20 agency.

21 “(4) REQUIREMENTS FOR AFFECTED
 22 STATES.—

23 “(A) DEFINITIONS.—In this paragraph:

24 “(i) AFFECTED STATE.—The term
 25 ‘affected State’ means a State—

1 “(I) the boundaries of which in-
2 clude 1 or more Indian tribes; and

3 “(II) the application for a grant
4 under any program administered by
5 the Administration of which includes
6 statewide data.

7 “(ii) INDIAN POPULATION.—The term
8 ‘Indian population’ means the total num-
9 ber of residents of an affected State who
10 are members of 1 or more Indian tribes or
11 tribal communities located within the af-
12 fected State.

13 “(B) REQUIREMENTS.—As a condition of
14 receipt of a grant under any program adminis-
15 tered by the Administration, each affected State
16 shall—

17 “(i) describe in the grant applica-
18 tion—

19 “(I) the Indian population of the
20 affected State; and

21 “(II) the contribution of that In-
22 dian population to the statewide data
23 used by the affected State in the ap-
24 plication; and

1 “(ii) demonstrate to the satisfaction
2 of the Secretary that—

3 “(I) of the total amount of the
4 grant, the affected State will allocate
5 for use for the Indian population of
6 the affected State an amount equal to
7 the proportion that—

8 “(aa) the Indian population
9 of the affected State; bears to

10 “(bb) the total population of
11 the affected State; and

12 “(II) the affected State will offer
13 to enter into a partnership with each
14 Indian tribe or tribal organization, as
15 applicable, located within the affected
16 State to carry out youth suicide pre-
17 vention and treatment measures for
18 members of the Indian tribe.

19 “(C) REPORT.—Not later than 1 year
20 after the date of receipt of a grant described in
21 subparagraph (B), an affected State shall sub-
22 mit to the Secretary a report describing the
23 measures carried out by the affected State to
24 ensure compliance with the requirements of
25 subparagraph (B)(ii).

1 “(b) NO NON-FEDERAL SHARE REQUIREMENT.—
2 Notwithstanding any other provision of law, no Indian
3 tribe or tribal organization shall be required to provide a
4 non-Federal share of the cost of any project or activity
5 carried out using a grant provided under any program ad-
6 ministered by the Administration.

7 “(c) OUTREACH FOR RURAL AND ISOLATED INDIAN
8 TRIBES.—Due to the rural, isolated nature of most Indian
9 reservations and communities (especially those reserva-
10 tions and communities in the Great Plains region), the
11 Secretary shall conduct outreach activities, with a par-
12 ticular emphasis on the provision of telemental health
13 services, to achieve the purposes of this subtitle with re-
14 spect to Indian tribes located in rural, isolated areas.

15 “(d) PROVISION OF OTHER ASSISTANCE.—

16 “(1) IN GENERAL.—The Secretary, acting
17 through the Administration, shall carry out such
18 measures (including monitoring and the provision of
19 required assistance) as the Secretary determines to
20 be necessary to ensure the provision of adequate sui-
21 cide prevention and mental health services to Indian
22 tribes described in paragraph (2), regardless of
23 whether those Indian tribes possess adequate per-
24 sonnel or infrastructure—

1 “(A) to submit an application for a grant
2 under any program administered by the Admin-
3 istration, including due to problems relating to
4 access to the Internet or other electronic means
5 that may have resulted in previous obstacles to
6 submission of a grant application; or

7 “(B) to fulfill all applicable requirements
8 of the relevant program.

9 “(2) DESCRIPTION OF INDIAN TRIBES.—An In-
10 dian tribe referred to in paragraph (1) is an Indian
11 tribe—

12 “(A) the members of which experience—

13 “(i) a high rate of youth suicide;

14 “(ii) low socioeconomic status; and

15 “(iii) extreme health disparity;

16 “(B) that is located in a remote and iso-
17 lated area; and

18 “(C) that lacks technology and commu-
19 nication infrastructure.

20 “(3) AUTHORIZATION OF APPROPRIATIONS.—

21 There are authorized to be appropriated to the Sec-
22 retary such sums as the Secretary determines to be
23 necessary to carry out this subsection.

24 “(e) EARLY INTERVENTION AND ASSESSMENT SERV-
25 ICES.—

1 “(1) DEFINITION OF AFFECTED ENTITY.—In
2 this subsection, the term ‘affected entity’ means any
3 entity—

4 “(A) that receives a grant for suicide inter-
5 vention, prevention, or treatment under a pro-
6 gram administered by the Administration; and

7 “(B) the population to be served by which
8 includes Indian youth.

9 “(2) REQUIREMENT.—The Secretary, acting
10 through the Administration, shall ensure that each
11 affected entity carrying out a youth suicide early
12 intervention and prevention strategy described in
13 section 520E(c)(1) of the Public Health Service Act
14 (42 U.S.C. 290bb–36(e)(1)), or any other youth sui-
15 cide-related early intervention and assessment activ-
16 ity, provides training or education to individuals who
17 interact frequently with the Indian youth to be
18 served by the affected entity (including parents,
19 teachers, coaches, and mentors) on identifying warn-
20 ing signs of Indian youth who are at risk of commit-
21 ting suicide.

22 **“SEC. 725. USE OF PREDOCTORAL PSYCHOLOGY AND PSY-**
23 **CHIATRY INTERNS.**

24 “The Secretary shall carry out such activities as the
25 Secretary determines to be necessary to encourage Indian

1 tribes, tribal organizations, and other mental health care
 2 providers serving residents of Indian country to obtain the
 3 services of predoctoral psychology and psychiatry in-
 4 terns—

5 “(1) to increase the quantity of patients served
 6 by the Indian tribes, tribal organizations, and other
 7 mental health care providers; and

8 “(2) for purposes of recruitment and retention.

9 **“SEC. 726. INDIAN YOUTH LIFE SKILLS DEVELOPMENT**
 10 **DEMONSTRATION PROGRAM.**

11 “(a) PURPOSE.—The purpose of this section is to au-
 12 thorize the Secretary, acting through the Administration,
 13 to carry out a demonstration program to test the effective-
 14 ness of a culturally compatible, school-based, life skills
 15 curriculum for the prevention of Indian and Alaska Native
 16 adolescent suicide, including through—

17 “(1) the establishment of tribal partnerships to
 18 develop and implement such a curriculum, in co-
 19 operation with—

20 “(A) mental health professionals, with a
 21 priority for tribal partnerships cooperating with
 22 mental health professionals employed by the
 23 Service;

24 “(B) tribal or local school agencies; and

25 “(C) parent and community groups;

1 “(2) the provision by the Administration or the
2 Service of—

3 “(A) technical expertise; and

4 “(B) clinicians, analysts, and educators, as
5 appropriate;

6 “(3) training for teachers, school administra-
7 tors, and community members to implement the cur-
8 riculum;

9 “(4) the establishment of advisory councils com-
10 posed of parents, educators, community members,
11 trained peers, and others to provide advice regarding
12 the curriculum and other components of the dem-
13 onstration program;

14 “(5) the development of culturally appropriate
15 support measures to supplement the effectiveness of
16 the curriculum; and

17 “(6) projects modeled after evidence-based
18 projects, such as programs evaluated and published
19 in relevant literature.

