COMPARISON OF
S. 1790 RS INDIAN HEALTH CARE IMPROVEMENT AND EXTENSION ACT OF 2009 (SCIA ENACTED 12/03/09 - 111TH CONGRESS)
(AS IT AMENDS CURRENT LAW WITH NOTES REGARDING THE PENDING AMENDMENT 2923 TO THE HEALTH CARE REFORM BILL)
TO H.R. 2708 (RESOURCES) AS ADOPTED IN H.R. 3962, AS AMENDED - 111TH CONGRESS)
TO S. 1200 ENGROSSED (110TH CONGRESS
TO THE NATIONAL STEERING COMMITTEE PROPOSAL FOR REAUTHORIZATION
OF THE INDIAN HEALTH CARE IMPROVEMENT ACT, P.L. 94-437 (AS OF OCTOBER 6, 1999)

In the "Notes and Commentary" column, differences among S. 1790 RS (RS) as it amends current law (CL), H.R. 2708 (2708), H.R. 1328 Resources (R), H.R. 1328 Energy & Commerce (E), and S. 1200 (1200) are noted (unless the differences are insignificant or a consequence of the change in the year of introduction). Commentary is added to highlight some issues. If you identify errors, please contact Myra Munson, myra@sonoskyjuneau.com, so the chart can be updated. If you wish to see the chart with the bills from the last Congress shown, please let me know.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	Note: Throughout S.1790 and in CL sections that were not amended, where ever "contract entered into under the Indian Self-Determination Act" appears, it should be amended as follows: "contract or compact entered into under the Indian Self-Determination and Education Assistance Act". The same sort of conforming amendment should be made to other variations on the wording in CL.				
		FINDINGS SEC. 2. The Congress finds the following: (1)~~(a)~~ Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal government's historical and unique legal relationship with, and resulting responsibility to, the American Indian people.	SEC. 2. FINDINGS. Congress makes the following findings: (1) Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government's historical and unique legal relationship with, and resulting responsibility to, the American Indian people.	"SEC. 2. FINDINGS. "Congress makes the following findings: "(1) Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government's historical and unique legal relationship with, and resulting responsibility to, the American Indian people.	FINDINGS SEC. 2. The Congress finds the following: (a) federal delivery of health services and funding of tribal and urban Indian health programs to maintain and improve the health of the Indians are consonant with and required by the federal government's historical and unique legal relationship, as reflected in the Constitution, treaties, federal statutes and the course of dealings of the United States with Indian Tribes ~~with,~~ and the United States' resulting Government to Government and trust responsibility and obligations to the American Indian people.
					(b) From the time of European occupation and colonization through the twentieth century policies and practices of the United States caused and/or contributed to the severe health conditions of Indians. (c) ~~(e)~~ Indian Tribes, have, through the cession of over 400 million acres of land, to the United States in exchange for promises, often reflected in treaties, of health care secured a de facto contract which entitles Indians to health care in perpetuity, based on the moral legal and historic obligation of the United States. (d) ~~(g)~~ The population growth of the Indian people that began in the later part of the twentieth century increases the need for federal health care services.
	See, S. 1790 Sec. 102(2), which amended §2. R & E do not include this paragraph.	(2) A major national goal of the United States is to provide the resources, processes, and structure that will enable Indian tribes and tribal members to obtain the quantity and quality of health care services and opportunities that will	(2) A major national goal of the United States is to provide the resources, processes, and structure that will enable Indian tribes and tribal members to obtain the quantity and quality of health care services and opportunities that will	"(2) A major national goal of the United States is to provide the resources, processes, and structure that will enable Indian Tribes and tribal members to obtain the quantity and quality of health care services and opportunities that will	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		eradicate the health disparities between Indians and the general population of the United States.	eradicate the health disparities between Indians the general population.	eradicate the health disparities between Indians and the general population of the United States.	
		(3)~~(b)~~ A major national goal of the United States is to provide the quantity and quality of health services which will permit the health status of Indians to be raised to the highest possible level and to encourage the maximum participation of Indians in the planning and management of those services.	(3) A major national goal of the United States is to provide the quantity and quality of health services which will permit the health status of Indians to be raised to the highest possible level and to encourage the maximum participation of Indians in the planning and management of those services.	"(3) A major national goal of the United States is to provide the quantity and quality of health services which will permit the health status of Indians to be raised to the highest possible level and to encourage the maximum participation of Indians in the planning and management of those services.	(e)~~(b)~~ A major national goal of the United States is to provide the quantity and quality of health services which will permit the health status of Indians regardless of where they live to be raised to the highest possible level that is no less than that of the general population and to provide for ~~encourage~~ the maximum participation of ~~Indians~~ Indian Tribes, tribal organizations, and urban Indian organizations in the planning, delivery and management of those services.
		(4)~~(c)~~ Federal health services to Indians have resulted in a reduction in the prevalence and incidence of preventable illnesses among, and unnecessary and premature deaths of, Indians. (5)~~(d)~~ Despite such services, the unmet health needs of the American Indian people are severe and the health status of Indians is far below that of the general population of the United States.	(4) Federal health services to Indians have resulted in a reduction in the prevalence and incidence of preventable illnesses among, and unnecessary and premature deaths of, Indians. (5) Despite such services, the unmet health needs of the American Indian people are severe and the health status of the Indians is far below that of the general population of the United States.	"(4) Federal health services to Indians have resulted in a reduction in the prevalence and incidence of preventable illnesses among, and unnecessary and premature deaths of, Indians. "(5) Despite such services, the unmet health needs of the American Indian people are severe and the health status of the Indians is far below that of the general population of the United States.	(f) ~~(c)~~ federal health services to Indians have resulted in a reduction in the prevalence and incidence of ~~preventable~~ illnesses among, and unnecessary and premature deaths of, Indians. (g) ~~(d)~~ Despite such services, the unmet health needs of the American Indian people remain alarmingly ~~are~~ severe, and even continue to decline, and the health status of Indians is far below the health status of the general population of the United States.
					(h) The disparity to be addressed is formidable, in death rates, for example , Indian people suffer a death rate for diabetes mellitus that is 249% higher than the all races rate for the United States; a pneumonia and influenza death rate 71% greater; a tuberculosis death rate that is 533% greater; and a death rate from alcoholism that is 627% higher than that of the all races United States rate.
	See, S. 1790 Sec. 103, which amends §3.	SEC. 3. DECLARATION OF HEALTH OBJECTIVES. ~~(a) The~~ Congress ~~hereby~~ declares that it is the policy of this Nation, in fulfillment of its special responsibilities and legal obligations to ~~the American~~ Indians~~–people,~~ (1) to ~~assure~~ ensure the highest possible health status for Indians and	SEC. 3. DECLARATION OF NATIONAL INDIAN HEALTH POLICY. Congress declares that it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians— (1) to assure the highest possible health status for Indians	"SEC. 3. DECLARATION OF NATIONAL INDIAN HEALTH POLICY. "Congress declares that it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians— "(1) to assure the highest possible health status for Indians	DECLARATION OF NATIONAL INDIAN HEALTH ~~OBJECTIVES~~ POLICY SEC. 3 (a). The Congress hereby declares that it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to the American Indian people, to assure the highest possible health status for Indians
	R & S included CL "and Urban Indians".	and urban Indians		and urban Indians	~~and urban Indians~~
		and to provide all resources necessary to effect that policy;~~:~~ ~~(b) It is the intent of the Congress that the Nation meet the following health status objectives with respect to Indians~~ (2) to raise the health status of Indians	and to provide all resources necessary to effect that policy; (2) to raise the health status of Indians	and to provide all resources necessary to effect that policy; "(2) to raise the health status of Indians	and to provide all resources necessary to affect that policy. (b) It is the intent of the Congress that the Nation raise the health status of ~~meet the following health status objectives with respect to~~ Indians
	R & S included CL "and Urban Indians".	and urban Indians		and urban Indians	~~and urban Indians~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		to at least the levels set forth in the goals contained within the Healthy People 2010 initiative or successor objectives; ~~by the year 2000~~	to at least the levels set forth in the goals contained within the Health People 2010 or successor objectives;	to at least the levels set forth in the goals contained within the Healthy People 2010 or successor objectives;	by the year 2010 ~~2000~~ to at least the levels set forth in the goals contained within the Healthy People 2000 or successor standards.
		~~(1)Reduce coronary heart disease deaths to a level of no more than 100 per 100,000.~~ ~~(2) Reduce the prevalence of overweight individuals to no more than 30 percent.~~ ~~(3) Reduce the prevalence of anemia to less than 10 percent among children aged 1 through 5.~~ ~~(4)Reduce the level of cancer deaths to a rate of no more than 130 per 100,000.~~ ~~(5)Reduce the level of lung cancer deaths to a rate of no more than 42 per 100,000.~~ ~~(6)Reduce the level of chronic obstructive pulmonary disease related deaths to a rate of no more than 25 per 100,000~~ ~~(7)Reduce deaths among men caused by alcohol-related motor vehicle crashes to no more than 44.8 per 100,000.~~ ~~(8)Reduce cirrhosis deaths to no more than 13 per 100,000.~~ ~~(9)Reduce drug-related deaths to no more than 3 per 100,000.~~ ~~(10)Reduce pregnancies among girls aged 17 and younger to no more than 50 per 1,000 adolescents.~~ ~~(11)Reduce suicide among men to no more than 12.8 per 100,000.~~ ~~(12)Reduce by 15 percent the incidence of injurious suicide attempts among adolescents aged 14 through 17.~~ ~~(13)Reduce to less than 10 percent the prevalence of mental disorders among children and adolescents.~~ ~~(14)Reduce the incidence of child abuse or neglect to less than 25.2 per 1,000 children under age 18.~~ ~~(15)Reduce physical abuse directed at women by male partners to no more than 27 per 1,000 couples.~~ ~~(16)Increase years of healthy life to at least 65 years.~~ ~~(17)Reduce deaths caused by unintentional injuries to no more than 66.1 per 100,000.~~ ~~(18)Reduce deaths caused by motor vehicle crashes to no more than 39.2 per 100,000.~~ ~~(19)Among children aged 6 months through 5 years, reduce the prevalence of blood lead levels exceeding 15 ug/dl and reduce to zero the prevalence of blood lead levels exceeding 25 ug/dl.~~			~~(1)Reduce coronary heart disease deaths to a level of no more than 100 per 100,000.~~ ~~(2) Reduce the prevalence of overweight individuals to no more than 30 percent.~~ ~~(3) Reduce the prevalence of anemia to less than 10 percent among children aged 1 through 5.~~ ~~(4)Reduce the level of cancer deaths to a rate of no more than 130 per 100,000.~~ ~~(5)Reduce the level of lung cancer deaths to a rate of no more than 42 per 100,000.~~ ~~(6)Reduce the level of chronic obstructive pulmonary disease related deaths to a rate of no more than 25 per 100,000~~ ~~(7)Reduce deaths among men caused by alcohol-related motor vehicle crashes to no more than 44.8 per 100,000.~~ ~~(8)Reduce cirrhosis deaths to no more than 13 per 100,000.~~ ~~(9)Reduce drug-related deaths to no more than 3 per 100,000.~~ ~~(10)Reduce pregnancies among girls aged 17 and younger to no more than 50 per 1,000 adolescents.~~ ~~(11)Reduce suicide among men to no more than 12.8 per 100,000.~~ ~~(12)Reduce by 15 percent the incidence of injurious suicide attempts among adolescents aged 14 through 17.~~ ~~(13)Reduce to less than 10 percent the prevalence of mental disorders among children and adolescents.~~ ~~(14)Reduce the incidence of child abuse or neglect to less than 25.2 per 1,000 children under age 18.~~ ~~(15)Reduce physical abuse directed at women by male partners to no more than 27 per 1,000 couples.~~ ~~(16)Increase years of healthy life to at least 65 years.~~ ~~(17)Reduce deaths caused by unintentional injuries to no more than 66.1 per 100,000.~~ ~~(18)Reduce deaths caused by motor vehicle crashes to no more than 39.2 per 100,000.~~ ~~(19)Among children aged 6 months through 5 years, reduce the prevalence of blood lead levels exceeding 15 ug/dl and reduce to zero the prevalence of blood lead levels exceeding 25 ug/dl.~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~(20)Reduce dental caries (cavities) so that the proportion of children with one or more caries (in permanent or primary teeth) is no more than 45 percent among children aged 6 through 8 and no more than 60 percent among adolescents aged 15.~~ ~~(21)Reduce untreated dental caries so that the proportion of children with untreated caries (in permanent or primary teeth) is no more than 20 percent among children aged 6 through 8 and no more than 40 percent among adolescents aged 15.~~ ~~(22) Reduce to no more than 20 percent the proportion of individuals aged 65 and older who have lost all of their natural teeth.~~ ~~(23) Increase to at least 45 percent the proportion of individuals aged 35 to 44 who have never lost a permanent tooth due to dental caries or periodontal disease.~~ ~~(24) Reduce destructive periodontal disease to a prevalence of no more than 15 percent among individuals aged 35 to 44.~~ ~~(25)Increase to at least 50 percent the proportion of children who have received protective sealants on the occlusal (chewing) surfaces of permanent molar teeth.~~ ~~(26)Reduce the prevalence of gingivitis among individuals aged 35 to 44 to no more than 50 percent.~~ ~~(27)Reduce the infant mortality rate to no more than 8.5 per 1,000 live births.~~ ~~(28)Reduce the fetal death rate (20 or more weeks of gestation) to no more than 4 per 1,000 live births plus fetal deaths.~~ ~~(29)Reduce the maternal mortality rate to no more than 3.3 per 100,000 live births.~~ ~~(30)Reduce the incidence of fetal alcohol syndrome to no more than 2 per 1,000 live births.~~ ~~(31)Reduce stroke deaths to no more than 20 per 100,000.~~ ~~(32)Reverse the increase in end-stage renal disease (requiring maintenance dialysis or transplantation) to attain an incidence of no more than 13 per 100,000.~~ ~~(33)Reduce breast cancer deaths to no more than 20.6 per 100,000 women.~~ ~~(34)Reduce deaths from cancer of the uterine cervix to no more than 1.3 per 100,000 women.~~ ~~(35)Reduce colorectal cancer deaths to no more than 13.2 per 100,000.~~ ~~(36)Reduce to no more than 11 percent the proportion of individuals who~~			~~(20)Reduce dental caries (cavities) so that the proportion of children with one or more caries (in permanent or primary teeth) is no more than 45 percent among children aged 6 through 8 and no more than 60 percent among adolescents aged 15.~~ ~~(21)Reduce untreated dental caries so that the proportion of children with untreated caries (in permanent or primary teeth) is no more than 20 percent among children aged 6 through 8 and no more than 40 percent among adolescents aged 15.~~ ~~(22) Reduce to no more than 20 percent the proportion of individuals aged 65 and older who have lost all of their natural teeth.~~ ~~(23) Increase to at least 45 percent the proportion of individuals aged 35 to 44 who have never lost a permanent tooth due to dental caries or periodontal disease.~~ ~~(24) Reduce destructive periodontal disease to a prevalence of no more than 15 percent among individuals aged 35 to 44.~~ ~~(25)Increase to at least 50 percent the proportion of children who have received protective sealants on the occlusal (chewing) surfaces of permanent molar teeth.~~ ~~(26)Reduce the prevalence of gingivitis among individuals aged 35 to 44 to no more than 50 percent.~~ ~~(27)Reduce the infant mortality rate to no more than 8.5 per 1,000 live births.~~ ~~(28)Reduce the fetal death rate (20 or more weeks of gestation) to no more than 4 per 1,000 live births plus fetal deaths.~~ ~~(29)Reduce the maternal mortality rate to no more than 3.3 per 100,000 live births.~~ ~~(30)Reduce the incidence of fetal alcohol syndrome to no more than 2 per 1,000 live births.~~ ~~(31)Reduce stroke deaths to no more than 20 per 100,000.~~ ~~(32)Reverse the increase in end-stage renal disease (requiring maintenance dialysis or transplantation) to attain an incidence of no more than 13 per 100,000.~~ ~~(33)Reduce breast cancer deaths to no more than 20.6 per 100,000 women.~~ ~~(34)Reduce deaths from cancer of the uterine cervix to no more than 1.3 per 100,000 women.~~ ~~(35)Reduce colorectal cancer deaths to no more than 13.2 per 100,000.~~ ~~(36)Reduce to no more than 11 percent the proportion of individuals who~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~experience a limitation in major activity due to chronic conditions.~~ ~~(37)Reduce significant hearing impairment to a prevalence of no more than 82 per 1,000.~~ ~~(38)Reduce significant visual impairment to a prevalence of no more than 30 per 1,000.~~ ~~(39)Reduce diabetes-related deaths to no more than 48 per 100,000.~~ ~~(40)Reduce diabetes to an incidence of no more than 2.5 per 1,000 and a prevalence of no more than 62 per 1,000.~~ ~~(41)Reduce the most severe complications of diabetes as follows:~~ ~~(A) End-stage renal disease, 1.9 per 1,000.~~ ~~(B) Blindness, 1.4 per 1,000.~~ ~~(C) Lower extremity amputation, 4.9 per 1,000~~ ~~(D) Perinatal mortality, 2 percent.~~ ~~(E) Major congenital malformations, 4 percent.~~ ~~(42)Confine annual incidence of diagnosed AIDS cases to no more than 1,000 cases~~ ~~(43)Confine the prevalence of HIV infection to no more than 100 per 100,000.~~ ~~(44)Reduce gonorrhea to an incidence of no more than 225 cases per 100,000.~~ ~~(45)Reduce chlamydia trachomatis infections, as measured by a decrease in the incidence of nongonococcal urethritis to no more than 170 cases per 100,000.~~ ~~(46)Reduce primary and secondary syphilis to an incidence of no more than 10 cases per 100,000.~~ ~~(47)Reduce the incidence of pelvic inflammatory disease, as measured by a reduction in hospitalization for pelvic inflammatory disease to no more than 250 per 100,000 women aged 15 through 44.~~ ~~(48)Reduce viral hepatitis B infection to no more than 40 per 100,000 cases.~~ ~~(49)Reduce indigenous cases of vaccine-preventable diseases as follows:~~ ~~(A) Diphtheria among individuals aged 25 and younger, 0.~~ ~~(B) Tetanus among individuals aged 25 and younger, 0.~~ ~~(C) Polio (wild-type virus), 0.~~ ~~(D) Measles, 0.~~ ~~(E) Rubella, 0.~~ ~~(F) Congenital Rubella Syndrome, 0.~~ ~~(G) Mumps, 500.~~ ~~(H) Pertussis, 1,000.~~ ~~(50) Reduce epidemic-related pneumonia and influenza deaths among~~			~~experience a limitation in major activity due to chronic conditions.~~ ~~(37)Reduce significant hearing impairment to a prevalence of no more than 82 per 1,000.~~ ~~(38)Reduce significant visual impairment to a prevalence of no more than 30 per 1,000.~~ ~~(39)Reduce diabetes-related deaths to no more than 48 per 100,000.~~ ~~(40)Reduce diabetes to an incidence of no more than 2.5 per 1,000 and a prevalence of no more than 62 per 1,000.~~ ~~(41)Reduce the most severe complications of diabetes as follows:~~ ~~(A) End-stage renal disease, 1.9 per 1,000.~~ ~~(B) Blindness, 1.4 per 1,000.~~ ~~(C) Lower extremity amputation, 4.9 per 1,000~~ ~~(D) Perinatal mortality, 2 percent.~~ ~~(E) Major congenital malformations, 4 percent.~~ ~~(42)Confine annual incidence of diagnosed AIDS cases to no more than 1,000 cases~~ ~~(43)Confine the prevalence of HIV infection to no more than 100 per 100,000.~~ ~~(44)Reduce gonorrhea to an incidence of no more than 225 cases per 100,000.~~ ~~(45)Reduce chlamydia trachomatis infections, as measured by a decrease in the incidence of nongonococcal urethritis to no more than 170 cases per 100,000.~~ ~~(46)Reduce primary and secondary syphilis to an incidence of no more than 10 cases per 100,000.~~ ~~(47)Reduce the incidence of pelvic inflammatory disease, as measured by a reduction in hospitalization for pelvic inflammatory disease to no more than 250 per 100,000 women aged 15 through 44.~~ ~~(48)Reduce viral hepatitis B infection to no more than 40 per 100,000 cases.~~ ~~(49)Reduce indigenous cases of vaccine-preventable diseases as follows:~~ ~~(A) Diphtheria among individuals aged 25 and younger, 0.~~ ~~(B) Tetanus among individuals aged 25 and younger, 0.~~ ~~(C) Polio (wild-type virus), 0.~~ ~~(D) Measles, 0.~~ ~~(E) Rubella, 0.~~ ~~(F) Congenital Rubella Syndrome, 0.~~ ~~(G) Mumps, 500.~~ ~~(H) Pertussis, 1,000.~~ ~~(50) Reduce epidemic-related~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~individuals aged 65 and older to no more than 7.3 per 100,000.~~ ~~(51)Reduce the number of new carriers of viral hepatitis B among Alaska Natives to no more than 1 case.~~ ~~(52)Reduce tuberculosis to an incidence of no more than 5 cases per 100,000.~~ ~~(53)Reduce bacterial meningitis to no more than 8 cases per 100,000.~~ ~~(54)Reduce infectious diarrhea by at least 25 percent among children.~~ ~~(55)Reduce acute middle ear infections among children aged 4 and younger, as measured by days of restricted activity or school absenteeism, to no more than 105 days per 100 children.~~ ~~(56)Reduce cigarette smoking to a prevalence of no more than 20 percent.~~ ~~(57)Reduce smokeless tobacco use by youth to a prevalence of no more than 10 percent.~~ ~~(58)Increase to at least 65 percent the proportion of parents and caregivers who use feeding practices that prevent baby bottle tooth decay.~~ ~~(59)Increase to at least 75 percent the proportion of mothers who breast feed their babies in the early postpartum period, and to at least 50 percent the proportion who continue breast feeding until their babies are 5 to 6 months old.~~ ~~(60)Increase to at least 90 percent the proportion of pregnant women who receive prenatal care in the first trimester of pregnancy.~~ ~~(61)Increase to at least 70 percent the proportion of individuals who have received, as a minimum within the appropriate interval, all of the screening and immunization services and at least one of the counseling services appropriate for their age and gender as recommended by the United States Preventive Services Task Force.~~			~~pneumonia and influenza deaths among individuals aged 65 and older to no more than 7.3 per 100,000.~~ ~~(51)Reduce the number of new carriers of viral hepatitis B among Alaska Natives to no more than 1 case.~~ ~~(52)Reduce tuberculosis to an incidence of no more than 5 cases per 100,000.~~ ~~(53)Reduce bacterial meningitis to no more than 8 cases per 100,000.~~ ~~(54)Reduce infectious diarrhea by at least 25 percent among children.~~ ~~(55)Reduce acute middle ear infections among children aged 4 and younger, as measured by days of restricted activity or school absenteeism, to no more than 105 days per 100 children.~~ ~~(56)Reduce cigarette smoking to a prevalence of no more than 20 percent.~~ ~~(57)Reduce smokeless tobacco use by youth to a prevalence of no more than 10 percent.~~ ~~(58)Increase to at least 65 percent the proportion of parents and caregivers who use feeding practices that prevent baby bottle tooth decay.~~ ~~(59)Increase to at least 75 percent the proportion of mothers who breast feed their babies in the early postpartum period, and to at least 50 percent the proportion who continue breast feeding until their babies are 5 to 6 months old.~~ ~~(60)Increase to at least 90 percent the proportion of pregnant women who receive prenatal care in the first trimester of pregnancy.~~ ~~(61)Increase to at least 70 percent the proportion of individuals who have received, as a minimum within the appropriate interval, all of the screening and immunization services and at least one of the counseling services appropriate for their age and gender as recommended by the United States Preventive Services Task Force.~~
		(3) to ensure maximum Indian participation in the direction of health care services so as to render the persons administering such services and the services themselves more responsive to the needs and desires of Indian communities;	(3) to the greatest extent possible, to allow Indians to set their own health care priorities and establish goals that reflect their unmet needs;	"(3) to ensure maximum Indian participation in the direction of health care services so as to render the persons administering such services and the services themselves more responsive to the needs and desires of Indian communities;	(c) In order to raise the health status of Indian people to at least the Healthy People 2000, or its successor, goals, Indian Tribes and tribal organizations may set their own health care priorities and establish goals that reflect their unmet needs.
		(4)~~(c)~~ ~~It is the intent of the Congress that the Nation~~ to increase the proportion of all degrees in the health professions and allied and associated health professions ~~fields~~ awarded to Indians so that the	(4) to increase the proportion of all degrees in the health professions and allied and associated health professions awarded to Indians so that the proportion of Indian health professionals in each	"(4) to increase the proportion of all degrees in the health professions and allied and associated health professions awarded to Indians so that the proportion of Indian health professionals in each	(d) ~~(c)~~ It is the policy ~~intent~~ of the Congress that the Nation increase the proportion of all degrees in the health professions and allied and associated health professions ~~fields~~ awarded to