20 “(b) DEMONSTRATION GRANT PROGRAM.—

21 “(1) DEFINITIONS.—In this subsection:

22 “(A) CURRICULUM.—The term ‘cur-
23 riculum’ means the culturally compatible,
24 school-based, life skills curriculum for the pre-
25 vention of Indian and Alaska Native adolescent

1 suicide identified by the Secretary under para-
2 graph (2)(A).

3 “(B) ELIGIBLE ENTITY.—The term ‘eligi-
4 ble entity’ means—

5 “(i) an Indian tribe;

6 “(ii) a tribal organization;

7 “(iii) any other tribally authorized en-
8 tity; and

9 “(iv) any partnership composed of 2
10 or more entities described in clause (i), (ii),
11 or (iii).

12 “(2) ESTABLISHMENT.—The Secretary, acting
13 through the Administration, may establish and carry
14 out a demonstration program under which the Sec-
15 retary shall—

16 “(A) identify a culturally compatible,
17 school-based, life skills curriculum for the pre-
18 vention of Indian and Alaska Native adolescent
19 suicide;

20 “(B) identify the Indian tribes that are at
21 greatest risk for adolescent suicide;

22 “(C) invite those Indian tribes to partici-
23 pate in the demonstration program by—

1 “(i) responding to a comprehensive
2 program requirement request of the Sec-
3 retary; or

4 “(ii) submitting, through an eligible
5 entity, an application in accordance with
6 paragraph (4); and

7 “(D) provide grants to the Indian tribes
8 identified under subparagraph (B) and eligible
9 entities to implement the curriculum with re-
10 spect to Indian and Alaska Native youths
11 who—

12 “(i) are between the ages of 10 and
13 19; and

14 “(ii) attend school in a region that is
15 at risk of high youth suicide rates, as de-
16 termined by the Administration.

17 “(3) REQUIREMENTS.—

18 “(A) TERM.—The term of a grant pro-
19 vided under the demonstration program under
20 this section shall be not less than 4 years.

21 “(B) MAXIMUM NUMBER.—The Secretary
22 may provide not more than 5 grants under the
23 demonstration program under this section.

24 “(C) AMOUNT.—The grants provided
25 under this section shall be of equal amounts.

1 “(D) CERTAIN SCHOOLS.—In selecting eli-
2 gible entities to receive grants under this sec-
3 tion, the Secretary shall ensure that not less
4 than 1 demonstration program shall be carried
5 out at each of—

6 “(i) a school operated by the Bureau
7 of Indian Education;

8 “(ii) a Tribal school; and

9 “(iii) a school receiving payments
10 under section 8002 or 8003 of the Elemen-
11 tary and Secondary Education Act of 1965
12 (20 U.S.C. 7702, 7703).

13 “(4) APPLICATIONS.—To be eligible to receive a
14 grant under the demonstration program, an eligible
15 entity shall submit to the Secretary an application,
16 at such time, in such manner, and containing such
17 information as the Secretary may require, includ-
18 ing—

19 “(A) an assurance that, in implementing
20 the curriculum, the eligible entity will collabo-
21 rate with 1 or more local educational agencies,
22 including elementary schools, middle schools,
23 and high schools;

24 “(B) an assurance that the eligible entity
25 will collaborate, for the purpose of curriculum

1 development, implementation, and training and
2 technical assistance, with 1 or more—

3 “(i) nonprofit entities with dem-
4 onstrated expertise regarding the develop-
5 ment of culturally sensitive, school-based,
6 youth suicide prevention and intervention
7 programs; or

8 “(ii) institutions of higher education
9 with demonstrated interest and knowledge
10 regarding culturally sensitive, school-based,
11 life skills youth suicide prevention and
12 intervention programs;

13 “(C) an assurance that the curriculum will
14 be carried out in an academic setting in con-
15 junction with at least 1 classroom teacher not
16 less frequently than twice each school week for
17 the duration of the academic year;

18 “(D) a description of the methods by
19 which curriculum participants will be—

20 “(i) screened for mental health at-risk
21 indicators; and

22 “(ii) if needed and on a case-by-case
23 basis, referred to a mental health clinician
24 for further assessment and treatment and
25 with crisis response capability; and

1 “(E) an assurance that supportive services
2 will be provided to curriculum participants iden-
3 tified as high-risk participants, including refer-
4 ral, counseling, and follow-up services for—

5 “(i) drug or alcohol abuse;

6 “(ii) sexual or domestic abuse; and

7 “(iii) depression and other relevant
8 mental health concerns.

9 “(5) USE OF FUNDS.—An Indian tribe identi-
10 fied under paragraph (2)(B) or an eligible entity
11 may use a grant provided under this subsection—

12 “(A) to develop and implement the cur-
13 riculum in a school-based setting;

14 “(B) to establish an advisory council—

15 “(i) to advise the Indian tribe or eligi-
16 ble entity regarding curriculum develop-
17 ment; and

18 “(ii) to provide support services iden-
19 tified as necessary by the community being
20 served by the Indian tribe or eligible enti-
21 ty;

22 “(C) to appoint and train a school- and
23 community-based cultural resource liaison, who
24 will act as an intermediary among the Indian
25 tribe or eligible entity, the applicable school ad-

1 administrators, and the advisory council estab-
2 lished by the Indian tribe or eligible entity;

3 “(D) to establish an on-site, school-based,
4 MA- or PhD-level mental health practitioner
5 (employed by the Service, if practicable) to
6 work with tribal educators and other personnel;

7 “(E) to provide for the training of peer
8 counselors to assist in carrying out the cur-
9 riculum;

10 “(F) to procure technical and training sup-
11 port from nonprofit or State entities or institu-
12 tions of higher education identified by the com-
13 munity being served by the Indian tribe or eligi-
14 ble entity as the best suited to develop and im-
15 plement the curriculum;

16 “(G) to train teachers and school adminis-
17 trators to effectively carry out the curriculum;

18 “(H) to establish an effective referral pro-
19 cedure and network;

20 “(I) to identify and develop culturally com-
21 patible curriculum support measures;

22 “(J) to obtain educational materials and
23 other resources from the Administration or
24 other appropriate entities to ensure the success
25 of the demonstration program; and

1 “(K) to evaluate the effectiveness of the
2 curriculum in preventing Indian and Alaska
3 Native adolescent suicide.

4 “(c) EVALUATIONS.—Using such amounts made
5 available pursuant to subsection (e) as the Secretary de-
6 termines to be appropriate, the Secretary shall conduct,
7 directly or through a grant, contract, or cooperative agree-
8 ment with an entity that has experience regarding the de-
9 velopment and operation of successful culturally compat-
10 ible, school-based, life skills suicide prevention and inter-
11 vention programs or evaluations, an annual evaluation of
12 the demonstration program under this section, including
13 an evaluation of—

14 “(1) the effectiveness of the curriculum in pre-
15 venting Indian and Alaska Native adolescent suicide;

16 “(2) areas for program improvement; and

17 “(3) additional development of the goals and
18 objectives of the demonstration program.

19 “(d) REPORT TO CONGRESS.—

20 “(1) IN GENERAL.—Subject to paragraph (2),
21 not later than 180 days after the date of termination
22 of the demonstration program, the Secretary shall
23 submit to the Committee on Indian Affairs and the
24 Committee on Health, Education, Labor, and Pen-
25 sions of the Senate and the Committee on Natural

1 Resources and the Committee on Education and
2 Labor of the House of Representatives a final report
3 that—

4 “(A) describes the results of the program
5 of each Indian tribe or eligible entity under this
6 section;

7 “(B) evaluates the effectiveness of the cur-
8 riculum in preventing Indian and Alaska Native
9 adolescent suicide;

10 “(C) makes recommendations regarding—

11 “(i) the expansion of the demonstra-
12 tion program under this section to addi-
13 tional eligible entities;

14 “(ii) designating the demonstration
15 program as a permanent program; and

16 “(iii) identifying and distributing the
17 curriculum through the Suicide Prevention
18 Resource Center of the Administration;
19 and

20 “(D) incorporates any public comments re-
21 ceived under paragraph (2).

22 “(2) PUBLIC COMMENT.—The Secretary shall
23 provide a notice of the report under paragraph (1)
24 and an opportunity for public comment on the re-

1 port for a period of not less than 90 days before
2 submitting the report to Congress.

3 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
4 is authorized to be appropriated to carry out this section
5 \$1,000,000 for each of fiscal years 2010 through 2014.”.

6 **Subtitle H—Miscellaneous**

7 **SEC. 191. CONFIDENTIALITY OF MEDICAL QUALITY ASSUR-** 8 **ANCE RECORDS; QUALIFIED IMMUNITY FOR** 9 **PARTICIPANTS.**

10 Title VIII of the Indian Health Care Improvement
11 Act (as amended by section 101(b)) is amended by insert-
12 ing after section 804 (25 U.S.C. 1674) the following:

13 **“SEC. 805. CONFIDENTIALITY OF MEDICAL QUALITY ASSUR-** 14 **ANCE RECORDS; QUALIFIED IMMUNITY FOR** 15 **PARTICIPANTS.**

16 “(a) DEFINITIONS.—In this section:

17 “(1) HEALTH CARE PROVIDER.—The term
18 ‘health care provider’ means any health care profes-
19 sional, including community health aides and practi-
20 tioners certified under section 119, who is—

21 “(A) granted clinical practice privileges or
22 employed to provide health care services at—

23 “(i) an Indian health program; or

24 “(ii) a health program of an urban In-
25 dian organization; and

1 “(B) licensed or certified to perform health
2 care services by a governmental board or agen-
3 cy or professional health care society or organi-
4 zation.

5 “(2) MEDICAL QUALITY ASSURANCE PRO-
6 GRAM.—The term ‘medical quality assurance pro-
7 gram’ means any activity carried out before, on, or
8 after the date of enactment of the Indian Health
9 Care Improvement Reauthorization and Extension
10 Act of 2009 by or for any Indian health program or
11 urban Indian organization to assess the quality of
12 medical care, including activities conducted by or on
13 behalf of individuals, Indian health program or
14 urban Indian organization medical or dental treat-
15 ment review committees, or other review bodies re-
16 sponsible for quality assurance, credentials, infection
17 control, patient safety, patient care assessment (in-
18 cluding treatment procedures, blood, drugs, and
19 therapeutics), medical records, health resources
20 management review, and identification and preven-
21 tion of medical or dental incidents and risks.

22 “(3) MEDICAL QUALITY ASSURANCE RECORD.—
23 The term ‘medical quality assurance record’ means
24 the proceedings, records, minutes, and reports
25 that—

1 “(A) emanate from quality assurance pro-
2 gram activities described in paragraph (2); and

3 “(B) are produced or compiled by or for an
4 Indian health program or urban Indian organi-
5 zation as part of a medical quality assurance
6 program.

7 “(b) CONFIDENTIALITY OF RECORDS.—Medical qual-
8 ity assurance records created by or for any Indian health
9 program or a health program of an urban Indian organiza-
10 tion as part of a medical quality assurance program are
11 confidential and privileged. Such records may not be dis-
12 closed to any person or entity, except as provided in sub-
13 section (d).

14 “(c) PROHIBITION ON DISCLOSURE AND TESTI-
15 MONY.—

16 “(1) IN GENERAL.—No part of any medical
17 quality assurance record described in subsection (b)
18 may be subject to discovery or admitted into evi-
19 dence in any judicial or administrative proceeding,
20 except as provided in subsection (d).

21 “(2) TESTIMONY.—An individual who reviews
22 or creates medical quality assurance records for any
23 Indian health program or urban Indian organization
24 who participates in any proceeding that reviews or
25 creates such records may not be permitted or re-

1 quired to testify in any judicial or administrative
2 proceeding with respect to such records or with re-
3 spect to any finding, recommendation, evaluation,
4 opinion, or action taken by such person or body in
5 connection with such records except as provided in
6 this section.

7 “(d) AUTHORIZED DISCLOSURE AND TESTIMONY.—

8 “(1) IN GENERAL.—Subject to paragraph (2), a
9 medical quality assurance record described in sub-
10 section (b) may be disclosed, and an individual re-
11 ferred to in subsection (c) may give testimony in
12 connection with such a record, only as follows:

13 “(A) To a Federal agency or private orga-
14 nization, if such medical quality assurance
15 record or testimony is needed by such agency or
16 organization to perform licensing or accredita-
17 tion functions related to any Indian health pro-
18 gram or to a health program of an urban In-
19 dian organization to perform monitoring, re-
20 quired by law, of such program or organization.

21 “(B) To an administrative or judicial pro-
22 ceeding commenced by a present or former In-
23 dian health program or urban Indian organiza-
24 tion provider concerning the termination, sus-

1 pension, or limitation of clinical privileges of
2 such health care provider.

3 “(C) To a governmental board or agency
4 or to a professional health care society or orga-
5 nization, if such medical quality assurance
6 record or testimony is needed by such board,
7 agency, society, or organization to perform li-
8 censing, credentialing, or the monitoring of pro-
9 fessional standards with respect to any health
10 care provider who is or was an employee of any
11 Indian health program or urban Indian organi-
12 zation.