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		proportion of Indian health professionals in each Service area is raised to at least the level of that of the general population; ~~to 0.6 percent~~.	Service Area is raised to at least the level of that of the general population;	Service Area is raised to at least the level of that of the general population;	Indians so that the proportion of Indian health professionals in each geographic service area is raised to at least the level of that of the general population ~~0.6 percent~~.
		~~(d) The Secretary shall submit to the President, for inclusion in each report required to be transmitted to the Congress under section 801, a report on the progress made in each area of the Service toward meeting each of the objectives described in subsection (b).~~			~~(d) The Secretary shall submit to the President, for inclusion in each report required to be transmitted to the Congress under section 801, a report on the progress made in each area of the Service toward meeting each of the objectives described in subsection (b).~~
		(5) to require that all actions under this Act shall be carried out with active and meaningful consultation with Indian tribes and tribal organizations, and conference with urban Indian organizations, to implement this Act and the national policy of Indian self-determination;	(5) to require meaningful consultation with Indian Tribes, Tribal Organizations, and urban Indian organizations to implement this Act and the national policy of Indian self-determination; and	"(5) to require that all actions under this Act shall be carried out with active and meaningful consultation with Indian Tribes and Tribal Organizations, and conference with urban Indian organizations, to implement this Act and the national policy of Indian self-determination;	(e) It is the policy of Congress to require meaningful consultation with Indian Tribes, Indian organizations, and urban Indian organizations to implement this Act and the national policy of Indian self-determination.
		(6) to ensure that the United States and Indian tribes work in a government-to-government relationship to ensure quality health care for all tribal members; and		"(6) to ensure that the United States and Indian Tribes work in a government-to-government relationship to ensure quality health care for all tribal members; and	
		(7) to provide funding for programs and facilities operated by Indian tribes and tribal organizations in amounts that are not less than the amounts provided to programs and facilities operated directly by the Service.	(6) to provide funding for programs and facilities operated by Indian Tribes and Tribal Organizations in amounts that are not less than the amounts provided to programs and facilities operated directly by the Service.	"(7) to provide funding for programs and facilities operated by Indian Tribes and Tribal Organizations in amounts that are not less than the amounts provided to programs and facilities operated directly by the Service.	(f) It is the policy of Congress that funds for health care programs and facilities operated by Tribes and tribal organizations be provided no less funds than are provided to programs and facilities operated directly by the Service.
	S. 1790 Sec. 104(1) amended §4.	DEFINITIONS Sec. 4. In ~~For purposes of~~ this Act:	SEC. 4. DEFINITIONS. For purposes of this Act. (1) The term 'accredited and accessible' means on or near a reservation and accredited by a national or regional organization with accrediting authority.	"SEC. 4. DEFINITIONS. "For purposes of this Act: "(1) The term 'accredited and accessible' means on or near a reservation and accredited by a national or regional organization with accrediting authority.	DEFINITIONS Sec. 4. For purposes of this Act– (a) "Accredited and accessible" means a community college or other appropriate entity on or near a Reservation and accredited by a national or regional organization with accrediting authority
	S. 1790 Sec. 104(3) reordered the subsections of §4 as paragraphs and put them into alphabetical order. Sec. 104(4) added a heading to each one and Sec. 104(5) added "The term" after each heading.				
		(1) AREA OFFICE. ~~(i)~~ The term "Area office" means an administrative entity including a program office, within the Indian Health Service through which services and funds are provided to the service units within a defined geographic area.	(2) The term 'Area Office' means an administrative entity, including a program office, within the Service through which services and funds are provided to the Service Units within a defined geographic area.	"(2) The term 'Area Office' means an administrative entity, including a program office, within the Service through which services and funds are provided to the Service Units within a defined geographic area.	(b) ~~(i))~~ "Area office" mean an administrative entity including a program office, within the Indian Health Service through which services and funds are provided to the service units within a defined geographic area.
	E & S. 1200 do not elevate the Director to Asst Sec, so they define "Director".		(3) The term 'Assistant Secretary' means the Assistant Secretary of Indian Health.	"(8) The term 'Director' means the Director of the Service.	
x	See, S. 1790 Sec. 104(6), which added this definition, which was amended by ARP09892 (see understrike) to add "disorders". E=S. 1200; R=2708.	(2) BEHAVIORAL HEALTH.— "(A) IN GENERAL.—The term 'behavioral health' means the blending of substance (alcohol, drugs, inhalants, and tobacco) abuse and mental health disorders prevention and treatment for the purpose of providing comprehensive services. "(B) INCLUSIONS.—The term 'behavioral	(4)(A) The term 'behavioral health' means the blending of substance (including alcohol, drugs, inhalants, and tobacco) abuse and mental health prevention and treatment, for the purpose of providing comprehensive services. (B) The term 'behavioral health' includes the joint development of substance abuse	"(3)(A) The term 'behavioral health' means the blending of substance (alcohol, drugs, inhalants, and tobacco) abuse and mental health prevention and treatment, for the purpose of providing comprehensive services. "(B) The term 'behavioral health' includes the joint development of substance abuse	714(c) Behavioral health" means the blending of substances (alcohol, drugs, inhalants and tobacco) abuse and mental health prevention and treatment, for the purpose of providing comprehensive services. This can include the joint development of substance abuse and mental health treatment planning and

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	Note: In HR 3962, "disorders" should be inserted after "mental health".	health' includes the joint development of substance abuse and mental health treatment planning and coordinated case management using a multidisciplinary approach.	and mental health treatment planning and coordinated case management using a multidisciplinary approach.	and mental health treatment planning and coordinated case management using a multidisciplinary approach.	coordinated case management using a multidisciplinary approach.
	See, S. 1790 Sec. 104(6)	(3) CALIFORNIA INDIAN.—The term 'California Indian' means any Indian who is eligible for health services provided by the Service pursuant to section 809.	(5) The term 'California Indians' means those Indians who are eligible for health services of the Service pursuant to section 805.	"(4) The term 'California Indians' means those Indians who are eligible for health services of the Service pursuant to section 806.	
	See, S. 1790 Sec. 104(6)	(4) COMMUNITY COLLEGE.—The term 'community college' means— (A) a tribal college or university; or (B) a junior or community college.	(6) The term 'community college' means— (A) a tribal college or university, or (B) a junior or community college.	"(5) The term 'community college' means— "(A) a tribal college or university, or "(B) a junior or community college.	
	See, S. 1790 Sec. 104(6)	(5) CONTRACT HEALTH SERVICE.—The term 'contract health service' means any health service that is— (A) delivered based on a referral by, or at the expense of, an Indian health program; and (B) provided by a public or private medical provider or hospital that is not a provider or hospital of the Indian health program.	(7) The term 'contract health service' means health services provided at the expense of the Service or a Tribal Health Program by public or private medical providers or hospitals, other than the Service Unit or the Tribal Health Program at whose expense the services are provided.	"(6) The term 'contract health service' means health services provided at the expense of the Service or a Tribal Health Program by public or private medical providers or hospitals, other than the Service Unit or the Tribal Health Program at whose expense the services are provided.	(c) "Contract health service" means health services provided at the expense of the Service, Indian Tribe or tribal organization from public or private medical providers or hospitals, other than those funded under the Indian Self-Determination and Education Assistance Act or under Title.
	See, S. 1790 Sec. 104(6)	(6) DEPARTMENT.—The term 'Department', unless otherwise designated, means the Department of Health and Human Services.	(8) The term 'Department' means, unless otherwise designated, the Department of Health and Human Services.	"(7) The term 'Department' means, unless otherwise designated, the Department of Health and Human Services.	(d) "Department" means, unless otherwise designated, the Department of Health and Human Services.
	See, S. 1790 Sec. 104(7)	(7) DISEASE PREVENTION.— "(A) IN GENERAL.—The term 'disease prevention' means any activity for— "(i) the reduction, limitation, and prevention of— "(I) disease; and "(II) complications of disease; and "(ii) the reduction of consequences of disease. "(B) INCLUSIONS.—The term 'disease prevention' includes an activity for— "(i) controlling— "(I) the development of diabetes; "(II) high blood pressure; "(III) infectious agents; "(IV) injuries; "(V) occupational hazards and disabilities; "(VI) sexually transmittable diseases; or "(VII) toxic agents; or "(ii) providing— "(I) fluoridation of water; or "(II) immunizations. ~~(*l*) "Disease prevention" includes–~~ ~~(1) immunizations,~~ ~~(2) control of high blood pressure,~~ ~~(3) control of sexually transmittable diseases,~~ ~~(4) prevention and control of diabetes,~~ ~~(5) control of toxic agents,~~	(9) The term 'disease prevention' means the reduction, limitation, and prevention of disease and its complications and reduction in the consequences of disease, including— (A) controlling— (i) the development of diabetes; (ii) high blood pressure; (iii) infectious agents; (iv) injuries; (v) occupational hazards and disabilities; (vi) sexually transmittable diseases; and (vii) toxic agents; and (B) providing— (i) fluoridation of water; and (ii) immunizations.	"(9) The term 'disease prevention' means the reduction, limitation, and prevention of disease and its complications and reduction in the consequences of disease, including— "(A) controlling— "(i) the development of diabetes; "(ii) high blood pressure; "(iii) infectious agents; "(iv) injuries; "(v) occupational hazards and disabilities; "(vi) sexually transmittable diseases; and "(vii) toxic agents; and "(B) providing— "(i) fluoridation of water; and "(ii) immunizations.	Sec. 203(c)(2) Disease Prevention" is the reduction, limitation, and prevention of disease and its complications; and reduction in the consequences of such diseases including but not limited to– (A) controlling– (i) development of diabetes; (ii) high blood pressure; (iii) infectious agents; (iv) injuries; (v) occupational hazards and disabilities; (vi) sexually transmittable diseases; (vii) toxic agents; and (B) providing– (i) fluoridation of water; and (ii) immunizations. ~~(*l*) Disease prevention" includes–~~ ~~(1) immunizations,~~ ~~(2) control of high blood pressure,~~ ~~(3) control of sexually transmittable diseases,~~ ~~(4) prevention and control of diabetes,~~ ~~(5) control of toxic agents,~~ ~~(6) occupational safety and health,~~ ~~(7) accident prevention,~~ ~~(8) fluoridation of water, and~~ ~~(9) control of infectious agents.~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~(6) occupational safety and health,~~ ~~(7) accident prevention,~~ ~~(8) fluoridation of water, and~~ ~~(9) control of infectious agents.~~			
	Note: This term, which was not substantively changed from CL, is not used in S.1790 and should be deleted.	(8) FAE. ~~(p)~~ The term "FAE" means fetal alcohol effect.			
	See, S. 1790 Sec. 104(8) *Note: This term is also defined in S. 1790, §701(6) as amended by Sec. 181. Although the formatting is different the substance is identical. Recommend retaining this and deleting §701(6) since the term "FAS is used in titles other than VII.*	(9) FAS.– ~~(q)~~ The term ~~"FAS"~~ means 'fetal alcohol syndrome'or 'FAS' means a syndrome in which, with a history of maternal alcohol consumption during pregnancy, the following criteria are met: "(A) Central nervous system involvement such as mental retardation, developmental delay, intellectual deficit, microencephaly, or neurologic abnormalities. "(B) Craniofacial abnormalities with at least 2 of the following: microophthalmia, short palpebral fissures, poorly developed philtrum, thin upper lip, flat nasal bridge, and short upturned nose. "(C) Prenatal or postnatal growth delay.			
					(f) "Fund" or "funding" means the transfer of monies from the Department to any eligible entity or individual under the Act by any legal means, including funding agreements, contracts, memoranda of understanding, Buy Indian Act contracts or otherwise.
	R also included "naturopathic medicine".	(10) HEALTH PROFESSION. ~~(m)~~ The term 'health profession' means allopathic medicine, family medicine, internal medicine, pediatrics, geriatric medicine, obstetrics and gynecology, podiatric medicine, nursing, public health nursing, dentistry, psychiatry, osteopathy, optometry, pharmacy, psychology, public health, social work, marriage and family therapy, chiropractic medicine, environmental health and engineering, and allied health professions, or any other health profession.	(10) The term 'health profession' means allopathic medicine, family medicine, internal medicine, pediatrics, geriatric medicine, obstetrics and gynecology, podiatric medicine, nursing, public health nursing, dentistry, psychiatry, osteopathy, optometry, pharmacy, psychology, public health, social work, marriage and family therapy, chiropractic medicine, environmental health and engineering, allied health professions, naturopathic medicine, and any other health profession.	"(10) The term 'health profession' means allopathic medicine, family medicine, internal medicine, pediatrics, geriatric medicine, obstetrics and gynecology, podiatric medicine, nursing, public health nursing, dentistry, psychiatry, osteopathy, optometry, pharmacy, psychology, public health, social work, marriage and family therapy, chiropractic medicine, environmental health and engineering, allied health professions, and any other health profession.	(h) ~~(m)~~ "Health profession" means allopathic medicine, family medicine, internal medicine, pediatrics, geriatric medicine, obstetrics and gynecology, podiatric medicine, nursing, public health nursing, dentistry, psychiatry, osteopathy, optometry, pharmacy, psychology, public health, social work, marriage and family therapy, chiropractic medicine, environmental health and engineering, and allied health professions, or any other health profession.
					(i) "Health promotion" and disease prevention" shall have the meaning provided in section 203(c) of this Act. 203(c)~~(k) "Health promotion" includes–~~ ~~(1) cessation of tobacco smoking,~~ ~~(2) reduction in the misuse of alcohol and drugs,~~ ~~(3) improvement of nutrition,~~ ~~(4) improvement in physical fitness,~~ ~~(5) family planning,~~ ~~(6) control of stress, and~~ ~~(7) pregnancy and infant care~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
					~~(including prevention of fetal alcohol syndrome).~~
	See, S. 1790 Sec. 104(11).	(11) HEALTH PROMOTION. ~~(k)~~ The term 'health promotion' means ~~includes~~ (A) fostering social, economic, environmental, and personal factors conducive to health, including raising public awareness regarding health matters and enabling individuals to cope with health problems by increasing knowledge and providing valid information;	(11) The term 'health promotion' means— (A) fostering social, economic, environmental, and personal factors conducive to health, including raising public awareness about health matters and enabling the people to cope with health problems by increasing their knowledge and providing them with valid information;	"(11) The term 'health promotion' means— "(A) fostering social, economic, environmental, and personal factors conducive to health, including raising public awareness about health matters and enabling the people to cope with health problems by increasing their knowledge and providing them with valid information;	(1) "Health promotion" means fostering social, economic, environmental, and personal factors conducive to health including raising people's awareness about health matters and enabling them to cope with health problems by increasing their knowledge and providing them with valid information;
		(B) encouraging adequate and appropriate diet, exercise, and sleep; ~~(3) improvement of nutrition,~~ ~~(4) improvement in physical fitness,~~	(B) encouraging adequate and appropriate diet, exercise, and sleep;	"(B) encouraging adequate and appropriate diet, exercise, and sleep;	encouraging adequate and appropriate diet, exercise, and enough sleep;
		(C) promoting education and work in accordance with physical and mental capacity;	(C) promoting education and work in conformity with physical and mental capacity;	"(C) promoting education and work in conformity with physical and mental capacity;	promoting education and work in conformity with physical and mental capacity;
					making available suitable housing,
		(D) making available safe water and sanitary facilities;	(D) making available safe water and sanitary facilities;	"(D) making available safe water and sanitary facilities;	[making available] safe water, and sanitary facilities;
		(E) improving the physical, economic, cultural, psychological, and social environment;	(E) improving the physical, economic, cultural, psychological, and social environment;	"(E) improving the physical, economic, cultural, psychological, and social environment;	improving the physical economic, cultural, psychological, and social environment;
		(F) promoting culturally competent care; and	(F) promoting culturally competent care; and	"(F) promoting culturally competent care; and	promoting adequate opportunity for spiritual, religious, and traditional practices; and
		(G) providing adequate and appropriate programs, including programs for— "(i) abuse prevention (mental and physical); "(ii) community health; "(iii) community safety; "(iv) consumer health education; "(v) diet and nutrition; "(vi) immunization and other methods of prevention of communicable diseases, including HIV/AIDS; "(vii) environmental health; "(viii) exercise and physical fitness; "(ix) avoidance of fetal alcohol spectrum disorders; "(x) first aid and CPR education; "(xi) human growth and development; "(xii) injury prevention and personal safety; "(xiii) behavioral health;	(G) providing adequate and appropriate programs, which may include— (i) abuse prevention (mental and physical); (ii) community health; (iii) community safety; (iv) consumer health education; (v) diet and nutrition; (vi) immunization and other prevention of communicable diseases, including HIV/AIDS; (vii) environmental health; (viii) exercise and physical fitness; (ix) avoidance of fetal alcohol disorders; (x) first aid and CPR education; (xi) human growth and development; (xii) injury prevention and personal safety;	"(G) providing adequate and appropriate programs, which may include— "(i) abuse prevention (mental and physical); "(ii) community health; "(iii) community safety; "(iv) consumer health education; "(v) diet and nutrition; "(vi) immunization and other prevention of communicable diseases, including HIV/AIDS; "(vii) environmental health; "(viii) exercise and physical fitness; "(ix) avoidance of fetal alcohol spectrum disorders; "(x) first aid and CPR education; "(xi) human growth and development; "(xii) injury prevention and personal safety;	adequate and appropriate programs including, but not limited to: (A) abuse prevention (mental and physical); (B) community health; (C) community safety; (D) consumer health education; (E) diet and nutrition; (F) disease prevention (communicable, immunizations, HIV/AIDS); (G) environmental health; (H) exercise and physical fitness; (I) fetal alcohol disorders; (J) first aid and CPR education; (K) human growth and development; (L) injury prevention and personal safety;
			(xiii) behavioral health;	"(xiii) behavioral health;	(M) mental health (emotional, self-worth);
		"(xiv) monitoring of disease indicators between health care provider visits through appropriate means, including Internet-based health care management systems;	(xiv) monitoring of disease indicators between health care provider visits, through appropriate means, including Internet-based health care management systems;	"(xiv) monitoring of disease indicators between health care provider visits, through appropriate means, including Internet-based health care management systems;	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		"(xv) personal health and wellness practices; "(xvi) personal capacity building;	(xv) personal health and wellness practices; (xvi) personal capacity building;	"(xv) personal health and wellness practices; "(xvi) personal capacity building;	(N) personal health and wellness practices; (O) personal capacity building;
		"(xvii) prenatal, pregnancy, and infant care; ~~(7) pregnancy and infant care (including prevention of fetal alcohol syndrome).~~	(xvii) prenatal, pregnancy, and infant care;	"(xvii) prenatal, pregnancy, and infant care;	(P) prenatal, pregnancy, and infant care;
		(xviii) psychological well-being;	(xviii) psychological well-being;	"(xviii) psychological well-being;	(Q) psychological well being;
		(xix)~~(5)~~ reproductive health and family planning,	(xix) reproductive health and family planning;	"(xix) family planning;	(R) reproductive health (family planning);
		(xx) safe and adequate water;	(xx) safe and adequate water;	"(xx) safe and adequate water;	(S) safe and adequate water;
					(T) safe housing;
		(xxi) healthy work environments;	(xxi) healthy work environments;	"(xxi) healthy work environments;	(U) safe work environments;
		(xxii) elimination, reduction, and prevention of contaminants that create unhealthy household conditions (including mold and other allergens);	(xxii) elimination, reduction, and prevention of contaminants that create unhealthy household conditions (including mold and other allergens);	"(xxii) elimination, reduction, and prevention of contaminants that create unhealthy household conditions (including mold and other allergens);	
		(xxiii)~~(6)~~ stress control ~~of stress, and~~	(xxiii) stress control;	"(xxiii) stress control;	(V) stress control;
		(xxiv) substance abuse; ~~(2) reduction in the misuse of alcohol and drugs;~~	(xxiv) substance abuse;	"(xxiv) substance abuse;	(W) substance abuse;
		(xxv) sanitary facilities;	(xxv) sanitary facilities;	"(xxv) sanitary facilities;	(X) sanitary facilities;
		(xxvi) suddeen infant death syndrome prevention;	(xxvi) sudden infant death syndrome prevention;	"(xxvi) sudden infant death syndrome prevention;	
		(xxvii) tobacco use cessation and reduction;~~(1) cessation of tobacco smoking,~~	(xxvii) tobacco use cessation and reduction;	"(xxvii) tobacco use cessation and reduction;	(Y) tobacco use cessation and reduction;
		(xxviii) violence prevention; and	(xxviii) violence prevention; and	"(xxviii) violence prevention; and	(Z) violence prevention; and
	E=2708; R=S.1200	(xxix) such other activities identified by the Service, a tribal health program, or an urban Indian organization to promote achievement of any of the objectives referred to in section 3(2).	(xxix) activities to promote achievement of any of the objectives described in section 3(2).	"(xxix) such other activities identified by the Service, a Tribal Health Program, or an urban Indian organization, to promote achievement of any of the objectives described in section 3(2).	(AA) such other activities identified by the Indian Health Service, an Indian Tribe or tribal organization, to promote achievement of any of the objectives described in section 3(b) of this Act.
					(g) "Funding Agreement" means any agreement to transfer funds for the planning, conduct, and administration of programs, functions , services and activities to Tribes and tribal Organizations from the Secretary under the authority of the authority of the Indian Self Determination and Education Assistance Act.
	See, S. 1790 Sec. 104(12)	(12) INDIAN HEALTH PROGRAM.– ~~Sec. 108(a)(2) For the purposes of this section–~~ ~~(A) t~~The term "Indian health program" means (A) any health program ~~or facility funded, in whole or part, by the Service for the benefit of Indians and~~ administered~~– (i)~~ directly by the Service; (B)~~(ii)~~ any tribal health program; and (C) ~~by~~ any Indian tribe or tribal ~~or Indian~~ organization to which the Secretary provides funding pursuant to ~~a contract~~	(13) The term 'Indian Health Program' means— (A) any health program administered directly by the Service; (B) any Tribal Health Program; or (C) any Indian Tribe or Tribal Organization to which the Secretary provides funding pursuant to section 23 of the Act of June 25, 1910 (25 U.S.C. 47) (commonly known as the 'Buy Indian Act').(13) The term 'Indian Health Program' means—		

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~under--~~ ~~(I) The Indian Self-Determination Act, or~~ ~~(II)~~ section 23 of the Act of June 25, 1910 ~~April 30, 1908~~ (25 U.S.C. 47), (commonly ~~popularly~~ known as the 'Buy Indian Act').~~; or~~ ~~(iii) by an urban Indian organization pursuant to title V of this Act; and~~ ~~(B) the term "State" has the same meaning given such term in section 331(i)(4) of the Public Health Service Act.~~	(A) any health program administered di1rectly by the Service; (B) any Tribal Health Program; or (C) any Indian Tribe or Tribal Organization to which the Secretary provides funding pursuant to section 23 of the Act of June 25, 1910 (25 U.S.C. 47) (commonly known as the 'Buy Indian Act').		
	Note: In S.1790, §4(13) as redesignated,current law should be amended to redesignate "(d)", "(1)", "(2)", "(3)", and "(4)" as "(14)", "(A)", "(B)", "(C)", and "(D)", respectively.	(13) INDIANS OR INDIAN.~~(c)~~ The term"Indians" or "Indian", unless otherwise designated, means any person who is a member of an Indian tribe, as defined in subsection (d) hereof, except that, for the purpose of section 102 and 103, such terms shall mean any individual who (1), irrespective of whether he or she lives on or near a reservation, is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second degree, of any such member, or (2) is an Eskimo or Aleut or other Alaska Native, or (3) is considered by the Secretary of the Interior to be an Indian for any purpose, or (4) is determined to be an Indian under regulations promulgated by the Secretary.	(12) The term 'Indian', unless otherwise designated, means any person who is a member of an Indian Tribe or is eligible for health services under section 805, except that, for the purpose of sections 102 and 103, the term also means any individual who— (A)(i) irrespective of whether the individual lives on or near a reservation, is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside; or (ii) is a descendant, in the first or second degree, of any such member; (B) is an Eskimo or Aleut or other Alaska Native; (C) is considered by the Secretary of the Interior to be an Indian for any purpose; or (D) is determined to be an Indian under regulations promulgated by the Secretary.	"(12) The term 'Indian', unless otherwise designated, means any person who is a member of an Indian Tribe or is eligible for health services under section 806, except that, for the purpose of sections 102 and 103, the term also means any individual who— "(A)(i) irrespective of whether the individual lives on or near a reservation, is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside; or "(ii) is a descendant, in the first or second degree, of any such member; "(B) is an Eskimo or Aleut or other Alaska Native; "(C) is considered by the Secretary of the Interior to be an Indian for any purpose; or "(D) is determined to be an Indian under regulations promulgated by the Secretary.	(j) ~~(c)~~ "Indians" or "Indian" shall have the same meaning as provided in the Indian Self Determination and Education Assistance Act. ~~unless otherwise designated, means any person who is a member of an Indian Tribe, as defined in subsection (d) hereof, except that, for the purpose of section 102 and 103, such terms shall mean any individual who~~ ~~(1), irrespective of whether he or she lives on or near a reservation, is a member of a Tribe, band, or other organized group of Indians, including those Tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second degree, of any such member, or~~ ~~(2) is an Eskimo or Aleut or other Alaska Native, or~~ ~~(3) is considered~~ by the ~~Secretary of the Interior to be an Indian for any purpose, or~~ ~~(4) is determined to be an Indian under regulations promulgated by the Secretary.~~
		(14) INDIAN TRIBE. ~~(d)~~ The term "Indian tribe" means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.	(14) The term 'Indian Tribe' has the meaning given the term in the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).	"(14) The term 'Indian Tribe' has the meaning given the term in the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).	(l)~~(d)~~ "Indian Tribe" shall have the same meaning as provided in the Indian Self Determination and Education Assistance Act. ~~pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians~~.
	See, S. 1790 Sec. 104(10). *Notes: "1058(e)" should be "1058(f)" as it is in HR 2708 and this definition duplicates the one in CL §115(e)(3), which has not been amended by S.1790.*	(15) JUNIOR OR COMMUNITY COLLEGE.~~– Sec. 115(e)(3)~~ The term "junior or community college" has the meaning given the ~~to such~~ term in ~~by~~ section 312(e) of the Higher Education Act of 1965 (20 U.S.C. 1058(e)).	(15) The term 'junior or community college' has the meaning given the term by section 312(f) of the Higher Education Act of 1965 (20 U.S.C. 1058(f)).	"(15) The term 'junior or community college' has the meaning given the term by section 312(e) of the Higher Education Act of 1965 (20 U.S.C. 1058(e)).	Sec. 118(e) (3) The term "junior or community college" has the meaning given to such term by section 312(e) of the Higher Education Act of 1965 (20 U.S.C. 1058(e)).