13 “(D) To a hospital, medical center, or
14 other institution that provides health care serv-
15 ices, if such medical quality assurance record or
16 testimony is needed by such institution to as-
17 sess the professional qualifications of any health
18 care provider who is or was an employee of any
19 Indian health program or urban Indian organi-
20 zation and who has applied for or been granted
21 authority or employment to provide health care
22 services in or on behalf of such program or or-
23 ganization.

24 “(E) To an officer, employee, or contractor
25 of the Indian health program or urban Indian

1 organization that created the records or for
2 which the records were created. If that officer,
3 employee, or contractor has a need for such
4 record or testimony to perform official duties.

5 “(F) To a criminal or civil law enforce-
6 ment agency or instrumentality charged under
7 applicable law with the protection of the public
8 health or safety, if a qualified representative of
9 such agency or instrumentality makes a written
10 request that such record or testimony be pro-
11 vided for a purpose authorized by law.

12 “(G) In an administrative or judicial pro-
13 ceeding commenced by a criminal or civil law
14 enforcement agency or instrumentality referred
15 to in subparagraph (F), but only with respect
16 to the subject of such proceeding.

17 “(2) IDENTITY OF PARTICIPANTS.—With the
18 exception of the subject of a quality assurance ac-
19 tion, the identity of any person receiving health care
20 services from any Indian health program or urban
21 Indian organization or the identity of any other per-
22 son associated with such program or organization
23 for purposes of a medical quality assurance program
24 that is disclosed in a medical quality assurance
25 record described in subsection (b) shall be deleted

1 from that record or document before any disclosure
2 of such record is made outside such program or or-
3 ganization.

4 “(e) DISCLOSURE FOR CERTAIN PURPOSES.—

5 “(1) IN GENERAL.—Nothing in this section
6 shall be construed as authorizing or requiring the
7 withholding from any person or entity aggregate sta-
8 tistical information regarding the results of any In-
9 dian health program or urban Indian organization’s
10 medical quality assurance programs.

11 “(2) WITHHOLDING FROM CONGRESS.—Noth-
12 ing in this section shall be construed as authority to
13 withhold any medical quality assurance record from
14 a committee of either House of Congress, any joint
15 committee of Congress, or the Government Account-
16 ability Office if such record pertains to any matter
17 within their respective jurisdictions.

18 “(f) PROHIBITION ON DISCLOSURE OF RECORD OR
19 TESTIMONY.—An individual or entity having possession of
20 or access to a record or testimony described by this section
21 may not disclose the contents of such record or testimony
22 in any manner or for any purpose except as provided in
23 this section.

24 “(g) EXEMPTION FROM FREEDOM OF INFORMATION
25 ACT.—Medical quality assurance records described in sub-

1 section (b) may not be made available to any person under
2 section 552 of title 5, United States Code.

3 “(h) LIMITATION ON CIVIL LIABILITY.—An indi-
4 vidual who participates in or provides information to a
5 person or body that reviews or creates medical quality as-
6 surance records described in subsection (b) shall not be
7 civilly liable for such participation or for providing such
8 information if the participation or provision of information
9 was in good faith based on prevailing professional stand-
10 ards at the time the medical quality assurance program
11 activity took place.

12 “(i) APPLICATION TO INFORMATION IN CERTAIN
13 OTHER RECORDS.—Nothing in this section shall be con-
14 strued as limiting access to the information in a record
15 created and maintained outside a medical quality assur-
16 ance program, including a patient’s medical records, on
17 the grounds that the information was presented during
18 meetings of a review body that are part of a medical qual-
19 ity assurance program.

20 “(j) REGULATIONS.—The Secretary, acting through
21 the Service, shall promulgate regulations pursuant to sec-
22 tion 802.

23 “(k) CONTINUED PROTECTION.—Disclosure under
24 subsection (d) does not permit redisclosure except to the
25 extent such further disclosure is authorized under sub-

1 section (d) or is otherwise authorized to be disclosed under
2 this section.

3 “(l) INCONSISTENCIES.—To the extent that the pro-
4 tections under part C of title IX of the Public Health Serv-
5 ice Act (42 U.S.C. 229b–21 et seq.) (as amended by the
6 Patient Safety and Quality Improvement Act of 2005
7 (Public Law 109–41; 119 Stat. 424)) and this section are
8 inconsistent, the provisions of whichever is more protective
9 shall control.

10 “(m) RELATIONSHIP TO OTHER LAW.—This section
11 shall continue in force and effect, except as otherwise spe-
12 cifically provided in any Federal law enacted after the date
13 of enactment of the Indian Health Care Improvement Re-
14 authorization and Extension Act of 2009.”.

15 **SEC. 192. ARIZONA, NORTH DAKOTA, AND SOUTH DAKOTA**
16 **AS CONTRACT HEALTH SERVICE DELIVERY**
17 **AREAS; ELIGIBILITY OF CALIFORNIA INDI-**
18 **ANS.**

19 Title VIII of the Indian Health Care Improvement
20 Act is amended—

21 (1) by striking section 808 (25 U.S.C. 1678)
22 and inserting the following:

1 **“SEC. 808. ARIZONA AS CONTRACT HEALTH SERVICE DELIV-**
 2 **ERY AREA.**

3 “(a) IN GENERAL.—The State of Arizona shall be
 4 designated as a contract health service delivery area by
 5 the Service for the purpose of providing contract health
 6 care services to members of Indian tribes in the State of
 7 Arizona.

8 “(b) MAINTENANCE OF SERVICES.—The Service
 9 shall not curtail any health care services provided to Indi-
 10 ans residing on reservations in the State of Arizona if the
 11 curtailment is due to the provision of contract services in
 12 that State pursuant to the designation of the State as a
 13 contract health service delivery area by subsection (a).”;

14 (2) by inserting after section 808 (25 U.S.C.
 15 1678) the following:

16 **“SEC. 808A. NORTH DAKOTA AND SOUTH DAKOTA AS CON-**
 17 **TRACT HEALTH SERVICE DELIVERY AREA.**

18 “(a) IN GENERAL.—The States of North Dakota and
 19 South Dakota shall be designated as a contract health
 20 service delivery area by the Service for the purpose of pro-
 21 viding contract health care services to members of Indian
 22 tribes in the States of North Dakota and South Dakota.

23 “(b) MAINTENANCE OF SERVICES.—The Service
 24 shall not curtail any health care services provided to Indi-
 25 ans residing on any reservation, or in any county that has
 26 a common boundary with any reservation, in the State of

1 North Dakota or South Dakota if the curtailment is due
2 to the provision of contract services in those States pursu-
3 ant to the designation of the States as a contract health
4 service delivery area by subsection (a).”; and

5 (3) by striking section 809 (25 U.S.C. 1679)
6 and inserting the following:

7 **“SEC. 809. ELIGIBILITY OF CALIFORNIA INDIANS.**

8 “(a) IN GENERAL.—The following California Indians
9 shall be eligible for health services provided by the Service:

10 “(1) Any member of a federally recognized In-
11 dian tribe.