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	E=2708; R=S.1200.				
	See, S. 1790 Sec. 104(10).	(16) RESERVATION.— "(A) IN GENERAL.—The term 'reservation' means a reservation, Pueblo, or colony of any Indian tribe. "(B) INCLUSIONS.—The term 'reservation' includes— "(i) former reservations in Oklahoma; "(ii) Indian allotments; and "(iii) Alaska Native Regions established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.).	(16) The term 'reservation' means any federally recognized Indian Tribe's reservation, Pueblo, or colony, including former reservations in Oklahoma, Indian allotments, and Alaska Native Regions established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.).	"(16) The term 'reservation' means any federally recognized Indian Tribe's reservation, Pueblo, or colony, including former reservations in Oklahoma, Indian allotments, and Alaska Native Regions established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.).	(m) "Reservation" means any federally recognized Indian Tribe's reservation, Pueblo or colony, including former reservations in Oklahoma, Alaska Native Regions established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.), and Indian allotments.
		(17) SECRETARY.– ~~(a)~~ The term "Secretary", unless otherwise designated, means the Secretary of Health and Human Services.	(17) The term 'Secretary', unless otherwise designated, means the Secretary of Health and Human Services.	"(17) The term 'Secretary', unless otherwise designated, means the Secretary of Health and Human Services.	(n)~~(a)~~ "Secretary", unless otherwise designated, means the Secretary of Health and Human Services.
		(18) SERVICE.– ~~(b)~~ The term "Service" means the Indian Health Service.	(18) The term 'Service' means the Indian Health Service.	"(18) The term 'Service' means the Indian Health Service.	(o)~~(b)~~ "Service" means the Indian Health Service.
		(19) SERVICE AREA.– ~~(m)~~ The term "Service area" means the geographical area served by each area office.	(19) The term 'Service Area' means the geographical area served by each Area Office.	"(19) The term 'Service Area' means the geographical area served by each Area Office.	(p)~~(m)~~ "Service area" means the geographical area served by each area office.
	See, S. 1790 Sec. 104(11).	(20) SERVICE UNIT.– ~~(j)~~ The term "Service unit" means– ~~(1)~~ an administrative entity of ~~within~~ the ~~Indian Health~~ Service~~,~~ or ~~(2)~~ a ~~tribe or~~ a tribal ~~organization operating~~ health ~~care~~ program~~s or facilities with funds from the Service under the Indian Self-Determination Act,~~ through which services are provided, directly or by contract, to ~~the~~ eligible Indians ~~population~~ within a defined geographic area.	(20) The term 'Service Unit' means an administrative entity of the Service, or a Tribal Health Program through which services are provided, directly or by contract, to eligible Indians within a defined geographic area.	"(20) The term 'Service Unit' means an administrative entity of the Service, or a Tribal Health Program through which services are provided, directly or by contract, to eligible Indians within a defined geographic area.	(q)~~(j)~~ "Service unit" means– (1) an administrative entity within the Indian Health Service, or (2) a Tribe or tribal organization operating health care programs or facilities with funds from the Service under the Indian Self-Determination and Education Assistance Act, through which services are provided, directly or by contract, to the eligible Indian population within a defined geographic area.
	S.1790 did not change CL § 4(o), except to redesignate the number. *This definition is repeated in §701(8), however that definition applies only in Title VII even though the term is used in other titles.*	(21)~~(4)(o)~~ "Substance abuse" includes inhalant abuse.	(8) SUBSTANCE ABUSE.— The term 'substance abuse' includes inhalant abuse.	"(8) SUBSTANCE ABUSE.— The term 'substance abuse' includes inhalant abuse.	(j) ~~(o)~~"Substance abuse" includes inhalant abuse
	See, S. 1790 Sec. 104(12).	(22) TELEHEALTH.— The term 'telehealth' has the meaning given the term in section 330K(a) of the Public Health Service Act (42 U.S.C. 254c–16(a)).	(21) The term 'telehealth' has the meaning given the term in section 330K(a) of the Public Health Service Act (42 U.S.C. 254c–16(a)).	"(21) The term 'telehealth' has the meaning given the term in section 330K(a) of the Public Health Service Act (42 U.S.C. 254c– 16(a)).	
	See, S. 1790 Sec. 104(12).	"(23) TELEMEDICINE.— The term 'telemedicine' means a telecommunications link to an end user through the use of eligible equipment that electronically links health professionals or patients and health professionals at separate sites in order to exchange health care information in audio, video, graphic, or other format for the purpose of providing improved health care services.	(22) The term 'telemedicine' means a telecommunications link to an end user through the use of eligible equipment that electronically links health professionals or patients and health professionals at separate sites in order to exchange health care information in audio, video, graphic, or other format for the purpose of providing improved health care services.	"(22) The term 'telemedicine' means a telecommunications link to an end user through the use of eligible equipment that electronically links health professionals or patients and health professionals at separate sites in order to exchange health care information in audio, video, graphic, or other format for the purpose of providing improved health care services.	
					(r)~~(s)~~ "Traditional health care

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
					practices" means the application by Native healing practitioners of the Native healing sciences (as opposed or in contradistinction to Western Healing Sciences) which embodies the influences or forces of innate tribal discovery, history, description, explanation and knowledge of the states of wellness and illness and which calls upon these influences or forces, including physical, mental, and spiritual forces in the promotion, restoration, preservation and maintenance of health, well-being, and life's harmony.
	See, S. 1790 Sec. 104(12).	(24) TRIBAL COLLEGE OR UNIVERSITY.—The term 'tribal college or university' has the meaning given the term in section 316(b) of the Higher Education Act of 1965 (20 U.S.C. 1059c(b)).	(23) The term 'tribal college or university' has the meaning given the term in section 316(b)(3) of the Higher Education Act (20 U.S.C. 1059c(b)(3)).	"(23) The term 'tribal college or university' has the meaning given the term in section 316(b)(3) of the Higher Education Act (20 U.S.C. 1059c(b)(3)).	(t)~~(hh)~~ "tribally Controlled Community College" means the definition provided in Section 126 of this Act and the definition contained in the Indian Land Grant Status Act, 7 U.S.C. 301 note.
	See, S. 1790 Sec. 104(12).	(25) TRIBAL HEALTH PROGRAM.—The term 'tribal health program' means an Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Service through, or provided for in, a contract or compact with the Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).	(24) The term 'Tribal Health Program' means an Indian Tribe or Tribal Organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Service through, or provided for in, a contract or compact with the Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).	"(24) The term 'Tribal Health Program' means an Indian Tribe or Tribal Organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Service through, or provided for in, a contract or compact with the Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).	
	See, S. 1790 Sec. 104(13).	(26) TRIBAL ORGANIZATION.– ~~(e)~~ The term 'tribal organization' has the meaning given the term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b). ~~means the elected governing body of any Indian tribe or any legally established organization of Indians which is controlled by one or more such bodies or by a board of directors elected or selected by one or more such bodies (or elected by the Indian population to be served by such organization) and which includes the maximum participation of Indians in all phases of its activities.~~	(25) The term 'Tribal Organization' has the meaning given the term in the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).	"(25) The term 'Tribal Organization' has the meaning given the term in the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).	(s)~~(e)~~ "tribal organization" shall have the same meaning as provided in the Indian Self Determination and Education Assistance Act ~~means the elected governing body of any Indian Tribe or any legally established organization of Indians which is controlled by one or more such bodies or by a board of directors elected or selected by one or more such bodies (or elected by the Indian population to be served by such organization) and which includes the maximum participation of Indians in all phases of~~
		(27) URBAN CENTER.– ~~(g)~~ The term 'urban center' means any community which has a sufficient urban Indian population with unmet health needs to warrant assistance under title V of this Act, as determined by the Secretary.	(26) The term 'Urban Center' means any community which has a sufficient Urban Indian population with unmet health needs to warrant assistance under title V of this Act, as determined by the Secretary.	"(26) The term 'urban center' means any community which has a sufficient urban Indian population with unmet health needs to warrant assistance under title V of this Act, as determined by the Secretary.	(u)~~(g)~~ "Urban center" means any community which has a sufficient urban Indian population with unmet health needs to warrant assistance under Title V, as determined by the Secretary.
	Note: "(g)" should be "(27)" and "c)(1)" through (4)" should be "(13)(A) through (D)".	(28) URBAN INDIAN.– ~~(f)~~ The term 'urban Indian' means any individual who resides in an urban center, as defined in subsection (g) hereof, and who meets one or more the four criteria in subsection (c)(1) through (4) of this section.	(27) The term 'Urban Indian' means any individual who resides in an Urban Center and who meets 1 or more of the following criteria. (A) Irrespective of whether the individual lives on or near a reservation, the individual is a member of a tribe, band, or	"(27) The term 'urban Indian' means any individual who resides in an urban center and who meets 1 or more of the 4 criteria in subparagraphs (A) through (D) of paragraph (12).	(v) ~~(f)~~ "Urban Indian" means any individual who resides in an urban center, as defined in subsection (g) hereof, and who meets one or more the four criteria ~~in subsection (c)(1) through (4) of this section~~ contained herein: (1) irrespective of whether he or she lives

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those tribes, bands, or groups that are recognized by the States in which they reside, or who is a descendant in the first or second degree of any such member. (B) The individual is an Eskimo, Aleut, or other Alaska Native. (C) The individual is considered by the Secretary of the Interior to be an Indian for any purpose. (D) The individual is determined to be an Indian under regulations promulgated by the Secretary.		on or near a reservation, is a member of a Tribe, band or other organized group of Indians , including those Tribes , bands or groups terminated since 1940; or (2) is an Eskimo or Aleut or other Alaskan Native, or (3) is considered by the Secretary of the Interior to be an Indian for any purpose, or (4) is determined to be an Indian under regulations promulgated by the Secretary.~~–~~
		(29) URBAN INDIAN ORGANIZATION.– ~~(h)~~ The term'urban Indian organization' means a nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 503(a).	(28) The term 'urban Indian organization' means a nonprofit corporate body that (A) is situated in an Urban Center; (B) is governed by an Urban Indian-controlled board of directors; (C) provides for the participation of all interested Indian groups and individuals; and (D) is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 503(a).	"(28) The term 'urban Indian organization' means a nonprofit corporate body that (A) is situated in an urban center; (B) is governed by an urban Indian-controlled board of directors; (C) provides for the participation of all interested Indian groups and individuals; and (D) is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 503(a).	(w)~~(h)~~ "Urban Indian organization" means a nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the ~~maximum~~ participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 503(a).
		TITLE I – INDIAN HEALTH MANPOWER	TITLE I— INDIAN HEALTH, HUMAN RESOURCES, AND DEVELOPMENT	"TITLE I— INDIAN HEALTH, HUMAN RESOURCES, AND DEVELOPMENT	TITLE I – INDIAN HEALTH, HUMAN RESOURCES AND DEVELOPMENT ~~MANPOWER~~
	S.1790 did not change CL § 101.	PURPOSE SEC. 101. The purpose of this title is to increase the number of Indians entering the health professions and to assure an adequate supply of health professionals to the Service, Indian tribes, tribal organizations, and urban Indian organizations involved in the provision of health care to Indian people.	SEC. 101. PURPOSE. The purpose of this title is to increase, to the maximum extent feasible, the number of Indians entering the health professions and providing health services, and to assure an optimum supply of health professionals to the Indian Health Programs and urban Indian organizations involved in the provision of health services to Indians.	"SEC. 101. PURPOSE. "The purpose of this title is to increase, to the maximum extent feasible, the number of Indians entering the health professions and providing health services, and to assure an optimum supply of health professionals to the Indian Health Programs and urban Indian organizations involved in the provision of health services to Indians.	PURPOSE SEC. 101. The purpose of this title is to increase to the maximum feasible extent the number of Indians entering the health professions and providing health services, and to assure an optimum ~~adequate~~ supply of health professionals to the Service, Indian Tribes, tribal organizations, and urban Indian organizations involved in the provision of health services ~~care~~ to Indian people.
					GENERAL REQUIREMENTS~~-~~ SEC. 102. (a) SERVICE AREA PRIORITIES. Unless otherwise specified the funding for each program authorized by this Title shall be allocated by Service Area by formula developed in consultation with Indian Tribes, tribal organizations and urban Indian organizations; such formula shall consider the human resource and development needs in each Service Area. (1) Each area office shall undertake active and continuing consultation with representatives of Indian Tribes, tribal organizations, and urban Indian organizations to prioritize the utilization of

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
					funds authorized and provided under this Title within the service area. (2) Unless otherwise prohibited, the Area Office is authorized to re-allocate the funds available to it pursuant to this Title among the programs authorized by this Title, provided that scholarship, and loan repayment funds shall not be used for administrative functions. (b) All individual recipients of scholarships, loans or other funding authorized by this title that exist on the day before the enactment of this Act shall be excluded from operation of subsection 102 of this title through to the completion of his/her course of study supported by funds appropriated to carry out this title.
	S.1790 did not change CL § 102.	HEALTH PROFESSIONS RECRUITMENT PROGRAM FOR INDIANS SEC. 102. (a) The Secretary, acting through the Service, shall make grants to public or nonprofit private health or educational entities or Indian tribes or tribal organizations to assist such entities in meeting the costs of–	SEC. 102. HEALTH PROFESSIONS RECRUITMENT PROGRAM FOR INDIANS. (a) IN GENERAL.— The Secretary, acting through the Service, shall make grants to public or nonprofit private health or educational entities, Tribal Health Programs, or urban Indian organizations to assist such entities in meeting the costs of—	"SEC. 102. HEALTH PROFESSIONS RECRUITMENT PROGRAM FOR INDIANS. "(a) In General.— The Secretary, acting through the Service, shall make grants to public or nonprofit private health or educational entities, Tribal Health Programs, or urban Indian organizations to assist such entities in meeting the costs of—	HEALTH PROFESSIONS RECRUITMENT PROGRAM FOR INDIANS SEC. 103. ~~102~~ (a) Subject to the requirements of Section 102, the Secretary, acting through the Service, shall make funds available ~~grants~~ to public or nonprofit private health ~~or educational~~ entities or Indian Tribes or tribal organizations to assist such entities in meeting the costs of–
		(1) identifying Indians with a potential for education or training in the health professions and encouraging and assisting them— (A) to enroll in courses of study in such health professions; or (B) if they are not qualified to enroll in any such courses of study, to undertake such postsecondary education or training as may be required to qualify them for enrollment;	(1) identifying Indians with a potential for education or training in the health professions and encouraging and assisting them— (A) to enroll in courses of study in such health professions; or (B) if they are not qualified to enroll in any such courses of study, to undertake such postsecondary education or training as may be required to qualify them for enrollment;	"(1) identifying Indians with a potential for education or training in the health professions and encouraging and assisting them— "(A) to enroll in courses of study in such health professions; or "(B) if they are not qualified to enroll in any such courses of study, to undertake such postsecondary education or training as may be required to qualify them for enrollment;	(1) identifying Indians with a potential for education or training in the health professions and encouraging and assisting them (A) to enroll in courses of study in such health professions; or (B) if they are not qualified to enroll in any such courses of study, to undertake such postsecondary education or training as may be required to qualify them for enrollment;
		(2) publicizing existing sources of financial aid available to Indians enrolled in any courses of study referred to in paragraph (1) of this subsection or who are undertaking training necessary to qualify them to enroll in any such school; or (3) establishing other programs which the Secretary determines will enhance and facilitate the enrollment of Indians in, and the subsequent pursuit and completion by them of courses of study, referred to in paragraph (1) of this subsection.	(2) publicizing existing sources of financial aid available to Indians enrolled in any course of study referred to in paragraph (1) or who are undertaking training necessary to qualify them to enroll in any such course of study; or (3) establishing other programs which the Secretary determines will enhance and facilitate the enrollment of Indians in, and the subsequent pursuit and completion by them of, courses of study referred to in paragraph (1).	"(2) publicizing existing sources of financial aid available to Indians enrolled in any course of study referred to in paragraph (1) or who are undertaking training necessary to qualify them to enroll in any such course of study; or "(3) establishing other programs which the Secretary determines will enhance and facilitate the enrollment of Indians in, and the subsequent pursuit and completion by them of, courses of study referred to in paragraph (1).	(2) publicizing existing sources of financial aid available to Indians enrolled in any courses of study preferred to in paragraph (1) of this subsection or who are undertaking training necessary to qualify them to enroll in any such school; or (3) establishing other programs which the Area Office ~~Secretary~~ determines will enhance and facilitate the enrollment of Indians in, and the subsequent pursuit and completion by them of courses of study, referred to in paragraph (1) of this subsection.
		(b) (1) No grant may be made under this section unless an application therefore has been submitted to, and approved by, the Secretary. Such application shall be in such form, submitted in such manner, and contain	(b) GRANTS.— (1) APPLICATION.— No grant may be made under this section unless an application has been submitted to, and approved by, the Secretary. Such application shall be in such form,	"(b) Grants.— "(1) APPLICATION.— The Secretary shall not make a grant under this section unless an application has been submitted to, and approved by, the Secretary. Such application shall be in such form,	(b)(1) Funds under this section shall require that ~~No grant may be made under this subsection unless~~ an application ~~therefore~~ has been submitted to, and approved by the Secretary through the Area Office. Such application shall be in

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		such information, as the Secretary shall by regulation prescribe. The Secretary shall give a preference to applications submitted by Indian tribes or tribal organizations.	submitted in such manner, and contain such information, as the Secretary shall by regulation prescribe pursuant to this Act. The Secretary shall give a preference to applications submitted by Tribal Health Programs or urban Indian organizations.	submitted in such manner, and contain such information, as the Secretary shall by regulation prescribe pursuant to this Act. The Secretary shall give a preference to applications submitted by Tribal Health Programs or urban Indian organizations.	such form, submitted in such manner, and contain such information, as the Secretary shall by regulation prescribe pursuant to this Act. The Area Office ~~Secretary~~ shall give a preference to applications submitted by Indian Tribes, tribal ~~Indian~~ organizations, or urban Indian organizations.
		(2) The amount of any grant under this section shall be determined by the Secretary. Payments pursuant to grants under this section may be made in advance or by way of reimbursement, and at such intervals and on such conditions as the Secretary finds necessary.	(2) AMOUNT OF GRANTS; PAYMENT.— The amount of a grant under this section shall be determined by the Secretary. Payments pursuant to this section may be made in advance or by way of reimbursement, and at such intervals and on such conditions as provided for in regulations issued pursuant to this Act. To the extent not otherwise prohibited by law, grants shall be for 3 years, as provided in regulations issued pursuant to this Act.	"(2) AMOUNT OF GRANTS; PAYMENT.— The amount of a grant under this section shall be determined by the Secretary. Payments pursuant to this section may be made in advance or by way of reimbursement, and at such intervals and on such conditions as provided for in regulations issued pursuant to this Act. To the extent not otherwise prohibited by law, grants shall be for 3 years, as provided in regulations issued pursuant to this Act.	(2) The amount of funds provided to entities authorized ~~any grant~~ under this section shall be determined by the Area Office ~~Secretary~~. Payments pursuant to this section may be made in advance or by way of reimbursement, and at such intervals and on such conditions as provided for in regulations issued pursuant to this Act ~~the Secretary finds necessary~~, and, to the extent not otherwise prohibited by law, funding commitments shall be for three (3) years, as provided for in regulations published pursuant to this Act.
					(c) For purposes of this section and section 104 and 105, Indian or Indians" shall, in addition to the meaning contained in section 4 of this Act, also mean any person who (1) irrespective of whether he or she lives on or near a reservation, is a member of a Tribe, band, or other organized group of Indians, including those Tribes, bands, or groups terminated since 1940, (2) is an Eskimo or Aleut or other Alaska Native, or (3) is considered by the Secretary of the Interior to be an Indian for any purpose, or (4) is determined to be an Indian under regulations promulgated by the Secretary.
	S.1790 did not change CL § 103.	HEALTH PROFESSIONS PREPARATORY SCHOLARSHIP PROGRAM FOR INDIANS SEC. 103. (a) The Secretary, acting through the Service, shall make scholarship grants to Indians who-- (1) have successfully completed their high school education or high school equivalency; and (2) have demonstrated the capability to successfully complete courses of study in the health professions.	SEC. 103. HEALTH PROFESSIONS PREPARATORY SCHOLARSHIP PROGRAM FOR INDIANS. (a) SCHOLARSHIPS AUTHORIZED.— The Secretary, acting through the Service, shall provide scholarship grants to Indians who— (1) have successfully completed their high school education or high school equivalency; and (2) have demonstrated the potential to successfully complete courses of study in the health professions.	"SEC. 103. HEALTH PROFESSIONS PREPARATORY SCHOLARSHIP PROGRAM FOR INDIANS. "(a) Scholarships Authorized.— The Secretary, acting through the Service, shall provide scholarship grants to Indians who— "(1) have successfully completed their high school education or high school equivalency; and "(2) have demonstrated the potential to successfully complete courses of study in the health professions.	HEALTH PROFESSIONS PREPARATORY SCHOLARSHIP PROGRAM FOR INDIANS Sec. 104 ~~103~~. (a) Subject to the requirements of Section 102, ~~T~~ the Secretary, acting through the Service, shall provide ~~make~~ scholarships ~~grants~~ to Indians who– (1) have successfully completed their high school education or high school equivalency; and (2) have demonstrated the potential ~~capability~~ to successfully complete courses of study in the health professions.
	R=S.1200; E=2708. *Using CL the possibility of extension for up to 2 years is lost.*	(b) Scholarship grants made pursuant to this section shall be for the following purposes: (1) compensatory preprofessional education of any grantee, such scholarship	(b) PURPOSES.— Scholarship grants provided pursuant to this section shall be for the following purposes: (1) Compensatory preprofessional education of any recipient, such	"(b) Purposes.— Scholarship grants provided pursuant to this section shall be for the following purposes: "(1) Compensatory preprofessional	(b) Scholarships provided ~~grants made~~ pursuant to this section shall be for the following purposes: (1) compensatory preprofessional education of any recipient ~~grantee~~, such

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		not to exceed two years on a full-time basis (or the part-time equivalent thereof, as determined by the Secretary). (2) Pregraduate education of any grantee leading to a baccalaureate degree in an approved course of study preparatory to a field of study in a health profession, such scholarship not to exceed 4 years (or the part-time equivalent thereof, as determined by the Secretary).	scholarship not to exceed 2 years on a full-time basis (or the part-time equivalent thereof, as determined by the Secretary pursuant to regulations issued under this Act). (2) Pregraduate education of any recipient leading to a baccalaureate degree in an approved course of study preparatory to a field of study in a health profession, such scholarship not to exceed 3 years. An extension of up to 2 years (or the part time equivalent thereof, as determined by the Secretary pursuant to regulations issued pursuant to this Act) may be approved.	education of any recipient, such scholarship not to exceed 2 years on a full-time basis (or the part-time equivalent thereof, as determined by the Secretary pursuant to regulations issued under this Act). "(2) Pregraduate education of any recipient leading to a baccalaureate degree in an approved course of study preparatory to a field of study in a health profession, such scholarship not to exceed 4 years. An extension of up to 2 years (or the part-time equivalent thereof, as determined by the Secretary pursuant to regulations issued pursuant to this Act) may be approved.	scholarship not to exceed two years on a full-time basis (or the part-time equivalent thereof, as determined by the area office pursuant to regulations issued under this Act ~~Secretary~~). (2) Pregraduate education of any recipient ~~grantee~~ leading to a baccalaureate degree in an approved course of study preparatory to a field of study in a health profession, such scholarship not to exceed 4 years provided, however, that an up to two-year extension as necessary may be approved (or the part-time equivalent thereof, as determined by the ~~Secretary~~ Area Office pursuant to regulations issued pursuant to this Act).
		(c) Scholarship grants made under this section may cover costs of tuition, books, transportation, board, and other necessary related expenses of a grantee while attending school.	(c) OTHER CONDITIONS.— Scholarships under this section— (1) may cover costs of tuition, books, transportation, board, and other necessary related expenses of a recipient while attending school;	"(c) Other Conditions.— Scholarships under this section— "(1) may cover costs of tuition, books, transportation, board, and other necessary related expenses of a recipient while attending school;	(c) Scholarships ~~grants~~ made under this section may cover costs of tuition, books, transportation, board, and other necessary related expenses of a recipient ~~grantee~~ while attending school.
		(d) The Secretary shall not deny scholarship assistance to an eligible applicant under this section solely on the basis of the applicant's scholastic achievement if such applicant has been admitted to, or maintained good standing at, an accredited institution.	(2) shall not be denied solely on the basis of the applicant's scholastic achievement if such applicant has been admitted to, or maintained good standing at, an accredited institution; and	"(2) shall not be denied solely on the basis of the applicant's scholastic achievement if such applicant has been admitted to, or maintained good standing at, an accredited institution; and	(d) ~~The Secretary shall not deny s~~ Scholarship assistance to an eligible applicant under this section shall not be denied solely on the basis of the applicant's scholastic achievement if such applicant has been admitted to, or maintained good standing at, an accredited institution.
		(e) The Secretary shall not deny scholarship assistance to an eligible applicant under this section solely by reason of such applicant's eligibility for assistance or benefits under any other Federal program.	(3) shall not be denied solely by reason of such applicant's eligibility for assistance or benefits under any other Federal program.	"(3) shall not be denied solely by reason of such applicant's eligibility for assistance or benefits under any other Federal program.	(e) ~~The Secretary shall not deny s~~ Scholarship assistance to an eligible applicant under this section shall not be denied solely by reason of such applicant's eligibility for assistance or benefits under any other federal program.
	S.1790 did not change CL § 104.	SEC. 104. INDIAN HEALTH PROFESSIONS SCHOLARSHIP	SEC. 104. INDIAN HEALTH PROFESSIONS SCHOLARSHIPS.	"SEC. 104. INDIAN HEALTH PROFESSIONS SCHOLARSHIPS.	Sec. 105 ~~104~~. INDIAN HEALTH PROFESSIONS SCHOLARSHIP
		(a) In order to provide health professionals to Indians, Indian tribes, tribal organizations, and urban Indian organizations,			(a) In order to meet the need for ~~provide~~ health professionals to Indians, Indian Tribes, tribal organizations and urban Indian organizations, subject to the requirements of section 102, provided, however, that the administration of this section shall be a responsibility of the Director that shall not be delegated in a funding agreement pursuant to the Indian Self-Determination and Education Assistance Act,
		the Secretary, acting through the Service and in accordance with this section, shall make scholarship grants to Indians who are enrolled full or part time in appropriately accredited schools and pursuing courses of study in the health professions. Such scholarships shall be	(a) IN GENERAL.— (1) AUTHORITY.— The Secretary, acting through the Service, shall make scholarship grants to Indians who are enrolled full or part time in accredited schools pursuing courses of study in the health professions. Such scholarships shall	"(a) In General.— "(1) AUTHORITY.— The Secretary, acting through the Service, shall make scholarship grants to Indians who are enrolled full or part time in accredited schools pursuing courses of study in the health professions. Such scholarships shall	the Secretary, acting through the Service and in accordance with this section, shall make scholarships ~~grants~~ to Indians who are enrolled full or part time in ~~appropriately~~ accredited schools and pursuing courses of study in the health professions. Such scholarships shall be

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		designated Indian Health Scholarships and shall be made in accordance with section 338A of the Public Health Service Act (42 U.S.C. 2541), except as provided in subsection (b) of this section.	be designated Indian Health Scholarships and shall be made in accordance with section 338A of the Public Health Services Act (42 U.S.C. 254*l*), except as provided in subsection (b) of this section.	be designated Indian Health Scholarships and shall be made in accordance with section 338A of the Public Health Services Act (42 U.S.C. 254l), except as provided in subsection (b) of this section.	designated Indian Health Scholarships and shall be made in accordance with section 338A of the Public Health Service Act (42 U.S.C. 2541), except as provided in subsection (b) of this section.
		(b) (1) The Secretary, acting through the Service, shall determine who shall receive scholarships under subsection (a) and shall determine the distribution of such scholarships among such health professions on the basis of the relative needs of Indians for additional service in such health professions.	(2) DETERMINATIONS BY SECRETARY.— The Secretary, acting through the Service, shall determine— (A) who shall receive scholarship grants under subsection (a); and (B) the distribution of the scholarships among health professions on the basis of the relative needs of Indians for additional service in the health professions.	"(2) DETERMINATIONS BY SECRETARY.— The Secretary, acting through the Service, shall determine— "(A) who shall receive scholarship grants under subsection (a); and "(B) the distribution of the scholarships among health professions on the basis of the relative needs of Indians for additional service in the health professions.	(b) ~~(1) The Secretary, acting through the Service, shall determine who shall receive scholarships under subsection (a) and shall determine the distribution of such scholarships among such health professions on the basis of the relative needs pf Indians for additional service in such health professions.~~
		(2) An individual shall be eligible for a scholarship under subsection (a) in any year in which such individual is enrolled full or part time in a course of study referred to in subsection (a).			~~(2)~~. (1) An Indian ~~individual~~ shall be eligible for a scholarship under subsection (a) in any year in which such individual is enrolled full or part time in a course of study referred to in subsection (a).
			(3) CERTAIN DELEGATION NOT ALLOWED.— The administration of this section shall be a responsibility of the Assistant Secretary and shall not be delegated in a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).	"(3) CERTAIN DELEGATION NOT ALLOWED.— The administration of this section shall be a responsibility of the Director and shall not be delegated in a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).	
		(3) (A) The active duty service obligation under a written contract with the secretary under section 338A of the Public Health Service Act (42 U.S.C.254 l) that an individual has entered into under that section shall, if that individual is a recipient of an Indian Health Scholarship, be met in full-time practice, by service--	(b) ACTIVE DUTY SERVICE OBLIGATION.— (1) OBLIGATION MET.— The active duty service obligation under a written contract with the Secretary under this section that an Indian has entered into shall, if that individual is a recipient of an Indian Health Scholarship, be met in full-time practice equal to 1 year for each school year for which the participant receives a scholarship award under this part, or 2 years, whichever is greater, by service in 1 or more of the following:	"(b) Active Duty Service Obligation.— "(1) OBLIGATION MET.— The active duty service obligation under a written contract with the Secretary under this section that an Indian has entered into shall, if that individual is a recipient of an Indian Health Scholarship, be met in full-time practice equal to 1 year for each school year for which the participant receives a scholarship award under this part, or 2 years, whichever is greater, by service in 1 or more of the following:	(2) ~~(3)~~ (A) The active duty service obligation under a written contract with the Secretary under section 338A of the Public Health Service Act (42 U.S.C.254 l) that an Indian ~~individual~~ has entered into under that section shall, if that individual is a recipient of an Indian Health Scholarship, be met in full-time practice on an equivalent year for year obligation, by service–
	Note: Either should be amended to be "Indian Health Program" or follow suggestion in Note A.	(i) in the Indian Health Service; (ii) in a program conducted under a contract entered into under the Indian Self-Determination Act;	(A) In an Indian Health Program.	"(A) In an Indian Health Program.	(i) in the Indian Health Service; (ii) in a program conducted under a funding agreement ~~contract~~ entered into under the Indian Self-Determination and Education Assistance Act.;
		(iii) in a program assisted under title V of this Act;	(B) In a program assisted under title V of this Act.	"(B) In a program assisted under title V of this Act.	(iii) in a program assisted under title V of this Act;
		(iv) in the private practice of the applicable profession if, as determined by the Secretary, such practice is situated in a physician or other health professional shortage area and addresses the health care needs of a substantial number of Indians, or	(C) In the private practice of the applicable profession if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice is situated in a physician or other health professional shortage area and addresses the health care needs of a substantial number of Indians.	"(C) In the private practice of the applicable profession if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice is situated in a physician or other health professional shortage area and addresses the health care needs of a substantial number of Indians.	(iv) in the private practice of the applicable profession if, as determined by the Secretary, such practice is situated in a physician or other health professional shortage area and addresses the health care needs of a substantial number of Indians, or
			(D) In a teaching capacity in a tribal	"(D) In a teaching capacity in a tribal	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			college or university nursing program (or a related health profession program) if, as determined by the Secretary, the health service provided to Indians would not decrease.	college or university nursing program (or a related health profession program) if, as determined by the Secretary, the health service provided to Indians would not decrease.	
		(B) At the request of any individual who has entered into a contract referred to in subparagraph (A) and who receives a degree in medicine (including osteopathic or allopathic medicine), dentistry, optometry, podiatry, or pharmacy, the Secretary shall defer the active duty service obligation of that individual under that contract, in order that such individual may complete any internship, residency, or other advanced clinical training that is required for the practice of that health profession, for any appropriate period (in years, as determined by the Secretary), subject to the following conditions:	(2) OBLIGATION DEFERRED.— At the request of any individual who has entered into a contract referred to in paragraph (1) and who receives a degree in medicine (including osteopathic or allopathic medicine), dentistry, optometry, podiatry, or pharmacy, the Secretary shall defer the active duty service obli- gation of that individual under that contract, in order that such individual may complete any internship, residency, or other advanced clinical training that is required for the practice of that health profession, for an appropriate period (in years, as determined by the Secretary), subject to the following conditions:	"(2) OBLIGATION DEFERRED.— At the request of any individual who has entered into a contract referred to in paragraph (1) and who receives a degree in medicine (including osteopathic or allopathic medicine), dentistry, optometry, podiatry, or pharmacy, the Secretary shall defer the active duty service obligation of that individual under that contract, in order that such individual may complete any internship, residency, or other advanced clinical training that is required for the practice of that health profession, for an appropriate period (in years, as determined by the Secretary), subject to the following conditions:	(B) At the request of any individual who has entered into a contract referred to in subparagraph (A) and who receives a degree in medicine (including osteopathic or allopathic medicine), dentistry, optometry, podiatry, or pharmacy, the Secretary shall defer the active duty service obligation of that individual under that contract, in order that such individual may complete any internship, residency, or other advanced clinical training that is required for the practice of that health profession, for any appropriate period (in years, as determined by the Secretary), subject to the following conditions:
		(i) No period of internship, residency, or other advanced clinical training shall be counted as satisfying any period of obligated service that is required under this section.	(A) No period of internship, residency, or other advanced clinical training shall be counted as satisfying any period of obligated service under this subsection.	"(A) No period of internship, residency, or other advanced clinical training shall be counted as satisfying any period of obligated service under this subsection.	(i) No period of internship, residency, or other advanced clinical training shall be counted as satisfying any period of obligated service that is required under this section.
		(ii)The active duty service obligation of that individual shall commence not later that 90 days after the completion of that advanced clinical training (or by a date specified by the Secretary).	(B) The active duty service obligation of that individual shall commence not later than 90 days after the completion of that advanced clinical training (or by a date specified by the Secretary).	"(B) The active duty service obligation of that individual shall commence not later than 90 days after the completion of that advanced clinical training (or by a date specified by the Secretary).	(ii) The active duty service obligation of that individual shall commence not later that 90 days after the completion of that advanced clinical training (or by a date specified by the Secretary).
		(iii)The active duty service obligation will be served in the health profession of that individual, in a manner consistent with clauses (i) through (v) of subparagraph (A).	(C) The active duty service obligation will be served in the health profession of that individual in a manner consistent with paragraph(1).	"(C) The active duty service obligation will be served in the health profession of that individual in a manner consistent with paragraph (1).	(iii) The active duty service obligation will be served in the health profession of that individual, or in a field or specialty where a need is determined to exist by the appropriate Service Area , in a manner consistent with clauses (i) through (iv) of subparagraph (A).
		(C) A recipient of an Indian Health Scholarship may, at the election of the recipient, meet the active duty service obligation— described in subparagraph by service in a program specified in that subparagraph.	(D) A recipient of a scholarship under this section may, at the election of the recipient, meet the active duty service obligation described in paragraph (1) by service in a program specified under that paragraph that—	"(D) A recipient of a scholarship under this section may, at the election of the recipient, meet the active duty service obligation described in paragraph (1) by service in a program specified under that paragraph that—	(C) All new recipients of ~~A recipient of an~~ Indian Health Scholarships awarded after 2001 shall ~~may, at the election of the recipient,~~ meet the active duty service obligation within the service area from which the scholarship was awarded. Priority shall be given to a program that funded the recipient, provided, however, for special circumstances, a recipient may be placed in a different Service Area by agreement between Areas or programs. ~~— described in subparagraph by service in a program specified in that subparagraph.~~
		(i) is located on the reservation of the tribe in which the recipient is enrolled; or	(i) is located on the reservation of the Indian Tribe in which the recipient is enrolled; or	"(i) is located on the reservation of the Indian Tribe in which the recipient is enrolled; or	~~(i) is located on the reservation of the Tribe in which the recipient is enrolled; or~~
		(ii) serves the tribe in which the recipient is enrolled.	(ii) serves the Indian Tribe in which the recipient is enrolled.	"(ii) serves the Indian Tribe in which the recipient is enrolled.	~~(ii) serves the Tribe in which the recipient is enrolled.~~
		Subject to subparagraph (C), the	(3) PRIORITY WHEN MAKING	"(3) PRIORITY WHEN MAKING	(D) Subject to subparagraph (C), the

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		Secretary, in making assignments of Indian Health Scholarship recipients required to meet the active duty service obligation ,described in subparagraph (A), shall give priority to assigning individuals to service in those programs specified in subparagraph (A) that have a need for health professionals to provide health care services as a result of individuals having breached contracts entered into under this section.	ASSIGNMENTS.— Subject to paragraph (2), the Secretary, in making assignments of Indian Health Scholarship recipients required to meet the active duty service obligation described in paragraph (1), shall give priority to assigning individuals to service in those programs specified in paragraph (1) that have a need for health professionals to provide health care services as a result of individuals having breached contracts entered into under this section.	ASSIGNMENTS.— Subject to paragraph (2), the Secretary, in making assignments of Indian Health Scholarship recipients required to meet the active duty service obligation described in paragraph (1), shall give priority to assigning individuals to service in those programs specified in paragraph (1) that have a need for health professionals to provide health care services as a result of individuals having breached contracts entered into under this section.	Area Office ~~Secretary~~, in making assignments of Indian Health Scholarship recipients required to meet the active duty service obligation, described in subparagraph (A), shall give priority to assigning individuals to service in those programs specified in subparagraph (A) that have a need for health professionals to provide health care services as a result of individuals having breached contracts entered into under this section.
		(4) In the case of an individual receiving a scholarship under this section who is enrolled part time in an approved course of study-- (A) such scholarship shall be for a period of years not to exceed the part-time equivalent of 4 years, as determined by the Secretary; (B) the period of obligated service described in paragraph (3) (A), shall be equal to the greater of–	(c) PART-TIME STUDENTS.— In the case of an individual receiving a scholarship under this section who is enrolled part time in an approved course of study— (1) such scholarship shall be for a period of years not to exceed the part-time equivalent of 4 years, as determined by the Secretary; (2) the period of obligated service described in subsection (b)(1) shall be equal to the greater of—	"(c) Part-Time Students.— In the case of an individual receiving a scholarship under this section who is enrolled part time in an approved course of study— "(1) such scholarship shall be for a period of years not to exceed the part-time equivalent of 4 years, as determined by the Secretary; "(2) the period of obligated service described in subsection (b)(1) shall be equal to the greater of—	(3) ~~(4)~~ In the case of an individual receiving a scholarship under this section who is enrolled part time in an approved course of study-- (A) such scholarship shall be for a period of years not to exceed the part-time equivalent of 4 years, as determined by the Area Office ~~Secretary~~; (B) the period of obligated service described in paragraph (2)(A), shall be equal to the greater of–
		(i) the part-time equivalent of one year for each year for which the individual was provided a scholarship (as determined by the Secretary); or (ii) two years; and	(A) the part-time equivalent of 1 year for each year for which the individual was provided a scholarship (as determined by the Secretary); or (B) 2 years; and	"(A) the part-time equivalent of 1 year for each year for which the individual was provided a scholarship (as determined by the Secretary); or "(B) 2 years; and	(i) the part-time equivalent of one year for each year for which the individual was provided a scholarship (as determined by the Area Office ~~Secretary~~); or (ii) two years; and
		(C) the amount of the monthly stipend specified in section 338A(g)(1)(B) of the Public Health Service Act (42U.S.C. 2541(g)(1)(B)) shall be reduced pro rata (as determined by the Secretary) based on the number of hours such student is enrolled.	(3) the amount of the monthly stipend specified in section 338A(g)(1)(B) of the Public Health Service Act (42 U.S.C. 254*l*(g)(1)(B)) shall be reduced pro rata (as determined by the Secretary) based on the number of hours such student is enrolled.	"(3) the amount of the monthly stipend specified in section 338A(g)(1)(B) of the Public Health Service Act (42 U.S.C. 254l(g)(1)(B)) shall be reduced pro rata (as determined by the Secretary) based on the number of hours such student is enrolled.	(C) the amount of the monthly stipend specified in section 338A(g)(1)(B) of the Public Health Service Act (42U.S.C. 2541(g)(1)(B)) shall be reduced pro rata (as determined by the Secretary) based on the number of hours such student is enrolled.
		(5) (A) An individual who has, on or after the date of the enactment of this paragraph, entered into a written contract with the Secretary under this section and who–	(d) BREACH OF CONTRACT.— (1) SPECIFIED BREACHES.— An individual shall be liable to the United States for the amount which has been paid to the individual, or on behalf of the individual, under a contract entered into with the Secretary under this section on or after the date of enactment of the Indian Health Care Improvement Act Amendments of 2009 if that individual—	"(d) Breach of Contract.— "(1) SPECIFIED BREACHES.— An individual shall be liable to the United States for the amount which has been paid to the individual, or on behalf of the individual, under a contract entered into with the Secretary under this section on or after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008 if that individual—	(4) ~~(5)~~(A) An individual who has, on or after the date of the enactment of this paragraph, entered into a written contract with the Secretary under this section and who–
		(i) fails to maintain an acceptable level of academic standing in the educational institution in which he is enrolled (such level determined by the educational institution under regulations of the Secretary),	(A) fails to maintain an acceptable level of academic standing in the educational institution in which he or she is enrolled (such level determined by the educational institution under regulations of the Secretary);	"(A) fails to maintain an acceptable level of academic standing in the educational institution in which he or she is enrolled (such level determined by the educational institution under regulations of the Secretary);	(i) fails to maintain an acceptable level of academic standing in the educational institution in which he is enrolled (such level determined by the educational institution under regulations of the Secretary),
		(ii) is dismissed from such educational institution for disciplinary reasons,	(B) is dismissed from such educational institution for disciplinary reasons;	"(B) is dismissed from such educational institution for disciplinary reasons;	(ii) is dismissed from such educational institution for disciplinary reasons,
		(iii) voluntarily terminates the training in such an educational institution	(C) voluntarily terminates the training in such an educational institution for which	"(C) voluntarily terminates the training in such an educational institution for which	(iii) voluntarily terminates the training in such an educational institution