12 “(2) Any descendant of an Indian who was re-
13 siding in California on June 1, 1852, if such de-
14 scendant—

15 “(A) is a member of the Indian community
16 served by a local program of the Service; and

17 “(B) is regarded as an Indian by the com-
18 munity in which such descendant lives.

19 “(3) Any Indian who holds trust interests in
20 public domain, national forest, or reservation allot-
21 ments in California.

22 “(4) Any Indian in California who is listed on
23 the plans for distribution of the assets of rancherias
24 and reservations located within the State of Cali-

1 **SEC. 194. HEALTH SERVICES FOR INELIGIBLE PERSONS.**

2 Section 813 of the Indian Health Care Improvement
3 Act (25 U.S.C. 1680c) is amended to read as follows:

4 **“SEC. 813. HEALTH SERVICES FOR INELIGIBLE PERSONS.**

5 “(a) CHILDREN.—Any individual who—

6 “(1) has not attained 19 years of age;

7 “(2) is the natural or adopted child, stepchild,
8 foster child, legal ward, or orphan of an eligible In-
9 dian; and

10 “(3) is not otherwise eligible for health services
11 provided by the Service,

12 shall be eligible for all health services provided by the
13 Service on the same basis and subject to the same rules
14 that apply to eligible Indians until such individual attains
15 19 years of age. The existing and potential health needs
16 of all such individuals shall be taken into consideration
17 by the Service in determining the need for, or the alloca-
18 tion of, the health resources of the Service. If such an indi-
19 vidual has been determined to be legally incompetent prior
20 to attaining 19 years of age, such individual shall remain
21 eligible for such services until 1 year after the date of a
22 determination of competency.

23 “(b) SPOUSES.—Any spouse of an eligible Indian who
24 is not an Indian, or who is of Indian descent but is not
25 otherwise eligible for the health services provided by the
26 Service, shall be eligible for such health services if all such

1 spouses or spouses who are married to members of each
2 Indian tribe being served are made eligible, as a class, by
3 an appropriate resolution of the governing body of the In-
4 dian tribe or tribal organization providing such services.
5 The health needs of persons made eligible under this para-
6 graph shall not be taken into consideration by the Service
7 in determining the need for, or allocation of, its health
8 resources.

9 “(c) HEALTH FACILITIES PROVIDING HEALTH
10 SERVICES.—

11 “(1) IN GENERAL.—The Secretary is authorized
12 to provide health services under this subsection
13 through health facilities operated directly by the
14 Service to individuals who reside within the Service
15 unit and who are not otherwise eligible for such
16 health services if—

17 “(A) the Indian tribes served by such Serv-
18 ice unit requests such provision of health serv-
19 ices to such individuals, and

20 “(B) the Secretary and the served Indian
21 tribes have jointly determined that the provision
22 of such health services will not result in a de-
23 nial or diminution of health services to eligible
24 Indians.

1 “(2) ISDEAA PROGRAMS.—In the case of
2 health facilities operated under a contract or com-
3 pact entered into under the Indian Self-Determina-
4 tion and Education Assistance Act (25 U.S.C. 450
5 et seq.), the governing body of the Indian tribe or
6 tribal organization providing health services under
7 such contract or compact is authorized to determine
8 whether health services should be provided under
9 such contract or compact to individuals who are not
10 eligible for such health services under any other sub-
11 section of this section or under any other provision
12 of law. In making such determinations, the gov-
13 erning body of the Indian tribe or tribal organization
14 shall take into account the consideration described in
15 paragraph (1)(B). Any services provided by the In-
16 dian tribe or tribal organization pursuant to a deter-
17 mination made under this subparagraph shall be
18 deemed to be provided under the agreement entered
19 into by the Indian tribe or tribal organization under
20 the Indian Self-Determination and Education Assist-
21 ance Act. The provisions of section 314 of Public
22 Law 101–512 (104 Stat. 1959), as amended by sec-
23 tion 308 of Public Law 103–138 (107 Stat. 1416),
24 shall apply to any services provided by the Indian

1 tribe or tribal organization pursuant to a determina-
2 tion made under this subparagraph.

3 “(3) PAYMENT FOR SERVICES.—

4 “(A) IN GENERAL.—Persons receiving
5 health services provided by the Service under
6 this subsection shall be liable for payment of
7 such health services under a schedule of charges
8 prescribed by the Secretary which, in the judg-
9 ment of the Secretary, results in reimbursement
10 in an amount not less than the actual cost of
11 providing the health services. Notwithstanding
12 section 207 of this Act or any other provision
13 of law, amounts collected under this subsection,
14 including Medicare, Medicaid, or children’s
15 health insurance program reimbursements
16 under titles XVIII, XIX, and XXI of the Social
17 Security Act (42 U.S.C. 1395 et seq.), shall be
18 credited to the account of the program pro-
19 viding the service and shall be used for the pur-
20 poses listed in section 401(d)(2) and amounts
21 collected under this subsection shall be available
22 for expenditure within such program.

23 “(B) INDIGENT PEOPLE.—Health services
24 may be provided by the Secretary through the
25 Service under this subsection to an indigent in-

1 individual who would not be otherwise eligible for
2 such health services but for the provisions of
3 paragraph (1) only if an agreement has been
4 entered into with a State or local government
5 under which the State or local government
6 agrees to reimburse the Service for the expenses
7 incurred by the Service in providing such health
8 services to such indigent individual.

9 “(4) REVOCATION OF CONSENT FOR SERV-
10 ICES.—

11 “(A) SINGLE TRIBE SERVICE AREA.—In
12 the case of a Service Area which serves only 1
13 Indian tribe, the authority of the Secretary to
14 provide health services under paragraph (1)
15 shall terminate at the end of the fiscal year suc-
16 ceeding the fiscal year in which the governing
17 body of the Indian tribe revokes its concurrence
18 to the provision of such health services.

19 “(B) MULTITRIBAL SERVICE AREA.—In
20 the case of a multitribal Service Area, the au-
21 thority of the Secretary to provide health serv-
22 ices under paragraph (1) shall terminate at the
23 end of the fiscal year succeeding the fiscal year
24 in which at least 51 percent of the number of
25 Indian tribes in the Service Area revoke their

1 concurrence to the provisions of such health
2 services.

3 “(d) OTHER SERVICES.—The Service may provide
4 health services under this subsection to individuals who
5 are not eligible for health services provided by the Service
6 under any other provision of law in order to—

7 “(1) achieve stability in a medical emergency;

8 “(2) prevent the spread of a communicable dis-
9 ease or otherwise deal with a public health hazard;

10 “(3) provide care to non-Indian women preg-
11 nant with an eligible Indian’s child for the duration
12 of the pregnancy through postpartum; or

13 “(4) provide care to immediate family members
14 of an eligible individual if such care is directly re-
15 lated to the treatment of the eligible individual.