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		for which he is provided a scholarship under such contract before the completion of such training, or	he or she is provided a scholarship under such contract before the completion of such training; or	he or she is provided a scholarship under such contract before the completion of such training; or	for which he is provided a scholarship under such contract before the completion of such training, or
		(iv) fails to accept payment, or instructs the educational institution in which he is enrolled not to accept payment, in whole or in part, of a scholarship under such contract, in lieu of any service obligation arising under such contract, shall be liable to the United States for the amount which has been paid to him, or on his behalf, under the contract.	(D) fails to accept payment, or instructs the educational institution in which he or she is enrolled not to accept payment, in whole or in part, of a scholarship under such contract, in lieu of any service obligation arising under such contract.	"(D) fails to accept payment, or instructs the educational institution in which he or she is enrolled not to accept payment, in whole or in part, of a scholarship under such contract, in lieu of any service obligation arising under such contract.	(iv) fails to accept payment, or instructs the educational institution in which he is enrolled not to accept payment, in whole or in part, of a scholarship under such contract, in lieu of any service obligation arising under such contract, shall be liable to the United States for the amount which has been paid to him, or on his behalf, under the contract.
		(B) If for any reason not specified in subparagraph (A) an individual breaches his written contract by failing either to begin such individual's service obligation under this section or to complete such service obligation, the United States shall be entitled to recover from the individual an amount determined in accordance with the formula specified in subsection (*l*) of section 108 in the manner provided for in such subsection.	(2) OTHER BREACHES.— If for any reason not specified in paragraph (1) an individual breaches a written contract by failing either to begin such individual's service obligation required under such contract or to complete such service obligation, the United States shall be entitled to recover from the individual an amount determined in accordance with the formula specified in subsection (l) of section 110 in the manner provided for in such subsection.	"(2) OTHER BREACHES.— If for any reason not specified in paragraph (1) an individual breaches a written contract by failing either to begin such individual's service obligation required under such contract or to complete such service obligation, the United States shall be entitled to recover from the individual an amount determined in accordance with the formula specified in subsection (*l*) of section 110 in the manner provided for in such subsection.	(B) If for any reason not specified in subparagraph (A) an individual breaches his/her written contract by failing either to begin such individual's service obligation under this section or to complete such service obligation, the United States shall be entitled to recover from the individual an amount determined in accordance with the formula specified in subsection (*l*) of section 108 in the manner provided for in such subsection.
		(C) Upon the death of an individual who receives an Indian Health Scholarship, any obligation of that individual for service or payment that relates to that scholarship shall be canceled.	(3) CANCELLATION UPON DEATH OF RECIPIENT.— Upon the death of an individual who receives an Indian Health Scholarship, any outstanding obligation of that individual for service or payment that relates to that scholarship shall be canceled.	"(3) CANCELLATION UPON DEATH OF RECIPIENT.— Upon the death of an individual who receives an Indian Health Scholarship, any outstanding obligation of that individual for service or payment that relates to that scholarship shall be canceled.	(C) Upon the death of an individual who receives an Indian Health Scholarship, any obligation of that individual for service or payment that relates to that scholarship shall be canceled.
		D)The secretary shall provide for the partial or total waiver or suspension of any obligation of service or payment of a recipient of an Indian Health Scholarship if the Secretary determines that--	(4) WAIVERS AND SUSPENSIONS.— (A) IN GENERAL.— The Secretary shall provide for the partial or total waiver or suspension of any obligation of service or payment of a recipient of an Indian Health Scholarship if the Secretary determines that—	"(4) WAIVERS AND SUSPENSIONS.— "(A) IN GENERAL.— The Secretary shall provide for the partial or total waiver or suspension of any obligation of service or payment of a recipient of an Indian Health Scholarship if the Secretary determines that—	(D) The Secretary shall provide for the partial or total waiver or suspension of any obligation of service or payment of a recipient of an Indian Health Scholarship if the Secretary <u>in consultation with the Area office, Indian Tribes, tribal organizations and urban Indian organizations</u> determines that–
		(i)it is not possible for the recipient to meet that obligation or make that payment;	(i) it is not possible for the recipient to meet that obligation or make that payment;	"(i) it is not possible for the recipient to meet that obligation or make that payment;	(i) it is not possible for the recipient to meet that obligation or make that payment;
		(ii)requiring that recipient to meet that obligation or make that payment would result in extreme hardship to the recipient; or	(ii) requiring that recipient to meet that obligation or make that payment would result in extreme hardship to the recipient; or	"(ii) requiring that recipient to meet that obligation or make that payment would result in extreme hardship to the recipient; or	(ii) requiring that recipient to meet that obligation or make that payment would result in extreme hardship to the recipient; or
		(iii)the enforcement of the requirement to meet the obligation or make the payment would be unconscionable.	(iii) the enforcement of the requirement to meet the obligation or make the payment would be unconscionable.	"(iii) the enforcement of the requirement to meet the obligation or make the payment would be unconscionable.	(iii) the enforcement of the requirement to meet the obligation or make the payment would be unconscionable.
			(B) FACTORS FOR CONSIDERATION.— When waiving or suspending an obligation of service or payment under subparagraph (A), the Secretary shall consult with the Area Office, Indian Tribes, Tribal	"(B) FACTORS FOR CONSIDERATION.— Before waiving or suspending an obligation of service or payment under subparagraph (A), the Secretary shall consult with the affected Area Office, Indian Tribes, or Tribal Organizations, or	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			Organizations, or urban Indian organizations affected to consider whether the obligation may be satisfied in a teaching capacity at a tribal college or university nursing program under subsection (b)(1)(D).	confer with the affected urban Indian organizations, and may take into consideration whether the obligation may be satisfied in a teaching capacity at a tribal college or university nursing program under subsection (b)(1)(D).	
		(E)Notwithstanding any other provision of law, in any case of extreme hardship or for other good cause shown, the Secretary may waive, in whole or in part, the right of the United States to recover funds made available under this section.	(5) EXTREME HARDSHIP.— Notwithstanding any other provision of law, in any case of extreme hardship or for other good cause shown, the Secretary may waive, in whole or in part, the right of the United States to recover funds made available under this section.	"(5) EXTREME HARDSHIP.— Notwithstanding any other provision of law, in any case of extreme hardship or for other good cause shown, the Secretary may waive, in whole or in part, the right of the United States to recover funds made available under this section.	(E) Notwithstanding any other provision of law, in any case of extreme hardship or for other good cause shown, the Secretary may waive, in whole or in part, the right of the United States to recover funds made available under this section.
		(F)Notwithstanding any other provision of law, with respect to a recipient of an Indian Health Scholarship, no obligation for payment may b released by a discharge in bankruptcy under title 11, United States Code, unless that discharge is granted after the expiration of the 5-year period beginning on the initial date on which that payment is due, and only if the bankruptcy court finds that the nondischarge of the obligation would be unconscionable.	(6) BANKRUPTCY.— Notwithstanding any other provision of law, with respect to a recipient of an Indian Health Scholarship, no obligation for payment may be released by a discharge in bankruptcy under title 11, United States Code, unless that discharge is granted after the expiration of the 5-year period beginning on the initial date on which that payment is due, and only if the bankruptcy court finds that the nondischarge of the obligation would be unconscionable.	"(6) BANKRUPTCY.— Notwithstanding any other provision of law, with respect to a recipient of an Indian Health Scholarship, no obligation for payment may be released by a discharge in bankruptcy under title 11, United States Code, unless that discharge is granted after the expiration of the 5-year period beginning on the initial date on which that payment is due, and only if the bankruptcy court finds that the nondischarge of the obligation would be unconscionable.	(F) Notwithstanding any other provision of law, with respect to a recipient of an Indian Health Scholarship, no obligation for payment may be released by a discharge in bankruptcy under title 11, United States Code, unless that discharge is granted after the expiration of the 5-year period beginning on the initial date on which that payment is due, and only if the bankruptcy court finds that the nondischarge of the obligation would be unconscionable.
		(c) The Secretary shall, acting through the Service, establish a placement Office to develop and implement a national policy for the placement, to available vacancies witin the Service, of Indian Health Scholarship recipients required to meet the active duty service obligation prescribed under section 338C of the Public Health Service Act (42 U.S.C. 254m) without regard to any competitive personnel system, agency personnel limitation, or Indian preference policy.			~~(c) The Secretary shall, acting through the Service, establish a placement Office to develop and implement a national policy for the placement, to available vacancies witin the Service, of Indian Health Scholarship recipients required to meet the active duty service obligation prescribed under section 338C of the Public Health Service Act (42 U.S.C. 254m) without regard to any competitive personnel system, agency personnel limitation, or Indian preference policy.~~
	S.1790 did not change CL § 105.	INDIAN HEALTH SERVICE EXTERN PROGRAMS SEC. 105. (a) Any individual who receives a scholarship grant pursuant to section 104 shall be entitled to employment in the Service during any nonacademic period of the year. Periods of employment pursuant to this subsection shall not be counted in determining fulfillment of the service obligation incurred as a condition of the scholarship grant.	SEC. 107. INDIAN HEALTH SERVICE EXTERN PROGRAMS. (a) EMPLOYMENT PREFERENCE.— Any individual who receives a scholarship pursuant to section 104 or 106 shall be given preference for employment in the Service, or may be employed by a Tribal Health Program or an urban Indian organization, or other agencies of the Department as available, during any nonacademic period of the year.	"SEC. 107. INDIAN HEALTH SERVICE EXTERN PROGRAMS. "(a) Employment Preference.— Any individual who receives a scholarship pursuant to section 104 or 106 shall be given preference for employment in the Service, or may be employed by a Tribal Health Program or an urban Indian organization, or other agencies of the Department as available, during any nonacademic period of the year.	INDIAN HEALTH SERVICE EXTERN PROGRAMS SEC. 107 ~~105~~. (a) Any individual who receives a scholarship ~~grant~~ pursuant to section 105 ~~104~~ shall be entitled to employment in the Service or may be employed by program of an Indian Tribe, tribal organization or urban Indian organization, or other agencies of the Department as available, during any nonacademic period of the year. Periods of employment pursuant to this subsection shall not be counted in determining fulfillment of the service obligation incurred as a condition of the scholarship grant.
		(b) Any individual enrolled in a course of study may be employed by the Service during any nonacademic period of the year. Any such employment shall not	(b) NOT COUNTED TOWARD ACTIVE DUTY SERVICE OBLIGATION.— Periods of employment pursuant to this subsection shall not be counted in	"(b) Not Counted Toward Active Duty Service Obligation.— Periods of employment pursuant to this subsection shall not be counted in determining	(b) Any individual enrolled in a course of study may be employed by the Service or by an Indian Tribe, tribal organization, or urban Indian organization during any

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		exceed one hundred and twenty days during any calendar year.	determining fulfillment of the service obligation incurred as a condition of the scholarship.	fulfillment of the service obligation incurred as a condition of the scholarship.	nonacademic period of the year. Any such employment shall not exceed one hundred and twenty days during any calendar year.
			(c) TIMING; LENGTH OF EMPLOYMENT.— Any individual enrolled in a program, including a high school program, authorized under section 102(a) may be employed by the Service or by a Tribal Health Program or an urban Indian organization during any nonacademic period of the year. Any such employment shall not exceed 120 days during any calendar year.	"(c) Timing; Length of Employment.— Any individual enrolled in a program, including a high school program, authorized under section 102(a) may be employed by the Service or by a Tribal Health Program or an urban Indian organization during any nonacademic period of the year. Any such employment shall not exceed 120 days during any calendar year.	(c) Any individual in a high school program authorized under section 103(a) may be employed by the Service or by a Indian Tribe, or tribal organization or urban Indian organization during any nonacademic period of the year, not to exceed 120 days during a calendar year.
		(c) Any employment pursuant to this section shall be made without regard to any competitive personnel system or agency personnel limitation and to a position which will enable the individual so employed to receive practical experience in the health profession in which he or she is engaged in study. Any individual so employed shall receive payment for his or her services comparable to the salary he or she would receive if he or she were employed in the competitive system. Any individual so employed shall not be counted against any employment ceiling affecting the Service or the Department of Health and Human Services.	(d) NONAPPLICABILITY OF COMPETITIVE PERSONNEL SYSTEM.— Any employment pursuant to this section shall be made without regard to any competitive personnel system or agency personnel limitation and to a position which will enable the individual so employed to receive practical experience in the health profession in which he or she is engaged in study. Any individual so employed shall receive payment for his or her services comparable to the salary he or she would receive if he or she were employed in the competitive system. Any individual so employed shall not be counted against any employment ceiling affecting the Service or the Department.	"(d) Nonapplicability of Competitive Personnel System.— Any employment pursuant to this section shall be made without regard to any competitive personnel system or agency personnel limitation and to a position which will enable the individual so employed to receive practical experience in the health profession in which he or she is engaged in study. Any individual so employed shall receive payment for his or her services comparable to the salary he or she would receive if he or she were employed in the competitive system. Any individual so employed shall not be counted against any employment ceiling affecting the Service or the Department.	(d) ~~(c)~~ Any employment pursuant to this section shall be made without regard to any competitive personnel system or agency personnel limitation and to a position which will enable the individual so employed to receive practical experience in the health profession in which he or she is engaged in study. Any individual so employed shall receive payment for his or her services comparable to the salary he or she would receive if he or she were employed in the competitive system. Any individual so employed shall not be countered against any employment ceiling affecting the Service or the Department ~~of Health and Human Services~~.
x	S.1790 did not change CL § 106. RS Sec. 134(c) amended §106, as noted.	SEC. 106. CONTINUING EDUCATION ALLOWANCES ~~(a)~~ In order to encourage scholarship and stipend recipients under sections 104, 105, and 115 ~~physicians, dentists, nurses,~~ and ~~other~~ health professionals, including community health representatives and emergency medical technicians, to join or continue in an Indian health program ~~the Service~~	SEC. 108. CONTINUING EDUCATION ALLOWANCES. ''In order to encourage scholarship and stipend recipients under sections 104, 105, 106, and 115 and health professionals, including community health representatives and emergency medical technicians, to join or continue in an Indian Health Program	"SEC. 108. CONTINUING EDUCATION ALLOWANCES. "In order to encourage scholarship and stipend recipients under sections 104, 105, 106, and 115 and health professionals, including community health representatives and emergency medical technicians, to join or continue in an Indian Health Program,	CONTINUING EDUCATION ALLOWANCES SEC. 108 ~~106~~. ~~(a)~~ In order to encourage ~~physicians, dentists, nurses, and other~~ health professionals, including for purposes of this section, community health representatives and emergency medical technicians, to join or continue in the Service or program of an Indian Tribe, tribal organization, or urban Indian organization
				in the case of nurses, to obtain training and certification as sexual assault nurse examiners,	
		and to provide ~~their~~ services in the rural and remote areas in which ~~where~~ a	and to provide their services in the rural and remote areas where a	and to provide their services in the rural and remote areas where a	and to provide their services in the rural and remote areas where a
	R=2708; E substituted "majority" for "significant portion", regressing from CL.	significant portion	significant portion	significant portion	significant portion
		of the Indians ~~people~~ reside, the Secretary, acting through the Service, may–	of Indians reside, the Secretary, acting through the Service, may—	of Indians reside, the Secretary, acting through the Service, may—	of the Indian people reside, the Secretary, subject to Section 102, acting through the Service Area,
		(1) provide programs or allowances to transition into an Indian health program, including licensing, board or certification	(1) provide programs or allowances to transition into an Indian Health Program, including licensing, board or certification	"(1) provide programs or allowances to transition into an Indian Health Program, including licensing, board or certification	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		examination assistance, and technical assistance in fulfilling service obligations under sections 104, 105, and 115; and	examination assistance, and technical assistance in fulfilling service obligations under sections 104, 105, 106, and 115; and	examination assistance, and technical assistance in fulfilling service obligations under sections 104, 105, 106, and 115; and	
		(2) ~~may~~ provide programs or allowances to health professionals employed in an Indian health program ~~the Service~~ to enable those professionals, ~~them~~ for a period of time each year prescribed by regulation of the Secretary, to take leave of the~~ir~~ duty stations of the professionals for professional consultation, management, leadership, and refresher training courses.	(2) provide programs or allowances to health professionals employed in an Indian Health Program to enable them for a period of time each year prescribed by regulation of the Secretary to take leave of their duty stations for professional consultation, management, leadership, and refresher training courses.	"(2) provide programs or allowances to health professionals employed in an Indian Health Program to enable them for a period of time each year prescribed by regulation of the Secretary to take leave of their duty stations for professional consultation, management, leadership, refresher training courses,	may provide allowances to health professionals employed in the Service or program of an Indian Tribe, tribal organization or urban Indian organization to enable them for a period of time each year prescribed by regulation of the Secretary to take leave of their duty stations for professional consultation and refresher training courses.
				and, in the case of nurses, additional clinical sexual assault nurse examiner experience to maintain competency or certification.	
		~~(b) Of amounts appropriated under the authority of this title for each fiscal year to be used to carry out this section, not more than $1,000,000 may be used to establish postdoctoral training programs for health professionals.~~			~~(b) Of amounts appropriated under the authority of this title for each fiscal year to be used to carry out this section, not more than $1,000,000 may be used to establish postdoctoral training programs for health professionals.~~
	S.1790 did not change CL § 107.	COMMUNITY HEALTH REPRESENTATIVE PROGRAM SEC. 107. (a) Under the authority of the Act of November 2, 1921 (25 U.S.C. 13), popularly known as the Snyder Act, the Secretary shall maintain a Community Health Representative Program under which the Service–	SEC. 109. COMMUNITY HEALTH REPRESENTATIVE PROGRAM. (a) IN GENERAL.— Under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, shall maintain a Community Health Representative Program under which Indian Health Programs—	"SEC. 109. COMMUNITY HEALTH REPRESENTATIVE PROGRAM. "(a) In General.— Under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, shall maintain a Community Health Representative Program under which Indian Health Programs—	COMMUNITY HEALTH REPRESENTATIVE PROGRAM SEC. 109 ~~107~~ (a) Under the authority of the Act of November 2, 1921 (25 U.S.C. 13), popularly known as the Snyder Act, the Secretary shall maintain a Community Health Representative Program under which the Service, Indian Tribes and tribal organizations
		(1) provides for the training of Indians as health paraprofessionals, and (2) uses such paraprofessionals in the provision of health care, health promotion, and disease prevention services to Indian communities.	(1) provide for the training of Indians as community health representatives; and (2) use such community health representatives in the provision of health care, health promotion, and disease prevention services to Indian communities.	"(1) provide for the training of Indians as community health representatives; and "(2) use such community health representatives in the provision of health care, health promotion, and disease prevention services to Indian communities.	(1) provide~~s~~ for the training of Indians as community health representatives ~~paraprofessionals~~, and (2) use~~s~~ such community health representatives ~~paraprofessionals~~ in the provision of health care, health promotion, and disease prevention services to Indian communities.
		(b) The Secretary, acting through the Community Health Representative Program of the Service, shall–	(b) DUTIES.— The Community Health Representative Program of the Service, shall—	"(b) Duties.— The Community Health Representative Program of the Service, shall—	(b) The Secretary, acting through the Community Health Representative Program of the Service, shall–
		(1) provide a high standard of training for paraprofessionals to Community Health Representatives to ensure that the Community Health Representatives provide quality health care, health promotion, and disease prevention services to the Indian communities, served by such Program;	(1) provide a high standard of training for community health representatives to ensure that the community health representatives provide quality health care, health promotion, and disease prevention services to the Indian communities served by the Program;	"(1) provide a high standard of training for community health representatives to ensure that the community health representatives provide quality health care, health promotion, and disease prevention services to the Indian communities served by the Program;	(1) provide a high standard of training for ~~paraprofessionals~~ community health representatives to ensure that the Community Health Representatives provide quality health care, health promotion, and disease prevention services to the Indian communities, served by such Program;
		(2) in order to provide such training, develop and maintain a curriculum that-- (A) combines education in the theory of health care with supervised practical experience in the provision of health care,	(2) in order to provide such training, develop and maintain a curriculum that— (A) combines education in the theory of health care with supervised practical experience in the provision of health care;	"(2) in order to provide such training, develop and maintain a curriculum that— "(A) combines education in the theory of health care with supervised practical experience in the provision of health care;	(2) in order to provide such training, develop and maintain a curriculum that– (A) combines education in the theory of health care with supervised practical experience in the provision of health care,

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		and (B) provides instruction and practical experience in health promotion and disease prevention activities with appropriate consideration given to lifestyle factors that have an impact on Indian health status, such as alcoholism, family dysfunction, and poverty. (3) maintain a system which identifies the needs of Community Health Representatives for continuing education in health care, health promotion, and disease prevention and develop programs that meet the needs for continuing education, (4) maintain a system that provides close supervision of Community Health Representatives, (5) a system under which the work of the Community Health Representatives is reviewed and evaluated, and (6) promote traditional health care practices of the Indian tribes served consistent with the Service standards for the provision of health care, health promotion, and disease prevention.	and (B) provides instruction and practical experience in health promotion and disease prevention activities, with appropriate consideration given to lifestyle factors that have an impact on Indian health status, such as alcoholism, family dysfunction, and poverty; (3) maintain a system which identifies the needs of community health representatives for continuing education in health care, health promotion, and disease prevention and develop programs that meet the needs for continuing education; (4) maintain a system that provides close supervision of Community Health Representatives; (5) maintain a system under which the work of Community Health Representatives is reviewed and evaluated; and (6) promote traditional health care practices of the Indian Tribes served consistent with the Service standards for the provision of health care, health promotion, and disease prevention.	and "(B) provides instruction and practical experience in health promotion and disease prevention activities, with appropriate consideration given to lifestyle factors that have an impact on Indian health status, such as alcoholism, family dysfunction, and poverty; "(3) maintain a system which identifies the needs of community health representatives for continuing education in health care, health promotion, and disease prevention and develop programs that meet the needs for continuing education; "(4) maintain a system that provides close supervision of Community Health Representatives; "(5) maintain a system under which the work of Community Health Representatives is reviewed and evaluated; and "(6) promote traditional health care practices of the Indian Tribes served consistent with the Service standards for the provision of health care, health promotion, and disease prevention.	and (B) provides instruction and practical experience in health promotion and disease prevention activities with appropriate consideration given to lifestyle factors that have an impact on Indian health status, such as alcoholism, family dysfunction, and poverty. (3) maintain a system which identifies the needs of Community Health Representatives for continuing education in health care, health promotion, and disease prevention and develop programs that meet the needs for continuing education, (4) maintain a system that provides close supervision of Community Health Representatives, (5) maintain a system under which the work of the Community Health Representatives is reviewed and evaluated, and (6) promote traditional health care practices of the Indian Tribes served consistent with the Service standards for the provision of health care, health promotion, and disease prevention.
	S.1790 did not change CL § 108.	INDIAN HEALTH SERVICE LOAN REPAYMENT PROGRAM SEC. 108. (a)(1) the Secretary, acting through the Service, shall establish a program to be known as the Indian Health Service Loan Repayment Program (hereinafter referred to as the "Loan Repayment Program") in order to assure an adequate supply of trained health professionals necessary to maintain accreditation of, and provide health care services to Indians through, Indian health programs.	SEC. 110. INDIAN HEALTH SERVICE LOAN REPAYMENT PROGRAM. (a) ESTABLISHMENT.— The Secretary, acting through the Service, shall establish and administer a program to be known as the Service Loan Repayment Program (hereinafter referred to as the 'Loan Repayment Program') in order to ensure an adequate supply of trained health professionals necessary to maintain accreditation of, and provide health care services to Indians through, Indian Health Programs and urban Indian organizations.	"SEC. 110. INDIAN HEALTH SERVICE LOAN REPAYMENT PROGRAM. "(a) Establishment.— The Secretary, acting through the Service, shall establish and administer a program to be known as the Service Loan Repayment Program (hereinafter referred to as the 'Loan Repayment Program') in order to ensure an adequate supply of trained health professionals necessary to maintain accreditation of, and provide health care services to Indians through, Indian Health Programs and urban Indian organizations.	INDIAN HEALTH SERVICE LOAN REPAYMENT PROGRAM SEC. 110 ~~108~~. (a)(1) Subject to section 102, the Secretary, acting through the Service, shall establish a program to be known as the Indian Health Service Loan Repayment Program (hereinafter referred to as the "Loan Repayment Program") in order to assure an adequate supply of trained health professionals necessary to maintain accreditation of, and provide health care services to Indians through, Indian health programs.
	Note: This definition of "Indian health program" is inconsistent with the one in §4. If this definition were deleted, however, amendment would be needed to each of the references to that urban Indian organizations are not excluded. *Also see Note A regarding (2)(A)(ii).*	(2) For the purposes of this section-- (A) the term "Indian health program" means any health program or facility funded, in whole or part, by the Service for the benefit of Indians and administered-- (i) directly by the Service; (ii) by any Indian tribe or tribal or Indian organization pursuant to a contract under-- (I) The Indian Self-Determination Act, or (II) section 23 of the Act of April 30, 1908 (25 U.S.C. 47), popularly known as the "Buy Indian" Act; or (iii) by an urban Indian organization pursuant to title V of this Act; and (B) the term "State" has the same			(2) For the purposes of this section– (A) the term "Indian health program" means any health program or facility funded, in whole or part, by the Service for the benefit of Indians and administered– (i) directly by the Service; (ii) by any Indian Tribe or tribal organization pursuant to a ~~contract~~ funding agreement under– (I) The Indian Self-Determination and Educational Assistance Act, or (II) section 23 of the Act of April 30, 1908 (25 U.S.C. 47), popularly known as the "Buy Indian" Act; or (iii) by an urban Indian organization pursuant to title V of this Act; and (B) the term "State" has the same

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		meaning given such term in section 331(i)(4) of the Public Health Service Act.			meaning given such term in section 331(i)(4) of the Public Health Service Act.
		(b) To be eligible to participate in the Loan Repayment Program, an individual must-- (1)(A) be enrolled-- (i)in a course of study or program in an accredited institution, as determined by the Secretary, within any State and be scheduled to complete such course of study in the same year such individual applies to participate in such program; or	(b) ELIGIBLE INDIVIDUALS.— To be eligible to participate in the Loan Repayment Program, an individual must— (1)(A) be enrolled— (i) in a course of study or program in an accredited educational institution (as determined by the Secretary under section 338B(b)(1)(c)(i) of the Public Health Service Act (42 U.S.C. 254*l*–1(b)(1)(C)(i))) and be scheduled to complete such course of study in the same year such individual applies to participate in such program; or	"(b) Eligible Individuals.— To be eligible to participate in the Loan Repayment Program, an individual must— "(1)(A) be enrolled— "(i) in a course of study or program in an accredited educational institution (as determined by the Secretary under section 338B(b)(1)(c)(i) of the Public Health Service Act (42 U.S.C. 254l–1(b)(1)(C)(i))) and be scheduled to complete such course of study in the same year such individual applies to participate in such program; or	(b) To be eligible to participate in the Loan Repayment Program, an individual must– (1)(A) be enrolled– (i) in a course of study or program in an accredited institution, as determined by the Secretary, within any State and be scheduled to complete such course of study in the same year such individual applies to participate in such program; or
		(ii)in an approved graduate training program in a health profession or	(ii) in an approved graduate training program in a health profession; or	"(ii) in an approved graduate training program in a health profession; or	(ii) in an approved graduate training program in a health profession or
		(B) have-- (i) a degree in a health profession; and (ii) a license to practice a health profession;	(B) have— (i) a degree in a health profession; and (ii) a license to practice a health profession;	"(B) have— "(i) a degree in a health profession; and "(ii) a license to practice a health profession;	(B) have– (i) a degree in a health profession; and (ii) a license to practice a health profession;
		(2)(A) be eligible for, or hold, an appointment as a commissioned officer in the Regular or Reserve Corps of the Public Health Service;	(2)(A) be eligible for, or hold, an appointment as a commissioned officer in the Regular or Reserve Corps of the Public Health Service;	"(2)(A) be eligible for, or hold, an appointment as a commissioned officer in the Regular or Reserve Corps of the Public Health Service;	(2)(A) be eligible for, or hold, an appointment as a commissioned officer in the Regular or Reserve Corps of the Public Health Service;
		(B) be eligible for selection for civilian service in the Regular or Reserve Corps of the Public Health Service;	(B) be eligible for selection for civilian service in the Regular or Reserve Corps of the Public Health Service;	"(B) be eligible for selection for civilian service in the Regular or Reserve Corps of the Public Health Service;	(B) be eligible for selection for civilian service in the Regular or Reserve Corps of the Public Health Service;
		(C) meet the professional standards for civil service employment in the Indian Health Service; or	(C) meet the professional standards for civil service employment in the Service; or	"(C) meet the professional standards for civil service employment in the Service; or	(C) meet the professional standards for civil service employment in the Indian Health Service; or
		(D) be employed in an Indian Health program without service obligation and;	(D) be employed in an Indian Health Program or urban Indian organization without a service obligation; and	"(D) be employed in an Indian Health Program or urban Indian organization without a service obligation; and	(D) be employed in an Indian Health program without service obligation and;
		(3)submit to the Secretary an application for a contract described in subsection (f).	(3) submit to the Secretary an application for a contract described in subsection (e).	"(3) submit to the Secretary an application for a contract described in subsection (e).	(3) submit to the Secretary an application for a contract described in subsection (f)
		(c)(1) In disseminating application forms and contract forms to individuals desiring to participate in the Loan Repayment Program, the Secretary shall include with such forms a fair summary of the rights and liabilities of an individual whose application is approved (and whose contract is accepted) by the Secretary, including in the summary a clear explanation of the damages to which the United States is entitled under subsection (l) in the case of the individual's breach of contract. The Secretary shall provide such individuals with sufficient information regarding the advantages and disadvantages of service as a commissioned officer in the Regular or	(c) APPLICATION.— (1) INFORMATION TO BE INCLUDED WITH FORMS.— In disseminating application forms and contract forms to individuals desiring to participate in the Loan Repayment Program, the Secretary shall include with such forms a fair summary of the rights and liabilities of an individual whose application is approved (and whose contract is accepted) by the Secretary, including in the summary a clear explanation of the damages to which the United States is entitled under subsection (k) in the case of the individual's breach of contract. The Secretary shall provide such individuals with sufficient information regarding the	"(c) Application.— "(1) INFORMATION TO BE INCLUDED WITH FORMS.— In disseminating application forms and contract forms to individuals desiring to participate in the Loan Repayment Program, the Secretary shall include with such forms a fair summary of the rights and liabilities of an individual whose application is approved (and whose contract is accepted) by the Secretary, including in the summary a clear explanation of the damages to which the United States is entitled under subsection (l) in the case of the individual's breach of contract. The Secretary shall provide such individuals with sufficient information regarding the advantages and	(c)(1) In disseminating application forms and contract forms to individuals desiring to participate in the Loan Repayment Program, the Secretary shall include with such forms a fair summary of the rights and liabilities of an individual whose application is approved (and whose contract is accepted) by the Secretary, including in the summary a clear explanation of the damages to which the United States is entitled under subsection (l) in the case of the individual's breach of contract. The Secretary shall provide such individuals with sufficient information regarding the advantages and disadvantages of service as a commissioned officer in the Regular or

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		Reserve Corps of the Public Health Service or a civilian employee of the Indian Health Service to enable the individual to make a decision on an informed basis.	advantages and disadvantages of service as a commissioned officer in the Regular or Reserve Corps of the Public Health Service or a civilian employee of the Service to enable the individual to make a decision on an informed basis.	disadvantages of service as a commissioned officer in the Regular or Reserve Corps of the Public Health Service or a civilian employee of the Service to enable the individual to make a decision on an informed basis.	Reserve Corps of the Public Health Service or a civilian employee of the Indian Health Service to enable the individual to make a decision on an informed basis.
		(2) The application form, contract form, and all other information furnished by the Secretary under this section shall be written in a manner calculated to be understood by the average individual applying to participate in the Loan Repayment Program.	(2) CLEAR LANGUAGE.— The application form, contract form, and all other information furnished by the Secretary under this section shall be written in a manner calculated to be understood by the average individual applying to participate in the Loan Repayment Program.	"(2) CLEAR LANGUAGE.— The application form, contract form, and all other information furnished by the Secretary under this section shall be written in a manner calculated to be understood by the average individual applying to participate in the Loan Repayment Program.	(2) The application form, contract form, and all other information furnished by the Secretary under this section shall be written in a manner calculated to be understood by the average individual applying to participate in the Loan Repayment Program.
		(3) The Secretary shall make such application forms, contract forms, and other information available to individuals desiring to participate in the Loan Repayment Program on a date sufficiently early to ensure that such individuals have adequate time to carefully review and evaluate such forms and information.	(3) TIMELY AVAILABILITY OF FORMS.— The Secretary shall make such application forms, contract forms, and other information available to individuals desiring to participate in the Loan Repayment Program on a date sufficiently early to ensure that such individuals have adequate time to carefully review and evaluate such forms and information.	"(3) TIMELY AVAILABILITY OF FORMS.— The Secretary shall make such application forms, contract forms, and other information available to individuals desiring to participate in the Loan Repayment Program on a date sufficiently early to ensure that such individuals have adequate time to carefully review and evaluate such forms and information.	(3) The Secretary shall make such application forms, contract forms, and other information available to individuals desiring to participate in the Loan Repayment Program on a date sufficiently early to ensure that such individuals have adequate time to carefully review and evaluate such forms and information.
		(d)(1) Consistent with paragraph (3), the Secretary, acting through the Service and in accordance with subsection (k), shall annually--	(d) PRIORITIES.— (1) LIST.— Consistent with subsection (j), the Secretary shall annually—	"(d) Priorities.— "(1) LIST.— Consistent with subsection (k), the Secretary shall annually—	(d)(1) Consistent with <u>Section 102 and</u> paragraph (3) of this section, the Secretary, acting through the Service and in accordance with subsection (k), shall annually–
		(A) identify the positions in each Indian health and program for which there is a need or a vacancy, and (B) rank those positions in order of priority.	(A) identify the positions in each Indian Health Program or urban Indian organization for which there is a need or a vacancy; and (B) rank those positions in order of priority.	"(A) identify the positions in each Indian Health Program or urban Indian organization for which there is a need or a vacancy; and "(B) rank those positions in order of priority.	(A) identify the positions in each Indian health and program for which there is a need or a vacancy, and (B) rank those positions in order of priority.
	Same as R& S.1200. E substitutes "Consistent with" for "Notwithstanding".	(2) Consistent with the priority determined under paragraph (1), the Secretary, in determining which applications under the Loan Repayment Program to approve (and which contracts to accept), shall give priority to applications made by–	(2) APPROVALS.— Notwithstanding the priority determined under paragraph (1), the Secretary, in determining which applications under the Loan Repayment Program to approve (and which contracts to accept), shall—	"(2) APPROVALS.— Notwithstanding the priority determined under paragraph (1), the Secretary, in determining which applications under the Loan Repayment Program to approve (and which contracts to accept), shall—	(2) Consistent with the priority determined under paragraph (1), the Secretary, in determining which applications under the Loan Repayment Program to approve (and which contracts to accept), shall give priority to applications made by–
		(A) Indians; and	(A) give first priority to applications made by individual Indians; and	"(A) give first priority to applications made by individual Indians; and	(A) Indians; and
			(B) after making determinations on all applications submitted by individual Indians as required under subparagraph (A), give priority to—	"(B) after making determinations on all applications submitted by individual Indians as required under subparagraph (A), give priority to—	
		(B) individuals recruited through the efforts of Indian tribes or tribal or Indian organizations.	(i) individuals recruited through the efforts of an Indian Health Program or urban Indian organization; and	"(i) individuals recruited through the efforts of an Indian Health Program or urban Indian organization; and	(B) Individuals recruited through the efforts of <u>an</u> Indian Tribe, tribal organization, <u>or urban Indian organization</u>.
			(ii) other individuals based on the priority rankings under paragraph (1).	"(ii) other individuals based on the priority rankings under paragraph (1).	
	Note: This paragraph is really out-of-date and	(3)(A) Subject to subparagraph (B), of the total amounts appropriated for each			~~(3)(A) Subject to subparagraph (B), of the total amounts appropriated for each~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	probably should be stricken.	of the fiscal years 1993, 1994, and 1995 for loan repayment contracts under this section, the Secretary shall provide that-- (i) not less than 25 percent be provided to applicants who are nurses, nurse practitioners, or nurse midwives; and (ii) not less than 10 percent be provided to applicants who are mental health professionals (other than applicants described in clause (i)). (B) The requirements specified in clause (i) or clause (ii) of subparagraph (A) shall not apply if the Secretary does not receive the number of applications from the individuals described in clause (i) or clause (ii), respectively, necessary to meet such requirements.			~~the fiscal years authorized under this Act for loan repayment contracts under this section, subject to the priorities established by Service Area to address local shortages and needs, the Secretary shall provide that~~ ~~(i) not less than 25 percent be provided to applicants who are nurses, advanced practice nurses nurse practitioners, or nurse midwives; and~~ ~~(ii) not less than 10 percent be provided to applicants who are mental health professionals (other than applicants described in clause (i)).~~ ~~(B) The requirements specified in clause or clause (ii) of subparagraph (A) shall not apply if the Secretary does not receive the number of applications from the individuals described in clause (i) or clause (ii), respectively, necessary to meet such requirements~~.
		(e)(1) An individual becomes a participant in the Loan Repayment Program only upon the Secretary and the individual entering into a written contract described in subsection (f).	(e) RECIPIENT CONTRACTS.— (1) CONTRACT REQUIRED.— An individual becomes a participant in the Loan Repayment Program only upon the Secretary and the individual entering into a written contract described in paragraph (2).	"(e) Recipient Contracts.— "(1) CONTRACT REQUIRED.— An individual becomes a participant in the Loan Repayment Program only upon the Secretary and the individual entering into a written contract described in paragraph (2).	(e)(1) An individual becomes a participant in the Loan Repayment Program only upon the Secretary and the individual entering into a written contract described in subsection (f).
		(f) The written contract referred to in this section between the Secretary and an individual shall contain-- (1) an agreement under which-- (A) subject to paragraph (3), the Secretary agrees-- (i) to pay loans on behalf of the individual in accordance with the provisions of this section, and (ii) to accept (subject to the availability of appropriated funds for carrying out this section) the individual into the Service or place the individual with a tribe or Indian organization as provided in subparagraph (B)(iii), and (B) subject to paragraph (3), the individual agrees-- (i) to accept loan payments on behalf of the individual; (ii) in the case of an individual described in subsection (b)(1)-- (I) to maintain enrollment in a course of study or training described in subsection (b)(1)A) until the individual completes the course of study or training, and (II) while enrolled in such course of study or training, to maintain an acceptable level of academic standing (as determined under regulations of the	(2) CONTENTS OF CONTRACT.— The written contract referred to in this section between the Secretary and an individual shall contain— (A) an agreement under which— (i) subject to subparagraph (C), the Secretary agrees— (I) to pay loans on behalf of the individual in accordance with the provisions of this section; and (II) to accept (subject to the availability of appropriated funds for carrying out this section) the individual into the Service or place the individual with a Tribal Health Program or urban Indian organization as provided in clause (ii)(III); and (ii) subject to subparagraph (C), the individual agrees— (I) to accept loan payments on behalf of the individual; (II) in the case of an individual described in subsection (b)(1)— (aa) to maintain enrollment in a course of study or training described in subsection (b)(1)(A) until the individual completes the course of study or training; and (bb) while enrolled in such course of study or training, to maintain an acceptable level	"(2) CONTENTS OF CONTRACT.— The written contract referred to in this section between the Secretary and an individual shall contain— "(A) an agreement under which— "(i) subject to subparagraph (C), the Secretary agrees— "(I) to pay loans on behalf of the individual in accordance with the provisions of this section; and "(II) to accept (subject to the availability of appropriated funds for carrying out this section) the individual into the Service or place the individual with a Tribal Health Program or urban Indian organization as provided in clause (ii)(III); and "(ii) subject to subparagraph (C), the individual agrees— "(I) to accept loan payments on behalf of the individual; "(II) in the case of an individual described in subsection (b)(1)— "(aa) to maintain enrollment in a course of study or training described in subsection (b)(1)(A) until the individual completes the course of study or training; and "(bb) while enrolled in such course of study or training, to maintain an acceptable level of academic standing (as determined under regulations of the	(f) The written contract referred to in this section between the Secretary and an individual shall contain– (1) an agreement under which– (A) subject to paragraph (3), the Secretary agrees– (i) to pay loans on behalf of the individual in accordance with the provisions of this section, and (ii) to accept (subject to the availability of appropriated funds for carrying out this section) the individual into the Service or place the individual with a Tribe, or tribal organization , or urban Indian ~~or Indian~~ organization as provided in subparagraph (B)(iii), and (B) subject to paragraph (3), the individual agrees– (i) to accept loan payments on behalf of the individual; (ii) in the case of an individual described in subsection (b)(1)– (I) to maintain enrollment in a course of study or training described in subsection (b)(1)A) until the individual completes the course of study or training, and (II) while enrolled in such course of study or training, to maintain an acceptable level of academic standing (as

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		Secretary by the education institution offering such course of study or training); (iii) to serve for a time period (hereinafter in this section referred to as the "period of obligated service") equal to 2 years or such longer period as the individual may agree to serve in the full-time clinical practice of such individual's profession in an Indian health program to which the individual may be assigned by the Secretary. (2) a provision permitting the Secretary to extend for such longer additional periods, as the individual may agree to, the period of obligated service agreed to by the individual under paragraph (1)(B)(iii); (3) a provision that any financial obligation of the United States arising out of a contract entered into under this section and any obligation of the individual which is conditioned thereon is contingent upon funds being appropriated for loan repayments under this section; (4) a statement of the damages to which the United States is entitled under subsection (l) for the individual's breach of the contract; and (5) such other statements of the rights and liabilities of the Secretary and of the individual, not inconsistent with this section.	of academic standing (as determined under regulations of the Secretary by the educational institution offering such course of study or training); and (III) to serve for a time period (in this section referred to as the 'period of obligated service') equal to 25 years or such longer period as the individual may agree to serve in the full-time clinical practice of such individual's profession in an Indian Health Program or urban Indian organization to which the individual may be assigned by the Secretary; (B) a provision permitting the Secretary to extend for such longer additional periods, as the individual may agree to, the period of obligated service agreed to by the individual under subparagraph (A)(ii)(III); (C) a provision that any financial obligation of the United States arising out of a contract entered into under this section and any obligation of the individual which is conditioned thereon is contingent upon funds being appropriated for loan repayments under this section; (D) a statement of the damages to which the United States is entitled under subsection (k) for the individual's breach of the contract; and (E) such other statements of the rights and liabilities of the Secretary and of the individual, not inconsistent with this section.	Secretary by the educational institution offering such course of study or training); and "(III) to serve for a time period (hereinafter in this section referred to as the 'period of obligated service') equal to 2 years or such longer period as the individual may agree to serve in the full-time clinical practice of such individual's profession in an Indian Health Program or urban Indian organization to which the individual may be assigned by the Secretary; "(B) a provision permitting the Secretary to extend for such longer additional periods, as the individual may agree to, the period of obligated service agreed to by the individual under subparagraph (A)(ii)(III); "(C) a provision that any financial obligation of the United States arising out of a contract entered into under this section and any obligation of the individual which is conditioned thereon is contingent upon funds being appropriated for loan repayments under this section; "(D) a statement of the damages to which the United States is entitled under subsection (l) for the individual's breach of the contract; and "(E) such other statements of the rights and liabilities of the Secretary and of the individual, not inconsistent with this section.	determined under regulations of the Secretary by the education institution offering such course of study or training); (iii) to serve for a time period (hereinafter in this section referred to as the "period of obligated service") equal to 2 years or such longer period as the individual may agree to serve in the full-time clinical practice of such individual's profession in an Indian health program to which the individual may be assigned by the Secretary. (2) a provision permitting the Secretary to extend for such longer additional periods, as the individual may agree to, the period of obligated service agreed to by the individual under paragraph (1)(B)(iii); (3) a provision that any financial obligation of the United States arising out of a contract entered into under this section and any obligation of the individual which is conditioned thereon is contingent upon funds being appropriated for loan repayments under this section; (4) a statement of the damages to which the United States is entitled under subsection (l) for the individual's breach of the contract; and (5) such other statements of the rights and liabilities of the Secretary and of the individual, not inconsistent with this section.
	E deleted this provision of CL.	(2) The Secretary shall provide written notice to an individual promptly on-- (A) The Secretary's approving, under paragraph (1), of the individual's participation in the Loan Repayment Program including extensions resulting in an aggregate period of obligated service in excess of 4 years; or (B) The Secretary's disapproving an individual's participation in such program.	(f) DEADLINE FOR DECISION ON APPLICATION.— The Secretary shall provide written notice to an individual within 21 days on— (1) the Secretary's approving, under subsection (e)(1), of the individual's participation in the Loan Repayment Program, including extensions resulting in an aggregate period of obligated service in excess of 4 years; or (2) the Secretary's disapproving an individual's participation in such Program.	"(f) Deadline for Decision on Application.— The Secretary shall provide written notice to an individual within 21 days on— "(1) the Secretary's approving, under subsection (e)(1), of the individual's participation in the Loan Repayment Program, including extensions resulting in an aggregate period of obligated service in excess of 4 years; or "(2) the Secretary's disapproving an individual's participation in such Program.	(2) The Secretary shall provide written notice to an individual within 21 days ~~promptly~~ on– (A) The Secretary's approving, under paragraph (1), of the individual's participation in the Loan Repayment Program including extensions resulting in an aggregate period of obligated service in excess of 4 years; or (B) The Secretary's disapproving an individual's participation in such program.
		(g)(1) A loan repayment provided for an individual under a written contract under the Loan Repayment Program shall consist of a payment, in accordance with paragraph (2), on behalf of the individual of the principal, interest and related expenses on government and commercial loans received by the individual regarding the undergraduate or graduate education of the individual (or both), which loans were made for-- (A) tuition expenses;	(g) PAYMENTS.— (1) IN GENERAL.— A loan repayment provided for an individual under a written contract under the Loan Repayment Program shall consist of payment, in accordance with paragraph (2), on behalf of the individual of the principal, interest, and related expenses on government and commercial loans received by the individual regarding the undergraduate or graduate education of the individual (or both), which loans were made for—	"(g) Payments.— "(1) IN GENERAL.— A loan repayment provided for an individual under a written contract under the Loan Repayment Program shall consist of payment, in accordance with paragraph (2), on behalf of the individual of the principal, interest, and related expenses on government and commercial loans received by the individual regarding the undergraduate or graduate education of the individual (or both), which loans were made for—	(g)(1) A loan repayment provided for an individual under a written contract under the Loan Repayment Program shall consist of a payment, in accordance with paragraph (2), on behalf of the individual of the principal, interest and related expenses on government and commercial loans received by the individual regarding the undergraduate or graduate education of the individual (or both), which loans were made for– (A) tuition expenses;