16 “(e) HOSPITAL PRIVILEGES FOR PRACTITIONERS.—

17 “(1) IN GENERAL.—Hospital privileges in
18 health facilities operated and maintained by the
19 Service or operated under a contract or compact
20 pursuant to the Indian Self-Determination and Edu-
21 cation Assistance Act (25 U.S.C. 450 et seq.) may
22 be extended to non-Service health care practitioners
23 who provide services to individuals described in sub-
24 section (a), (b), (c), or (d). Such non-Service health
25 care practitioners may, as part of the privileging

1 process, be designated as employees of the Federal
2 Government for purposes of section 1346(b) and
3 chapter 171 of title 28, United States Code (relating
4 to Federal tort claims) only with respect to acts or
5 omissions which occur in the course of providing
6 services to eligible individuals as a part of the condi-
7 tions under which such hospital privileges are ex-
8 tended.

9 “(2) DEFINITION.—For purposes of this sub-
10 section, the term ‘non-Service health care practi-
11 tioner’ means a practitioner who is not—

12 “(A) an employee of the Service; or

13 “(B) an employee of an Indian tribe or
14 tribal organization operating a contract or com-
15 pact under the Indian Self-Determination and
16 Education Assistance Act (25 U.S.C. 450 et
17 seq.) or an individual who provides health care
18 services pursuant to a personal services con-
19 tract with such Indian tribe or tribal organiza-
20 tion.

21 “(f) ELIGIBLE INDIAN.—For purposes of this sec-
22 tion, the term ‘eligible Indian’ means any Indian who is
23 eligible for health services provided by the Service without
24 regard to the provisions of this section.”.

1 **SEC. 195. ANNUAL BUDGET SUBMISSION.**

2 Title VIII of the Indian Health Care Improvement
3 Act (25 U.S.C. 1671 et seq.) is amended by adding at
4 the end the following:

5 **“SEC. 826. ANNUAL BUDGET SUBMISSION.**

6 “Effective beginning with the submission of the an-
7 nual budget request to Congress for fiscal year 2011, the
8 President shall include, in the amount requested and the
9 budget justification, amounts that reflect any changes
10 in—

11 “(1) the cost of health care services, as indexed
12 for United States dollar inflation (as measured by
13 the Consumer Price Index); and

14 “(2) the size of the population served by the
15 Service.”.

16 **TITLE II—AMENDMENTS TO**
17 **OTHER ACTS**

18 **SEC. 201. SOLICITATION OF PROPOSALS FOR SAFE HAR-**
19 **BORS UNDER THE SOCIAL SECURITY ACT**
20 **FOR FACILITIES OF INDIAN HEALTH PRO-**
21 **GRAMS AND URBAN INDIAN ORGANIZATIONS.**

22 The Secretary of Health and Human Services, acting
23 through the Office of the Inspector General of the Depart-
24 ment of Health and Human Services, shall publish a no-
25 tice, described in section 1128D(a)(1)(A) of the Social Se-
26 curity Act (42 U.S.C. 1320a-7d(a)(1)(A)), soliciting a

1 proposal, not later than July 1, 2010, on the development
2 of safe harbors described in such section relating to health
3 care items and services provided by facilities of Indian
4 health programs or an urban Indian organization (as such
5 terms are defined in section 4 of the Indian Health Care
6 Improvement Act). Such a safe harbor may relate to areas
7 such as transportation, housing, or cost-sharing, assist-
8 ance provided through such facilities or contract health
9 services for Indians.

10 **SEC. 202. ANNUAL REPORT REGARDING INDIANS SERVED**
11 **BY HEALTH BENEFITS PROGRAMS UNDER SO-**
12 **CIAL SECURITY ACT.**

13 Section 1139 of the Social Security Act (42 U.S.C.
14 1320b–9) is amended—

15 (1) by redesignating subsection (c) as sub-
16 section (d); and

17 (2) by inserting after subsection (b) the fol-
18 lowing:

19 “(c) ANNUAL REPORTS ON INDIANS SERVED BY
20 HEALTH BENEFIT PROGRAMS.—

21 “(1) IN GENERAL.—Beginning on January 1,
22 2011, and annually thereafter, the Secretary, acting
23 through the Administration of the Centers for Medi-
24 care & Medicaid Services and the Assistant Sec-
25 retary for Indian Health, shall submit to Congress

1 a report regarding the enrollment and health status
2 of Indians receiving items or services under health
3 benefit programs funded under this Act during the
4 preceding year.

5 “(2) INCLUSIONS.—Each report under para-
6 graph (1) shall include the following:

7 “(A) The total number of Indians enrolled
8 in, or receiving items or services under, such
9 programs, disaggregated with respect to each
10 such program.

11 “(B) The number of Indians described in
12 paragraph (1) that also received health benefits
13 under programs funded by the Indian Health
14 Service.

15 “(C) General information regarding the
16 health status of the Indians described in para-
17 graph (1), disaggregated with respect to specific
18 diseases or conditions and presented in a man-
19 ner that is consistent with protections for pri-
20 vacy of individually identifiable health informa-
21 tion under section 264(c) of the Health Insur-
22 ance Portability and Accountability Act of 1996
23 (42 U.S.C. 1320d–2 note).

24 “(D) A detailed statement of the status of
25 facilities of the Indian Health Service or an In-

1 dian tribe, tribal organization or urban Indian
 2 organization with respect to the compliance by
 3 such facilities with the applicable conditions and
 4 requirements of titles XVIII, XIX, and XXI,
 5 and, in the case of title XIX or XXI, under a
 6 State plan under such title or under waiver au-
 7 thority, and of the progress being made by such
 8 facilities under plans submitted under section
 9 1880(b) or 1911(b) or otherwise toward the
 10 achievement and maintenance of such compli-
 11 ance.

12 “(E) Such other information as the Sec-
 13 retary determines is appropriate.”.