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		(B) all other reasonable educational expenses, including fees, books, and laboratory expenses, incurred by the individual; and (C) reasonable living expenses as determined by the Secretary.	(A) tuition expenses; (B) all other reasonable educational expenses, including fees, books, and laboratory expenses, incurred by the individual; and (C) reasonable living expenses as determined by the Secretary.	"(A) tuition expenses; "(B) all other reasonable educational expenses, including fees, books, and laboratory expenses, incurred by the individual; and "(C) reasonable living expenses as determined by the Secretary.	(B) all other reasonable educational expenses, including fees, books, and laboratory expenses, incurred by the individual; and (C) reasonable living expenses as determined by the Secretary.
	Commentary: The amount authorized in this section has not been updated for 15 years.	(2)(A) For each year of obligated service that an individual contracts to serve under subsection (f) the Secretary may pay up to $35,000 (or an amount equal to the amount specified in section 338B(g)(2)(A) of the Public Health Service Act) on behalf of the individual for loans described in paragraph (1). In making a determination of the amount to pay for a year of such service by an individual, the Secretary shall consider the extent to which each such determination–	(2) AMOUNT.— For each year of obligated service that an individual contracts to serve under subsection (e), the Secretary may pay up to $35,000 or an amount equal to the amount specified in section 338B(g)(2)(A) of the Public Health Service Act, whichever is more, on behalf of the individual for loans described in paragraph (1). In making a determination of the amount to pay for a year of such service by an individual, the Secretary shall consider the extent to which each such determination—	"(2) AMOUNT.— For each year of obligated service that an individual contracts to serve under subsection (e), the Secretary may pay up to $35,000 or an amount equal to the amount specified in section 338B(g)(2)(A) of the Public Health Service Act, whichever is more, on behalf of the individual for loans described in paragraph (1). In making a determination of the amount to pay for a year of such service by an individual, the Secretary shall consider the extent to which each such determination—	(2)(A) For each year of obligated service that an individual contracts to serve under subsection (f) the Secretary may pay up to $35,000 (or an amount equal to the amount specified in section 338B(g)(2)(A) of the Public Health Service Act) on behalf of the individual for loans described in paragraph (1). In making a determination of the amount to pay for a year of such service by an individual, the Secretary shall consider the extent to which each such determination–
		(i) affects the ability of the Secretary to maximize the number of contracts that can be provided under the Loan Repayment Program from the amounts appropriated for such contracts; (ii) provides an incentive to serve in Indian health programs with the greatest shortages of health professionals; and (iii) provides an incentive with respect to the health professional involved remaining in an Indian health program with such a health professional shortage, and continuing to provide primary health services, after the completion of the period of obligated service under the Loan Repayment Program.	(A) affects the ability of the Secretary to maximize the number of contracts that can be provided under the Loan Repayment Program from the amounts appropriated for such contracts; (B) provides an incentive to serve in Indian Health Programs and urban Indian organizations with the greatest shortages of health professionals; and (C) provides an incentive with respect to the health professional involved remaining in an Indian Health Program or urban Indian organization with such a health professional shortage, and continuing to provide primary health services, after the completion of the period of obligated service under the Loan Repayment Program.	"(A) affects the ability of the Secretary to maximize the number of contracts that can be provided under the Loan Repayment Program from the amounts appropriated for such contracts; "(B) provides an incentive to serve in Indian Health Programs and urban Indian organizations with the greatest shortages of health professionals; and "(C) provides an incentive with respect to the health professional involved remaining in an Indian Health Program or urban Indian organization with such a health professional shortage, and continuing to provide primary health services, after the completion of the period of obligated service under the Loan Repayment Program.	(i) affects the ability of the Secretary to maximize the number of contracts that can be provided under the Loan Repayment Program from the amounts appropriated for such contracts; (ii) provides an incentive to serve in Indian health programs with the greatest shortages of health professionals; and (iii) provides an incentive with respect to the health professional involved remaining in an Indian health program with such a health professional shortage, and continuing to provide primary health services, after the completion of the period of obligated service under the Loan Repayment Program.
		(B) Any arrangement made by the Secretary for the making of loan repayments in accordance with this subsection shall provide that any repayments for a year of obligated service shall be made no later than the end of the fiscal year in which the individual completes such year of service.	(3) TIMING.— Any arrangement made by the Secretary for the making of loan repayments in accordance with this subsection shall provide that any repayments for a year of obligated service shall be made no later than the end of the fiscal year in which the individual completes such year of service.	"(3) TIMING.— Any arrangement made by the Secretary for the making of loan repayments in accordance with this subsection shall provide that any repayments for a year of obligated service shall be made no later than the end of the fiscal year in which the individual completes such year of service.	(B) Any arrangement made by the Secretary for the making of loan repayments in accordance with this subsection shall provide that any repayments for a year of obligated service shall be made no later than the end of the fiscal year in which the individual completes such year of service.
		(3) For the purpose of providing reimbursements for tax liability resulting from payments under paragraph (2) on behalf of an individual, the Secretary-- (A) in addition to such payments, may make payments to the individual in an amount not less than 20 percent and not more than 39 percent of the total amount of loan repayments made for the taxable year involved; and (B) may make such additional payments as the Secretary determines to	(4) REIMBURSEMENTS FOR TAX LIABILITY.— For the purpose of providing reimbursements for tax liability resulting from a payment under paragraph (2) on behalf of an individual, the Secretary— (A) in addition to such payments, may make payments to the individual in an amount equal to not less than 20 percent and not more than 39 percent of the total amount of loan repayments made for the taxable year involved; and	"(4) REIMBURSEMENTS FOR TAX LIABILITY.— For the purpose of providing reimbursements for tax liability resulting from a payment under paragraph (2) on behalf of an individual, the Secretary— "(A) in addition to such payments, may make payments to the individual in an amount equal to not less than 20 percent and not more than 39 percent of the total amount of loan repayments made for the taxable year involved; and "(B) may make such additional payments	~~(3) For the purpose of providing reimbursements for tax liability resulting from payments under paragraph (2) on behalf of an individual, the Secretary--~~ ~~(A) in addition to such payments, may make payments to the individual in an amount not less than 20 percent and not more than 39 percent of the total amount of loan repayments made for the taxable year involved; and~~ ~~(B) may make such additional payments as the Secretary determines to~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		be appropriate with respect to such purpose.	(B) may make such additional payments as the Secretary determines to be appropriate with respect to such purpose.	as the Secretary determines to be appropriate with respect to such purpose.	~~be appropriate with respect to such purpose.~~
		(4) The Secretary may enter into an agreement with the holder of any loan for which payments are made under the Loan Repayment Program to establish a schedule for the making of such payments.	(5) PAYMENT SCHEDULE.— The Secretary may enter into an agreement with the holder of any loan for which payments are made under the Loan Repayment Program to establish a schedule for the making of such payments.	"(5) PAYMENT SCHEDULE.— The Secretary may enter into an agreement with the holder of any loan for which payments are made under the Loan Repayment Program to establish a schedule for the making of such payments.	(3) ~~(4)~~ The Secretary may enter into an agreement with the holder of any loan for which payments are made under the Loan Repayment Program to establish a schedule for the making of such payments.
		(h) Notwithstanding any other provision of law, individuals who have entered into written contracts with the Secretary under this section, while undergoing academic training, shall not be countered against any employment ceiling affecting the Department of Health and Human Services.	(h) EMPLOYMENT CEILING.— Notwithstanding any other provision of law, individuals who have entered into written contracts with the Secretary under this section shall not be counted against any employment ceiling affecting the Department while those individuals are undergoing academic training.	"(h) Employment Ceiling.— Notwithstanding any other provision of law, individuals who have entered into written contracts with the Secretary under this section shall not be counted against any employment ceiling affecting the Department while those individuals are undergoing academic training.	(h) Notwithstanding any other provision of law, individuals who have entered into written contracts with the Secretary under this section, while undergoing academic training, shall not be countered against any employment ceiling affecting the Department ~~of Health and Human Services~~.
		(i) The Secretary shall conduct recruiting programs for the Loan Repayment Program and other Service manpower programs at educational institutions training health professionals or specialists identified in subsection (a).	(i) RECRUITMENT.— The Secretary shall conduct recruiting programs for the Loan Repayment Program and other manpower programs of the Service at educational institutions training health professionals or specialists identified in subsection (a).	"(i) Recruitment.— The Secretary shall conduct recruiting programs for the Loan Repayment Program and other manpower programs of the Service at educational institutions training health professionals or specialists identified in subsection (a).	(i) The Secretary shall conduct recruiting programs for the Loan Repayment Program and other Service manpower programs at educational institutions training health professionals or specialists identified in subsection (a).
		(j) Section 214 of the Public Health Service Act (42 U.S.C. 215) shall not apply to individuals during their period of obligated service under the Loan Repayment Program.	(j) APPLICABILITY OF LAW.— Section 214 of the Public Health Service Act (42 U.S.C. 215) shall not apply to individuals during their period of obligated service under the Loan Repayment Program.	"(j) Applicability of Law.— Section 214 of the Public Health Service Act (42 U.S.C. 215) shall not apply to individuals during their period of obligated service under the Loan Repayment Program.	(j) Section 214 of the Public Health Service Act (42 U.S.C. 215) shall not apply to individuals during their period of obligated service under the Loan Repayment Program.
		(k) The Secretary, in assigning individuals to serve in Indian health programs pursuant to contracts entered into under this section, shall--	(k) ASSIGNMENT OF INDIVIDUALS.— The Secretary, in assigning individuals to serve in Indian Health Programs or urban Indian organizations pursuant to contracts entered into under this section, shall—	"(k) Assignment of Individuals.— The Secretary, in assigning individuals to serve in Indian Health Programs or urban Indian organizations pursuant to contracts entered into under this section, shall—	(k) The Secretary, in assigning individuals to serve in Indian health programs pursuant to contracts entered into under this section, shall–
		(1) ensure that the staffing needs of Indian health programs administered by an Indian tribe or tribal or health organization receive consideration on an equal basis with programs that are administered directly by the Service; and (2) give priority to assigning individuals to Indian health programs that have a need for health professionals to provide health care services as a result of individuals having breached contracts entered into under this section.	(1) ensure that the staffing needs of Tribal Health Programs and urban Indian organizations receive consideration on an equal basis with programs that are administered directly by the Service; and (2) give priority to assigning individuals to Indian Health Programs and urban Indian organizations that have a need for health professionals to provide health care services as a result of individuals having breached contracts entered into under this section.	"(1) ensure that the staffing needs of Tribal Health Programs and urban Indian organizations receive consideration on an equal basis with programs that are administered directly by the Service; and "(2) give priority to assigning individuals to Indian Health Programs and urban Indian organizations that have a need for health professionals to provide health care services as a result of individuals having breached contracts entered into under this section.	(1) ensure that the staffing needs of Indian health programs administered by an Indian Tribe or tribal organization receive consideration on an equal basis with programs that are administered directly by the Service; and (2) give priority to assigning individuals to Indian health programs that have a need for health professionals to provide health care services as a result of individuals having breached contracts entered into under this section.
		(*l*)(1) An individual who has entered into a written contract with the Secretary under this section and who--	(*l*) BREACH OF CONTRACT.— (1) SPECIFIC BREACHES.— An individual who has entered into a written contract with the Secretary under this section and has not received a waiver under subsection (m) shall be liable, in lieu of any service obligation arising under such contract, to the United States for the amount which has been paid on such	"(*l*) Breach of Contract.— "(1) SPECIFIC BREACHES.— An individual who has entered into a written contract with the Secretary under this section and has not received a waiver under subsection (m) shall be liable, in lieu of any service obligation arising under such contract, to the United States for the amount which has been paid on such individual's behalf	(*l*)(1) An individual who has entered into a written contract with the Secretary under this section and who–

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			individual's behalf under the contract if that individual—	under the contract if that individual—	
		(A) is enrolled in the final year of a course of study and who-- (i)fails to maintain an acceptable level of academic standing in the educational institution in which he is enrolled (such level determined by the educational institution under regulations of the Secretary);	(A) is enrolled in the final year of a course of study and— (i) fails to maintain an acceptable level of academic standing in the educational institution in which he or she is enrolled (such level determined by the educational institution under regulations of the Secretary);	"(A) is enrolled in the final year of a course of study and— "(i) fails to maintain an acceptable level of academic standing in the educational institution in which he or she is enrolled (such level determined by the educational institution under regulations of the Secretary);	(A) is enrolled in the final year of a course of study and who– (i) fails to maintain an acceptable level of academic standing in the educational institution in which he is enrolled (such level determined by the educational institution under regulations of the Secretary);
		(ii)voluntarily terminates such enrollment; or	(ii) voluntarily terminates such enrollment; or	"(ii) voluntarily terminates such enrollment; or	(ii)voluntarily terminates such enrollment; or
		(iii)is dismissed from such educational institution before completion of such course of study; or	(iii) is dismissed from such educational institution before completion of such course of study; or	"(iii) is dismissed from such educational institution before completion of such course of study; or	(iii)is dismissed from such educational institution before completion of such course of study; or
		(B) is enrolled in a graduate training program, fails to complete such training program, and does not receive a waiver from the Secretary under subsection (b)(1)(B)(ii), shall be liable, in lieu of any service obligation arising under such contract, to the United States for the amount which has been paid on such individual's behalf under the contract.	(B) is enrolled in a graduate training program and fails to complete such training program.	"(B) is enrolled in a graduate training program and fails to complete such training program.	(B) is enrolled in a graduate training program, fails to complete such training program, and does not receive a waiver from the Secretary under subsection (b)(1)(B)(ii), shall be liable, in lieu of any service obligation arising under such contract, to the United States for the amount which has been paid on such individual's behalf under the contract.
		(2) If, for any reason not specified in paragraph (1), an individual breaches his written contract under this section by failing either to begin, or complete, such individual's period of obligated service in accordance with subsection (f), the United States shall be entitled to recover from such individual an amount to be determined in accordance with the following formula: A=3Z(t-s/t) in which-- (A) "A" is the amount the United States is entitled to recover, (B) "Z" is the sum of the amounts paid under this section 50, or on behalf of, the individual and the interest on such amounts which would be payable if, at the time the amounts were paid, they were loans bearing interest at the maximum legal prevailing rate, as determined by the Treasurer of the United States; (C) "t" is the total number of months in the individual's period of obligated service in accordance with subsection (f); and (D) "s" is the number of months of such period served by such individual in accordance with this section.	(2) OTHER BREACHES; FORMULA FOR AMOUNT OWED.— If, for any reason not specified in paragraph (1), an individual breaches his or her written contract under this section by failing either to begin, or complete, such individual's period of obligated service in accordance with subsection (e)(2), the United States shall be entitled to recover from such individual an amount to be determined in accordance with the following formula: A=3Z(t¥s/t) in which— (A) 'A' is the amount the United States is entitled to recover; (B) 'Z' is the sum of the amounts paid under this section to, or on behalf of, the individual and the interest on such amounts which would be payable if, at the time the amounts were paid, they were loans bearing interest at the maximum legal prevailing rate, as determined by the Secretary of the Treasury; (C) 't' is the total number of months in the individual's period of obligated service; and (D) 's' is the number of months of such period served by such individual in accordance with this section.	"(2) OTHER BREACHES; FORMULA FOR AMOUNT OWED.— If, for any reason not specified in paragraph (1), an individual breaches his or her written contract under this section by failing either to begin, or complete, such individual's period of obligated service in accordance with subsection (e)(2), the United States shall be entitled to recover from such individual an amount to be determined in accordance with the following formula: A=3Z(t^s/t) in which— "(A) 'A' is the amount the United States is entitled to recover; "(B) 'Z' is the sum of the amounts paid under this section to, or on behalf of, the individual and the interest on such amounts which would be payable if, at the time the amounts were paid, they were loans bearing interest at the maximum legal prevailing rate, as determined by the Secretary of the Treasury; "(C) 't' is the total number of months in the individual's period of obligated service in accordance with subsection (f); and "(D) 's' is the number of months of such period served by such individual in accordance with this section.	(2) If, for any reason not specified in paragraph (1), an individual breaches his written contract under this section by failing either to begin, or complete, such individual's period of obligated service in accordance with subsection (f), the United States shall be entitled to recover from such individual an amount to be determined in accordance with the following formula: A=3Z(t-s/t) In which– (A) "A" is the amount the United States is entitled to recover, (B) "Z" is the sum of the amounts paid under this section 50, or on behalf of, the individual and the interest on such amounts which would be payable if, at the time the amounts were paid, they were loans bearing interest at the maximum legal prevailing rate, as determined by the Treasurer of the United States; (C) "t" is the total number of months in the individual's period of obligated service in accordance with subsection (f); and (D) "s" is the number of months of such period served by such individual in accordance with this section.
		(3)(A) Any amount of damages which the United States is entitled to	(3) TIME PERIOD FOR REPAYMENT.— Any amount of	"(4) TIME PERIOD FOR REPAYMENT.— Any amount of damages which the United	(3)(A) Any amount of damages which the United States is entitled to

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		recover under this subsection shall be paid to the United States within the 1-year period beginning on the date of the breach or such longer period beginning on such date as shall be specified by the Secretary.	damages which the United States is entitled to recover under this subsection shall be paid to the United States within the 1-year period beginning on the date of the breach or such longer period beginning on such date as shall be specified by the Secretary.	States is entitled to recover under this subsection shall be paid to the United States within the 1-year period beginning on the date of the breach or such longer period beginning on such date as shall be specified by the Secretary.	recover under this subsection shall be paid to the United States within the 1-year period beginning on the date of the breach or such longer period beginning on such date as shall be specified by the Secretary.
		Amounts not paid within such period shall be subject to collection through deductions in Medicare payments pursuant to section 1892 of the Social Security Act.	(4) DEDUCTIONS IN MEDICARE PAYMENTS.— Amounts not paid within such period shall be subject to collection through deductions in Medicare payments pursuant to section 1892 of the Social Security Act.	"(3) DEDUCTIONS IN MEDICARE PAYMENTS.— Amounts not paid within such period shall be subject to collection through deductions in Medicare payments pursuant to section 1892 of the Social Security Act.	Amounts not paid within such period shall be subject to collection through deductions in Medicare payments pursuant to section 1892 of the Social Security Act.
		(B) If damages described in subparagraph (A) are delinquent for 3 months, the Secretary shall, for the purpose of recovering such damages-- (i)utilize collection agencies contracted with by the Administrator of the General Services Administration; or (ii)enter into contracts for the recovery of such damages with collection agencies selected by the Secretary.	(5) RECOVERY OF DELINQUENCY.— (A) IN GENERAL.— If damages described in paragraph (4) are delinquent for 3 months, the Secretary shall, for the purpose of recovering such damages— (i) use collection agencies contracted with by the Administrator of General Services; or (ii) enter into contracts for the recovery of such damages with collection agencies selected by the Secretary.	"(5) RECOVERY OF DELINQUENCY.— "(A) IN GENERAL.— If damages described in paragraph (4) are delinquent for 3 months, the Secretary shall, for the purpose of recovering such damages— "(i) use collection agencies contracted with by the Administrator of General Services; or "(ii) enter into contracts for the recovery of such damages with collection agencies selected by the Secretary.	(B) If damages described in subparagraph (A) are delinquent for 3 months, the Secretary shall, for the purpose of recovering such damages– (i) utilize collection agencies contracted with by the Administrator of the General Services Administration; or (ii) enter into contracts for the recovery of such damages with collection agencies selected by the Secretary.
		(C) Each contract for recovering damages pursuant to this subsection shall provide that the contractor will, not less than once each 6 months, submit to the Secretary a status report on the success of the contractor in collecting such damages. Section 3718 of title 31, United States Code, shall apply to any such contract to the extent not inconsistent with this subsection.	(B) REPORT.— Each contract for recovering damages pursuant to this subsection shall provide that the contractor will, not less than once each 6 months, submit to the Secretary a status report on the success of the contractor in collecting such damages. Section 3718 of title 31, United States Code, shall apply to any such contract to the extent not inconsistent with this subsection.	"(B) REPORT.— Each contract for recovering damages pursuant to this subsection shall provide that the contractor will, not less than once each 6 months, submit to the Secretary a status report on the success of the contractor in collecting such damages. Section 3718 of title 31, United States Code, shall apply to any such contract to the extent not inconsistent with this subsection.	(C) Each contract for recovering damages pursuant to this subsection shall provide that the contractor will, not less than once each 6 months, submit to the Secretary a status report on the success of the contractor in collecting such damages. Section 3718 of title 31, United States Code, shall apply to any such contract to the extent not inconsistent with this subsection.
		(m)(1) Any obligation of an individual under the Loan Repayment Program for service or payment of damages shall be canceled upon the death of the individual.	(2) CANCELED UPON DEATH.— Any obligation of an individual under the Loan Repayment Program for service or payment of damages shall be canceled upon the death of the individual.	"(2) CANCELED UPON DEATH.— Any obligation of an individual under the Loan Repayment Program for service or payment of damages shall be canceled upon the death of the individual.	(m)(1) Any obligation of an individual under the Loan Repayment Program for service or payment of damages shall be canceled upon the death of the individual.
		(2) The Secretary shall by regulation provide for the partial or total waiver or suspension of any obligation of service or payment by an individual under the Loan Repayment Program whenever compliance by the individual is impossible or would involve extreme hardship to the individual and if enforcement of such obligation with respect to any individual would be unconscionable.	(3) HARDSHIP WAIVER.— The Secretary may waive, in whole or in part, the rights of the United States to recover amounts under this section in any case of extreme hardship or other good cause shown, as determined by the Secretary.	"(3) HARDSHIP WAIVER.— The Secretary may waive, in whole or in part, the rights of the United States to recover amounts under this section in any case of extreme hardship or other good cause shown, as determined by the Secretary.	(2) The Secretary shall by regulation provide for the partial or total waiver or suspension of any obligation of service or payment by an individual under the Loan Repayment Program whenever compliance by the individual is impossible or would involve extreme hardship to the individual and if enforcement of such obligation with respect to any individual would be unconscionable.
		(m) (3) The Secretary may waive, in whole or in part, the rights of the United States to recover amounts under this section in any case of extreme hardship or other good cause shown, as determined by the Secretary.	(m) WAIVER OR SUSPENSION OF OBLIGATION.— (1) IN GENERAL.— The Secretary shall by regulation provide for the partial or total waiver or suspension of any obligation of service or payment by an individual under the Loan Repayment	"(m) Waiver or Suspension of Obligation.— "(1) IN GENERAL.— The Secretary shall by regulation provide for the partial or total waiver or suspension of any obligation of service or payment by an individual under the Loan Repayment Program whenever	*(m)* (3) The Secretary may waive, in whole or in part, the rights of the United States to recover amounts under this section in any case of extreme hardship or other good cause shown, as determined by the Secretary.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			Program whenever compliance by the individual is impossible or would involve extreme hardship to the individual and if enforcement of such obligation with respect to any individual would be unconscionable.	compliance by the individual is impossible or would involve extreme hardship to the individual and if enforcement of such obligation with respect to any individual would be unconscionable.	
		(4) Any obligation of an individual under the Loan Repayment Program for payment of damages may be released by a discharge in bankruptcy under title 11 of the United States Code only if such discharge is granted after the expiration of the 5-year period beginning on the first date that payment of such damages is required, and only if the bankruptcy court finds that nondischarge of the obligation would be unconscionable.	(4) BANKRUPTCY.— Any obligation of an individual under the Loan Repayment Program for payment of damages may be released by a discharge in bankruptcy under title 11 of the United States Code only if such discharge is granted after the expiration of the 5-year period beginning on the first date that payment of such damages is required, and only if the bankruptcy court finds that nondischarge of the obligation would be unconscionable.	"(4) BANKRUPTCY.— Any obligation of an individual under the Loan Repayment Program for payment of damages may be released by a discharge in bankruptcy under title 11 of the United States Code only if such discharge is granted after the expiration of the 5-year period beginning on the first date that payment of such damages is required, and only if the bankruptcy court finds that nondischarge of the obligation would be unconscionable.	(4) Any obligation of an individual under the Loan Repayment Program for payment of damages may be released by a discharge in bankruptcy under title 11 of the United States Code only if such discharge is granted after the expiration of the 5-year period beginning on the first date that payment of such damages is required, and only if the bankruptcy court finds that nondischarge of the obligation would be unconscionable.
		(n) The Secretary shall submit to the President, for inclusion in each report required to be submitted to the Congress under section 801, a report concerning the previous fiscal year which sets forth-- (1) the health professional positions maintained by the Service or by tribal or Indian organizations for which recruitment or retention is difficult; (2) the number of Loan Repayment Program applications filed with respect to each type of health profession; (3) the number of contracts described in subsection (f) that are entered into with respect to each health profession; (4) the amount of loan payments made under this section, in total and by health profession; (5) the number of scholarship grants that are provided under section 104 with respect to each health profession; (6) the amount of scholarship grants provided under section 104, in total and by health profession; (7) the number of providers of health care that will be needed by Indian health programs, by location and profession, during the three fiscal years beginning after the date the report is filed; and (8) the measures the Secretary plans to take to fill the health professional positions maintained by the Service or by tribes or tribal or Indian organizations for which recruitment or retention is difficult.	(n) REPORT.— The Secretary shall submit to the President, for inclusion in the report required to be submitted to Congress under section 801, a report concerning the previous fiscal year which sets forth by Service Area the following: (1) A list of the health professional positions maintained by Indian Health Programs and urban Indian organizations for which recruitment or retention is difficult. (2) The number of Loan Repayment Program applications filed with respect to each type of health profession. (3) The number of contracts described in subsection (e) that are entered into with respect to each health profession. (4) The amount of loan payments made under this section, in total and by health profession. (5) The number of scholarships that are provided under sections 104 and 106 with respect to each health profession. (6) The amount of scholarship grants provided under sections 104 and 106, in total and by health profession. (7) The number of providers of health care that will be needed by Indian Health Programs and urban Indian organizations, by location and profession, during the 3 fiscal years beginning after the date the report is filed. (8) The measures the Secretary plans to take to fill the health professional positions maintained by Indian Health Programs or urban Indian organizations for which recruitment or retention is difficult.	"(n) Report.— The Secretary shall submit to the President, for inclusion in the report required to be submitted to Congress under section 801, a report concerning the previous fiscal year which sets forth by Service Area the following: "(1) A list of the health professional positions maintained by Indian Health Programs and urban Indian organizations for which recruitment or retention is difficult. "(2) The number of Loan Repayment Program applications filed with respect to each type of health profession. "(3) The number of contracts described in subsection (e) that are entered into with respect to each health profession. "(4) The amount of loan payments made under this section, in total and by health profession. "(5) The number of scholarships that are provided under sections 104 and 106 with respect to each health profession. "(6) The amount of scholarship grants provided under section 104 and 106, in total and by health profession. "(7) The number of providers of health care that will be needed by Indian Health Programs and urban Indian organizations, by location and profession, during the 3 fiscal years beginning after the date the report is filed. "(8) The measures the Secretary plans to take to fill the health professional positions maintained by Indian Health Programs or urban Indian organizations for which recruitment or retention is difficult.	(n) The Secretary shall submit to the President, for inclusion in each report required to be submitted to the Congress under section 801, a report concerning the previous fiscal year which sets forth by Service Area-- (1) the health professional positions maintained by the Service or by tribal or Indian organizations for which recruitment or retention is difficult; (2) the number of Loan Repayment Program applications filed with respect to each type of health profession; (3) the number of contracts described in subsection (f) that are entered into with respect to each health profession; (4) the amount of loan payments made under this section, in total and by health profession; (5) the number of scholarships that are provided under section 105 with respect to each health profession; (6) the amount of scholarship funds provided under section 105, in total and by health profession; (7) the number of providers of health care that will be needed by Indian health programs, by location and profession, during the three fiscal years beginning after the date the report is filed; and (8) the measures the Secretary plans to take to fill the health professional positions maintained by the Service or by Tribes or tribal organizations, or urban Indian organizations for which recruitment or retention is difficult.
	S.1790 did not change CL § 108A.	SCHOLARSHIP AND LOAN REPAYMENT RECOVERY FUND	SEC. 111. SCHOLARSHIP AND LOAN REPAYMENT RECOVERY FUND.	"SEC. 111. SCHOLARSHIP AND LOAN REPAYMENT RECOVERY FUND.	SCHOLARSHIP AND LOAN REPAYMENT RECOVERY FUND