14 **SEC. 203. INCLUDING COSTS INCURRED BY SERVICE, A**
 15 **FEDERALLY QUALIFIED HEALTH CENTER, AN**
 16 **AIDS DRUG ASSISTANCE PROGRAM, CERTAIN**
 17 **HOSPITALS, OR A PHARMACEUTICAL MANU-**
 18 **FACTURER PATIENT ASSISTANCE PROGRAM**
 19 **IN PROVIDING PRESCRIPTION DRUGS TO-**
 20 **WARD THE ANNUAL OUT OF POCKET**
 21 **THRESHOLD UNDER PART D.**

22 (a) IN GENERAL.—Section 1860D–2(b)(4)(C) of the
 23 Social Security Act (42 U.S.C. 1395w–102(b)(4)(C)) is
 24 amended—

25 (1) in clause (i), by striking “and” at the end;

1 (2) in clause (ii)—

2 (A) by striking “such costs shall be treated
3 as incurred only if” and inserting “subject to
4 clause (iii), such costs shall be treated as in-
5 curred if”;

6 (B) by striking “, under section 1860D-
7 14, or under a State Pharmaceutical Assistance
8 Program”;

9 (C) by striking “(other than under such
10 section or such a Program)”;

11 (D) by striking the period at the end and
12 inserting “; and”;

13 (3) by inserting after clause (ii) the following
14 new clause:

15 “(iii) such costs shall be treated as in-
16 curred and shall not be considered to be
17 reimbursed under clause (ii) if such costs
18 are borne or paid—

19 “(I) under section 1860D-14;

20 “(II) under a State Pharma-
21 ceutical Assistance Program;

22 “(III) by the Indian Health Serv-
23 ice, an Indian tribe or tribal organiza-
24 tion, or an urban Indian organization

1 (as defined in section 4 of the Indian
2 Health Care Improvement Act);

3 “(IV) by a Federally qualified
4 health center (as defined in section
5 1861(aa)(4));

6 “(V) under an AIDS Drug As-
7 sistance Program under part B of
8 title XXVI of the Public Health Serv-
9 ice Act;

10 “(VI) by a subsection (d) hos-
11 pital (as defined in section
12 1886(d)(1)(B)) that meets the re-
13 quirements of clauses (i) and (ii) of
14 section 340B(a)(4)(L) of the Public
15 Health Service Act; or

16 “(VII) by a pharmaceutical man-
17 ufacturer patient assistance program,
18 either directly or through the distribu-
19 tion or donation of covered part D
20 drugs, which shall be valued at the
21 negotiated price of such covered part
22 D drug under the enrollee’s prescrip-
23 tion drug plan or MA–PD plan as of
24 the date that the drug was distributed
25 or donated.”.

1 (b) EFFECTIVE DATE.—The amendments made by
2 subsection (a) shall apply to costs incurred on or after
3 January 1, 2010.

4 **SEC. 204. MEDICARE AMENDMENTS.**

5 (a) IN GENERAL.—Section 1880 of the Social Secu-
6 rity Act (42 U.S.C. 1395qq) is amended—

7 (1) by redesignating subsection (f) as sub-
8 section (g); and

9 (2) by inserting after subsection (e) the fol-
10 lowing:

11 “(f) PROHIBITION.—Payments made pursuant to this
12 section shall not be reduced as a result of any beneficiary
13 deductible, coinsurance, or other charge under section
14 1813.”.

15 (b) PAYMENT OF BENEFITS.—Section 1833(a)(1)(B)
16 of the Social Security Act (42 U.S.C. 1395l(a)(1)(B)) is
17 amended by inserting “or 1880(e)” after “section
18 1861(s)(10)(A)”.

19 **SEC. 205. EXPANSION OF PAYMENTS UNDER MEDICARE,**
20 **MEDICAID, AND CHIP FOR ALL COVERED**
21 **SERVICES FURNISHED BY INDIAN HEALTH**
22 **PROGRAMS.**

23 (a) MEDICAID.—

1 (1) EXPANSION TO ALL COVERED SERVICES.—
2 Section 1911 of the Social Security Act (42 U.S.C.
3 1396j) is amended—

4 (A) by amending the heading to read as
5 follows:

6 **“SEC. 1911. INDIAN HEALTH PROGRAMS.”;**

7 and

8 (B) by amending subsection (a) to read as
9 follows:

10 “(a) ELIGIBILITY FOR PAYMENT FOR MEDICAL AS-
11 SISTANCE.—The Indian Health Service and an Indian
12 tribe, tribal organization, or an urban Indian organization
13 shall be eligible for payment for medical assistance pro-
14 vided under a State plan or under waiver authority with
15 respect to items and services furnished by the Indian
16 Health Service, Indian tribe, tribal organization, or urban
17 Indian organization if the furnishing of such services
18 meets all the conditions and requirements which are appli-
19 cable generally to the furnishing of items and services
20 under this title and under such plan or waiver authority.”.

21 (2) COMPLIANCE WITH CONDITIONS AND RE-
22 QUIREMENTS.—Subsection (b) of such section is
23 amended to read as follows:

24 “(b) COMPLIANCE WITH CONDITIONS AND REQUIRE-
25 MENTS.—A facility of the Indian Health Service or an In-

1 dian tribe, tribal organization, or an urban Indian organi-
2 zation which is eligible for payment under subsection (a)
3 with respect to the furnishing of items and services, but
4 which does not meet all of the conditions and requirements
5 of this title and under a State plan or waiver authority
6 which are applicable generally to such facility, shall make
7 such improvements as are necessary to achieve or main-
8 tain compliance with such conditions and requirements in
9 accordance with a plan submitted to and accepted by the
10 Secretary for achieving or maintaining compliance with
11 such conditions and requirements, and shall be deemed to
12 meet such conditions and requirements (and to be eligible
13 for payment under this title), without regard to the extent
14 of its actual compliance with such conditions and require-
15 ments, during the first 12 months after the month in
16 which such plan is submitted.”.

17 (3) REVISION OF AUTHORITY TO ENTER INTO
18 AGREEMENTS.—Subsection (c) of such section is
19 amended to read as follows:

20 “(c) AUTHORITY TO ENTER INTO AGREEMENTS.—
21 The Secretary may enter into an agreement with a State
22 for the purpose of reimbursing the State for medical as-
23 sistance provided by the Indian Health Service, an Indian
24 tribe, tribal organization, or an urban Indian organization
25 (as so defined), directly, through referral, or under con-

1 tracts or other arrangements between the Indian Health
2 Service, an Indian tribe, tribal organization, or an urban
3 Indian organization and another health care provider to
4 Indians who are eligible for medical assistance under the
5 State plan or under waiver authority.”.

6 (4) CROSS-REFERENCES TO SPECIAL FUND FOR
7 IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING
8 OPTION; DEFINITIONS.—Such section is further
9 amended by striking subsection (d) and adding at
10 the end the following new subsections:

11 “(d) SPECIAL FUND FOR IMPROVEMENT OF IHS FA-
12 CILITIES.—For provisions relating to the authority of the
13 Secretary to place payments to which a facility of the In-
14 dian Health Service is eligible for payment under this title
15 into a special fund established under section 401(c)(1) of
16 the Indian Health Care Improvement Act, and the require-
17 ment to use amounts paid from such fund for making im-
18 provements in accordance with subsection (b), see sub-
19 paragraphs (A) and (B) of section 401(c)(1) of such Act.

20 “(e) DIRECT BILLING OPTION.—For provisions re-
21 lating to the authority of a tribal health program or an
22 urban Indian organization to elect to directly bill for, and
23 receive payment for, health care items and services pro-
24 vided by such Program or Organization for which payment

1 is made under this title, see section 401(d) of the Indian
2 Health Care Improvement Act.

3 “(f) DEFINITIONS.—In this section, the terms ‘In-
4 dian health program’, ‘Indian tribe’, ‘tribal health pro-
5 gram’, ‘tribal organization’, and ‘urban Indian organiza-
6 tion’ have the meanings given those terms in section 4
7 of the Indian Health Care Improvement Act.”.

8 (b) MEDICARE.—

9 (1) EXPANSION TO ALL COVERED SERVICES.—
10 Section 1880 of such Act (42 U.S.C. 1395qq) is
11 amended—

12 (A) by amending the heading to read as
13 follows:

14 **“SEC. 1880. INDIAN HEALTH PROGRAMS.”;**

15 and

16 (B) by amending subsection (a) to read as
17 follows:

18 “(a) ELIGIBILITY FOR PAYMENTS.—Subject to sub-
19 section (e), the Indian Health Service and an Indian tribe,
20 tribal organization, or an urban Indian organization shall
21 be eligible for payments under this title with respect to
22 items and services furnished by the Indian Health Service,
23 Indian tribe, tribal organization, or urban Indian organi-
24 zation if the furnishing of such services meets all the con-

1 ditions and requirements which are applicable generally to
2 the furnishing of items and services under this title.”.

3 (2) COMPLIANCE WITH CONDITIONS AND RE-
4 QUIREMENTS.—Subsection (b) of such section is
5 amended to read as follows:

6 “(b) COMPLIANCE WITH CONDITIONS AND REQUIRE-
7 MENTS.—Subject to subsection (e), a facility of the Indian
8 Health Service or an Indian tribe, tribal organization, or
9 an urban Indian organization which is eligible for payment
10 under subsection (a) with respect to the furnishing of
11 items and services, but which does not meet all of the con-
12 ditions and requirements of this title which are applicable
13 generally to such facility, shall make such improvements
14 as are necessary to achieve or maintain compliance with
15 such conditions and requirements in accordance with a
16 plan submitted to and accepted by the Secretary for
17 achieving or maintaining compliance with such conditions
18 and requirements, and shall be deemed to meet such con-
19 ditions and requirements (and to be eligible for payment
20 under this title), without regard to the extent of its actual
21 compliance with such conditions and requirements, during
22 the first 12 months after the month in which such plan
23 is submitted.”.

1 (3) CROSS-REFERENCES TO SPECIAL FUND FOR
2 IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING
3 OPTION; DEFINITIONS.—

4 (A) IN GENERAL.—Such section is further
5 amended by striking subsections (c) and (d)
6 and inserting the following new subsections:

7 “(c) SPECIAL FUND FOR IMPROVEMENT OF IHS FA-
8 CILITIES.—For provisions relating to the authority of the
9 Secretary to place payments to which a facility of the In-
10 dian Health Service is eligible for payment under this title
11 into a special fund established under section 401(c)(1) of
12 the Indian Health Care Improvement Act, and the require-
13 ment to use amounts paid from such fund for making im-
14 provements in accordance with subsection (b), see sub-
15 paragraphs (A) and (B) of section 401(c)(1) of such Act.

16 “(d) DIRECT BILLING OPTION.—For provisions re-
17 lating to the authority of a tribal health program or an
18 urban Indian organization to elect to directly bill for, and
19 receive payment for, health care items and services pro-
20 vided by such program or organization for which payment
21 is made under this title, see section 401(d) of the Indian
22 Health Care Improvement Act.”.

23 (B) CONFORMING AMENDMENT.—Para-
24 graph (3) of section 1880(e) of such Act (42
25 U.S.C. 1395qq(e)) is amended by inserting

1 “and section 401(c)(1) of the Indian Health
2 Care Improvement Act” after “Subsection (e)”.

3 (4) DEFINITIONS.—Such section is further
4 amended by amending subsection (g) (as redesign-
5 nated by section 204(a)(1) of this Act) to read as
6 follows:

7 “(g) DEFINITIONS.—In this section, the terms ‘In-
8 dian health program’, ‘Indian tribe’, ‘Service Unit’, ‘tribal
9 health program’, ‘tribal organization’, and ‘urban Indian
10 organization’ have the meanings given those terms in sec-
11 tion 4 of the Indian Health Care Improvement Act.”.

12 (c) APPLICATION TO CHIP.—Section 2107(e)(1) of
13 the Social Security Act (42 U.S.C. 1397gg(e)(1)) is
14 amended—

15 (1) by redesignating subparagraph (D) as sub-
16 paragraph (E); and

17 (2) by inserting after subparagraph (C), the fol-
18 lowing new subparagraph:

19 “(D) Section 1911 (relating to Indian
20 health programs, other than subsection (d) of
21 such section).”.

22 **SEC. 206. REAUTHORIZATION OF NATIVE HAWAIIAN**
23 **HEALTH CARE PROGRAMS.**

24 (a) REAUTHORIZATION.—The Native Hawaiian
25 Health Care Act of 1988 (42 U.S.C. 11701 et seq.) is

1 amended by striking “2001” each place it appears in sec-
2 tions 6(h)(1), 7(b), and 10(c) (42 U.S.C. 11705(h)(1),
3 11706(b), 11709(c)) and inserting “2019”.

4 (b) HEALTH AND EDUCATION.—

5 (1) IN GENERAL.—Section 6(e) of the Native
6 Hawaiian Health Care Act of 1988 (42 U.S.C.
7 11705) is amended by adding at the end the fol-
8 lowing:

9 “(4) HEALTH AND EDUCATION.—In order to
10 enable privately funded organizations to continue to
11 supplement public efforts to provide educational pro-
12 grams designed to improve the health, capability,
13 and well-being of Native Hawaiians and to continue
14 to provide health services to Native Hawaiians, not-
15 withstanding any other provision of Federal or State
16 law, it shall be lawful for the private educational or-
17 ganization identified in section 7202(16) of the Ele-
18 mentary and Secondary Education Act of 1965 (20
19 U.S.C. 7512(16)) to continue to offer its educational
20 programs and services to Native Hawaiians (as de-
21 fined in section 7207 of that Act (20 U.S.C. 7517))
22 first and to others only after the need for such pro-
23 grams and services by Native Hawaiians has been
24 met.”.

1 (2) EFFECTIVE DATE.—The amendment made
2 by paragraph (1) takes effect on December 5, 2006.

3 (c) DEFINITION OF HEALTH PROMOTION.—Section
4 12(2) of the Native Hawaiian Health Care Act of 1988
5 (42 U.S.C. 11711(2)) is amended—

6 (1) in subparagraph (F), by striking “and” at
7 the end;

8 (2) in subparagraph (G), by striking the period
9 at the end and inserting “, and”; and

10 (3) by adding at the end the following:

11 “(H) educational programs with the mis-
12 sion of improving the health, capability, and
13 well-being of Native Hawaiians.”.

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