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		Sec. 108A. (a) There is established in the Treasury of the United States a fund to be known as the Indian Health Scholarship and Loan Repayment Recovery fund (hereafter in this section referred to as the 'Fund'). The Fund shall consist of such amounts as may be appropriated to the Fund under subsection (b). Amounts appropriated for the Fund shall remain available until expended.	(a) ESTABLISHMENT.— There is established in the Treasury of the United States a fund to be known as the Indian Health Scholarship and Loan Repayment Recovery Fund (hereafter in this section referred to as the 'LRRF'). The LRRF shall consist of such amounts as may be collected from individuals under section 104(d), section 106(e), and section 110(l) for breach of contract, such funds as may be appropriated to the LRRF, and interest earned on amounts in the LRRF. All amounts collected, appropriated, or earned relative to the LRRF shall remain available until expended.	"(a) Establishment.— There is established in the Treasury of the United States a fund to be known as the Indian Health Scholarship and Loan Repayment Recovery Fund (hereafter in this section referred to as the 'LRRF'). The LRRF shall consist of such amounts as may be collected from individuals under section 104(d), section 106(e), and section 110(*l*) for breach of contract, such funds as may be appropriated to the LRRF, and interest earned on amounts in the LRRF. All amounts collected, appropriated, or earned relative to the LRRF shall remain available until expended.	SEC. 111 ~~108A~~. (a) Notwithstanding section 102 of this title, there is established in the Treasury of the United States a fund to be known as the Indian Health Scholarship and Loan Repayment Recovery Fund (hereafter in this section referred to as the 'LRRF' ~~'Fund'~~). The LRRF ~~Fund~~ shall consist of such amounts as may be collected from individuals under sections 105(b)(4)(A) and (B) and 110(1) for breach of contract, such funds as may be appropriated to the Fund , and such interest earned on amounts in the Fund, and all amounts collected, appropriated, or earned relative to ~~appropriated to the Fund under subsection (b). Amounts appropriated to~~ the Fund shall remain available until expended.
		(b) Authorization of appropriations. For each fiscal year, there is authorized to be appropriated to the Fund an amount equal to the sum of– (1) the amount collected during the preceding fiscal year by the Federal Government pursuant to-- (A) the liability of individuals under subparagraph (A) or (B) of section 104(b)(5) for the breach of contracts entered into under section 104; and (B) the liability of individuals under section 108(l) for the breach of contracts entered into under section 108; and (2) the aggregate amount of interest accruing during the preceding fiscal year on obligations held in the Fund pursuant to subsection (d) and the amount of proceeds from the sale or redemption of such obligations during such fiscal year.			
	Note A.	(c) (1) Amounts in the Fund and available pursuant to appropriation Acts may be expended by the Secretary, acting through the Service, to make payments to an Indian tribe or tribal organization administering a health care program pursuant to a contract entered into under the Indian Self-Determination Act–	(b) USE OF FUNDS.— (1) BY SECRETARY.— Amounts in the LRRF may be expended by the Secretary, acting through the Service, to make payments to an Indian Health Program—	"(b) Use of Funds.— "(1) BY SECRETARY.— Amounts in the LRRF may be expended by the Secretary, acting through the Service, to make payments to an Indian Health Program—	(b)(1) ~~(c)~~ Amounts in the LRRF ~~Fund and available pursuant to appropriation Acts~~ may be expended by the Secretary, subject to the provisions of Section 102, acting through the Service, to make payments to the Service or to an Indian Tribe or tribal organization administering a health care program pursuant to a funding agreement entered into under the Indian Self-Determination and Education Assistance Act–
		(A) to which a scholarship recipient under section 104 or a loan repayment program participant under section 108 has been assigned to meet the obligated service requirements pursuant to sections; and (B) that has a need for a health professional to provide health care services as a result of such recipient or	(A) to which a scholarship recipient under section 104 and 106 or a loan repayment program participant under section 110 has been assigned to meet the obligated service requirements pursuant to such sections; and (B) that has a need for a health professional to provide health care services as a result of such recipient or	"(A) to which a scholarship recipient under section 104 and 106 or a loan repayment program participant under section 110 has been assigned to meet the obligated service requirements pursuant to such sections; and "(B) that has a need for a health professional to provide health care services as a result of such recipient or	(A) to which a scholarship recipient under section 105 or a loan repayment program participant under section 110 ~~108~~ has been assigned to meet the obligated service requirements pursuant to sections; and (B) that has a need for a health professional to provide health care services as a result of such recipient or

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		participant having breached the contract entered into under section 104 of section 108. (2) An Indian tribe or tribal organization receiving payments pursuant to paragraph (1) may expend the payments to recruit and employ, directly or by contract, health professionals to provide health care services.	participant having breached the contract entered into under section 104, 106, or 110. (2) BY TRIBAL HEALTH PROGRAMS.— A Tribal Health Program receiving payments pursuant to paragraph (1) may expend the payments to provide scholarships or recruit and employ, directly or by contract, health professionals to provide health care services.	participant having breached the contract entered into under section 104, 106, or section 110. "(2) BY TRIBAL HEALTH PROGRAMS.— A Tribal Health Program receiving payments pursuant to paragraph (1) may expend the payments to provide scholarships or recruit and employ, directly or by contract, health professionals to provide health care services.	participant having breached the contract entered into under section 105 ~~104~~ or section 110 ~~108~~. (2) An Indian Tribe or tribal organization receiving payments pursuant to paragraph (1) may expend the payments to provide scholarships or recruit and employ, directly or by contract, health professionals to provide health care services.
		(d) (1) The Secretary of the Treasury shall invest such amounts of the Fund as such Secretary determines are not required to meet current withdrawals from the Fund. Such investments may be made only in interest-bearing obligations of the United States. For such purpose, such obligations may be acquired on original issue at the issue price, or by purchase of outstanding obligations at the market price.	(c) INVESTMENT OF FUNDS.— The Secretary of the Treasury shall invest such amounts of the LRRF as the Secretary of Health and Human Services determines are not required to meet current withdrawals from the LRRF. Such investments may be made only in interest bearing obligations of the United States. For such purpose, such obligations may be acquired on original issue at the issue price, or by purchase of outstanding obligations at the market price.	"(c) Investment of Funds.— The Secretary of the Treasury shall invest such amounts of the LRRF as the Secretary of Health and Human Services determines are not required to meet current withdrawals from the LRRF. Such investments may be made only in interest bearing obligations of the United States. For such purpose, such obligations may be acquired on original issue at the issue price, or by purchase of outstanding obligations at the market price.	(c) ~~(d)~~(1) The Secretary of the Treasury shall invest such amounts of the LRRF ~~Fund~~ as the ~~such~~ Secretary determines are not required to meet current withdrawals from the LRRF ~~Fund~~. Such investments may be made only in interest-bearing obligations of the United States. For such purpose, such obligations may be acquired on original issue at the issue price, or by purchase of outstanding obligations at the market price.
		(2) Any obligation acquired by the Fund may be sold by the Secretary of the Treasury at the market price.	(d) SALE OF OBLIGATIONS.— Any obligation acquired by the LRRF may be sold by the Secretary of the Treasury at the market price.	"(d) Sale of Obligations.— Any obligation acquired by the LRRF may be sold by the Secretary of the Treasury at the market price.	(2) Any obligation acquired by the LRRF ~~Fund~~ may be sold by the Secretary of the Treasury at the market price.
	[*Note:* Sec. 106(g)(2) of P.L. 102-573 states: "The amendment made by paragraph (1) [Sec. 108 g (3) of P.L. 94-437, above] shall apply only with respect to contracts under section 108 of the Indian Health Care Improvement Act entered into on or after the date of enactment of the Act [October 29, 1992]."]				
	1			"(e) Effective Date.— This section takes effect on October 1, 2009.	
	S.1790 did not change CL § 109.	RECRUITMENT ACTIVITIES SEC. 109. (a) The Secretary may reimburse health professionals seeking positions with the Service, including individuals considering entering into a contract under section 108, and their spouses, for actual and reasonable expenses incurred in traveling to and from their places of residence to an area in which they may be assigned for the purpose of evaluating such area with respect to such assignment. (b) The Secretary, acting through the Service, shall assign one individual in each area office to be responsible on a full-time basis for recruitment activities.	SEC. 112. RECRUITMENT ACTIVITIES. (a) REIMBURSEMENT FOR TRAVEL.— The Secretary, acting through the Service, may reimburse health professionals seeking positions with Indian Health Programs or urban Indian organizations, including individuals considering entering into a contract under section 110 and their spouses, for actual and reasonable expenses incurred in traveling to and from their places of residence to an area in which they may be assigned for the purpose of evaluating such area with respect to such assignment. (b) RECRUITMENT PERSONNEL.— The Secretary, acting through the Service, shall assign 1 individual in each Area Office to be responsible on a full-time basis for recruitment activities.	"SEC. 112. RECRUITMENT ACTIVITIES. "(a) Reimbursement for Travel.— The Secretary, acting through the Service, may reimburse health professionals seeking positions with Indian Health Programs or urban Indian organizations, including individuals considering entering into a contract under section 110 and their spouses, for actual and reasonable expenses incurred in traveling to and from their places of residence to an area in which they may be assigned for the purpose of evaluating such area with respect to such assignment. "(b) Recruitment Personnel.— The Secretary, acting through the Service, shall assign 1 individual in each Area Office to be responsible on a full-time basis for recruitment activities.	RECRUITMENT ACTIVITIES SEC. 112 ~~109~~. (a) The Secretary may reimburse health professionals seeking positions with the Service, Indian Tribes, tribal organizations , or urban Indian organizations, including unpaid student volunteers and individuals considering entering into a contract under section ~~108~~110, and their spouses, for actual and reasonable expenses incurred in traveling to and from their places of residence to an area in which they may be assigned for the purpose of evaluating such area with respect to such assignment. (b) The Secretary, acting through the Service, shall assign one individual in each area office to be responsible on a full-time basis for recruitment activities.
	S.1790 did not change CL § 110. *See*, Note A	TRIBAL RECRUITMENT AND RETENTION PROGRAM SEC. 110. (a) The Secretary , acting through the Service, shall fund, on a competitive basis, projects to enable Indian tribes and tribal and Indian	SEC. 113. INDIAN RECRUITMENT AND RETENTION PROGRAM. (a) IN GENERAL.— The Secretary, acting through the Service, shall fund, on a competitive basis, innovative demonstration projects for a period not to	"SEC. 113. INDIAN RECRUITMENT AND RETENTION PROGRAM. "(a) In General.— The Secretary, acting through the Service, shall fund, on a competitive basis, innovative demonstration projects for a period not to	TRIBAL RECRUITMENT AND RETENTION PROGRAM SEC. 113~~110~~. (a) The Secretary, subject to section 102 acting through the Service, shall fund~~, on a competitive basis~~, innovative demonstration projects for a

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		organizations to recruit, place and retain health professionals to meet the staffing needs of Indian health programs (as defined in section 108(a)(2)). (b) (1) Any Indian tribe or tribal or Indian organization may submit an application for funding of a project pursuant to this section. (2) Indian tribes and tribal and Indian organizations under the authority of the Indian Self-Determination Act shall be given an equal opportunity with programs that are administered directly by the Service to compete for, and receive, grants under subsection (a) for such projects.	exceed 3 years to enable Indian Health Programs and urban Indian organizations to recruit, place, and retain health professionals to meet their staffing needs. (b) ELIGIBLE ENTITIES; APPLICATION.— Any Indian Health Program or Urban Indian organization may submit an application for funding of a project pursuant to this section.	exceed 3 years to enable Tribal Health Programs and urban Indian organizations to recruit, place, and retain health professionals to meet their staffing needs. "(b) Eligible Entities; Application.— Any Tribal Health Program or urban Indian organization may submit an application for funding of a project pursuant to this section.	period not to exceed three (3) years ~~projects~~ to enable Indian Tribes, tribal organizations and urban Indian organizations to recruit, place, and retain health professionals to meet the staffing needs of Indian health programs (as defined in section 110(a)(2)(A) ~~108(a)(2)~~). (b)(1) Any Indian Tribe, tribal organization or urban Indian organization may submit an application for funding of a project pursuant to this section. (~~2) Indian Tribes and tribal and Indian organizations under the authority of the Indian Self-Determination Act shall be given an equal opportunity with programs that are administered directly by the Service to compete for, and receive, grants under subsection (a) for such projects.~~
	S.1790 did not change CL § 111.	ADVANCE TRAINING AND RESEARCH SEC. 111. (a) The Secretary, acting through the Service, shall establish a program to enable health professions who have worked in an Indian health program (as defined in section 108(a)(38)) for a substantial period of time to pursue advanced training or research areas of study for which the Secretary determines a need exists. (b) An individual who participates in a program under subsection (a) where the educational costs are borne by the Service, shall incur an obligation to serve in an Indian health program for a period of obligated service equal to at least the period of time during which the individual participates in such program. In the event that the individual fails to complete such obligated service, the individual shall be liable to the United States for the period of service remaining. In such event, with respect to individuals entering the program after the date of enactment of the Indian Health Amendments of 1992, the United States shall be entitled to recover from such individual an amount to be determined in accordance with the formula specified in subsection (*1*) of section 108 in the manner provided for in such subsection. (c) Health professionals from Indian tribes and tribal and Indian organizations under the authority of the Indian Self-Determination Act shall be given an equal opportunity to participate in the program under subsection (a).	SEC. 114. ADVANCED TRAINING AND RESEARCH. (a) DEMONSTRATION PROGRAM.— The Secretary, acting through the Service, shall establish a demonstration project to enable health professionals who have worked in an Indian Health Program or urban Indian organization for a substantial period of time to pursue advanced training or research areas of study for which the Secretary determines a need exists. (b) SERVICE OBLIGATION.— An individual who participates in a program under subsection (a), where the educational costs are borne by the Service, shall incur an obligation to serve in an Indian Health Program or urban Indian organization for a period of obligated service equal to at least the period of time during which the individual participates in such program. In the event that the individual fails to complete such obligated service, the individual shall be liable to the United States for the period of service remaining. In such event, with respect to individuals entering the program after the date of enactment of the Indian Health Care Improvement Act Amendments of 2009, the United States shall be entitled to recover from such individual an amount to be determined in accordance with the formula specified in subsection (l) of section 110 in the manner provided for in such subsection. (c) EQUAL OPPORTUNITY FOR PARTICIPATION.— Health professionals from Tribal Health Programs and urban Indian organizations shall be given an equal opportunity to participate in the program under subsection (a).	"SEC. 114. ADVANCED TRAINING AND RESEARCH. "(a) Demonstration Program.— The Secretary, acting through the Service, shall establish a demonstration project to enable health professionals who have worked in an Indian Health Program or urban Indian organization for a substantial period of time to pursue advanced training or research areas of study for which the Secretary determines a need exists. "(b) Service Obligation.— An individual who participates in a program under subsection (a), where the educational costs are borne by the Service, shall incur an obligation to serve in an Indian Health Program or urban Indian organization for a period of obligated service equal to at least the period of time during which the individual participates in such program. In the event that the individual fails to complete such obligated service, the individual shall be liable to the United States for the period of service remaining. In such event, with respect to individuals entering the program after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the United States shall be entitled to recover from such individual an amount to be determined in accordance with the formula specified in subsection (*l*) of section 110 in the manner provided for in such subsection. "(c) Equal Opportunity for Participation.— Health professionals from Tribal Health Programs and urban Indian organizations shall be given an equal opportunity to participate in the program under	ADVANCED TRAINING AND RESEARCH SEC. 114 ~~111~~. (a) The Secretary, acting through the Service, shall establish a demonstration project ~~program~~ to enable health professionals who have worked in an Indian health program (as defined in section 110 ~~108~~ for a substantial period of time to pursue advanced training or research areas of study for which the Secretary determines a need exists. (b) An individual who participates in a program under subsection (a) where the educational costs are borne by the Service, shall incur an obligation to serve in an Indian health program for a period of obligated service equal to at least the period of time during which the individual participates in such program. In the event that the individual fails to complete such obligated service, the individual shall be liable to the United States for the period of service remaining. In such event, with respect to individuals entering the program after the date of enactment of the Indian Health Amendments of 2000~~1992~~, the United States shall be entitled to recover from such individual an amount to be determined in accordance with the formula specified in subsection (l) of section 110~~108~~ in the manner provided for in such subsection. (c) Health professionals from Indian Tribes and tribal organizations under the authority of the Indian Self-Determination and Education Assistance Act, and urban Indian organizations shall be given an equal opportunity to participate in the program under subsection (a).

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				subsection (a).	
	S.1790 did not change CL § 112.	NURSING PROGRAM QUENTIN N. BURDICK AMERICAN INDIANS INTO NURSING PROGRAM* SEC. 112. (a) The Secretary, acting through the Service, shall provide grants to– (1) public or private schools of nursing, (2) tribally-controlled community colleges and tribally controlled postsecondary vocational institutions (as defined in section 390(2) of the Tribally Controlled Vocational Institutions Support Act of 1990 (20 U.S.C. 2397h(2)), and (3) nurse midwife programs, and nurse practitioner programs, that are provided by any public or private institutions, for the purposes of increasing the number of nurses, nurse midwives and nurse practitioners who deliver health care services to Indians.	SEC. 115. QUENTIN N. BURDICK AMERICAN INDIANS INTO NURSING PROGRAM. (a) GRANTS. AUTHORIZED.— For the purpose of increasing the number of nurses, nurse midwives, and nurse practitioners who deliver health care services to Indians, the Secretary, acting through the Service, shall provide grants to the following: (1) Public or private schools of nursing. (2) Tribal colleges or universities. (3) Nurse midwife programs and advanced practice nurse programs that are provided by any tribal college or university accredited nursing program, or in the absence of such, any other public or private institutions.	"SEC. 115. QUENTIN N. BURDICK AMERICAN INDIANS INTO NURSING PROGRAM. "(a) Grants Authorized.— For the purpose of increasing the number of nurses, nurse midwives, and nurse practitioners who deliver health care services to Indians, the Secretary, acting through the Service, shall provide grants to the following: "(1) Public or private schools of nursing. "(2) Tribal colleges or universities. "(3) Nurse midwife programs and advanced practice nurse programs that are provided by any tribal college or university accredited nursing program, or in the absence of such, any other public or private institutions.	NURSING PROGRAM QUENTIN N. BURDICK AMERICAN INDIANS INTO NURSING PROGRAM" SEC. 115 ~~112~~. (a) Notwithstanding Section 102, the Secretary, acting through the Service, shall provide grants to– (1)public or private schools of nursing, (2)tribally-controlled community colleges and tribally controlled postsecondary vocational institutions (as defined in section 390(2) of the tribally Controlled Vocational Institutions Support Act of 1990 (20 U.S.C. 2397h(2)), and (3) nurse midwife programs, and advance practice nurse ~~practitioner~~ programs, that are provided by any tribal college accredited nursing program, in the absence of such, any other public or private institutions, for the purpose of increasing the number of nurses, nurse midwives, and nurse practitioners who deliver health care services to Indians
		(b) Grants provided under subsection (a) may be used to– (1) recruit individuals for programs which train individuals to be nurses, nurse midwives, or nurse practitioners, (2) provide scholarships to individuals enrolled in such programs that may pay the tuition charged for such program and other expenses incurred in connection with such program, including books, fees, room and board, and stipends for living expenses, (3) provide a program that encourages nurses, nurse midwives, and nurse practitioners to provide, or continue to provide, health care services to Indians, (4) provide a program that increases the skills of, and provides continuing education to, nurses, nurse midwives, and nurse practitioners, or (5) provide an program that is designed to achieve the purpose described in subsection (a).	(b) USE OF GRANTS.— Grants provided under subsection (a) may be used for 1 or more of the following: (1) To recruit individuals for programs which train individuals to be nurses, nurse midwives, or advanced practice nurses. (2) To provide scholarships to Indians enrolled in such programs that may pay the tuition charged for such program and other expenses incurred in connection with such program, including books, fees, room and board, and stipends for living expenses. (3) To provide a program that encourages nurses, nurse midwives, and advanced practice nurses to provide, or continue to provide, health care services to Indians. (4) To provide a program that increases the skills of, and provides continuing education to, nurses, nurse midwives, and advanced practice nurses. (5) To provide any program that is designed to achieve the purpose described in subsection (a).	"(b) Use of Grants.— Grants provided under subsection (a) may be used for 1 or more of the following: "(1) To recruit individuals for programs which train individuals to be nurses, nurse midwives, or advanced practice nurses. "(2) To provide scholarships to Indians enrolled in such programs that may pay the tuition charged for such program and other expenses incurred in connection with such program, including books, fees, room and board, and stipends for living expenses. "(3) To provide a program that encourages nurses, nurse midwives, and advanced practice nurses to provide, or continue to provide, health care services to Indians. "(4) To provide a program that increases the skills of, and provides continuing education to, nurses, nurse midwives, and advanced practice nurses. "(5) To provide any program that is designed to achieve the purpose described in subsection (a).	(b) Grants provided under subsection (a) may be used to– (1) recruit individuals for programs which train individuals to be nurses, nurse midwives, or advanced practice nurses, ~~nurse practitioners~~, (2)provide scholarships to Indian individuals enrolled in such programs that may pay the tuition charged for such program and other expenses incurred in connection with such program, including books, fees, room and board, and stipends for living expenses, (3)provide a program that encourages nurses, nurse midwives, and advanced practice nurses ~~nurse practitioners~~ to provide, or continue to provide, health care services to Indians, (4)provide a program that increases the skills of, and provides continuing education to, nurses, nurse midwives, and advanced practice nurses, ~~nurse practitioners~~, or (5)provide any program that is designed to achieve the purpose described in subsection (a).
		(c) Each applicant for a grant under subsection (a) shall include such information as the Secretary may require to establish the connection between the program of the applicant and a health care facility that primarily serves Indians.	(c) APPLICATIONS.— Each application for a grant under subsection (a) shall include such information as the Secretary may require to establish the connection between the program of the applicant and a health care facility that primarily serves Indians.	"(c) Applications.— Each application for a grant under subsection (a) shall include such information as the Secretary may require to establish the connection between the program of the applicant and a health care facility that primarily serves Indians.	(c)Each applicant for funding ~~a grant~~ under subsection (a)shall include such information as the Secretary may require to establish the connection between the program of the applicant and a health care facility that primarily serves Indians.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		(d) In providing grants under subsection (a), the Secretary shall extend a preference to– (1) programs that provide a preference to Indians, (2) programs that train nurse midwives or nurse practitioners, (3) programs tat are interdisciplinary and (4) programs that are conducted in cooperation with a center for gifted and talented Indian students established under section 5314(a) of the Indian Education Act of 1988.	(d) PREFERENCES FOR GRANT RECIPIENTS.— In providing grants under subsection (a), the Secretary shall extend a preference to the following: (1) Programs that provide a preference to Indians. (2) Programs that train nurse midwives or advanced practice nurses. (3) Programs that are interdisciplinary. (4) Programs that are conducted in cooperation with a program for gifted and talented Indian students. (5) Programs conducted by tribal colleges and universities.	"(d) Preferences for Grant Recipients.— In providing grants under subsection (a), the Secretary shall extend a preference to the following: "(1) Programs that provide a preference to Indians. "(2) Programs that train nurse midwives or advanced practice nurses. "(3) Programs that are interdisciplinary. "(4) Programs that are conducted in cooperation with a program for gifted and talented Indian students. "(5) Programs conducted by tribal colleges and universities.	(d) In providing grants under subsection (a), the Secretary shall extend a preference to– (1) programs that provide a preference to Indians, (2) programs that train nurse midwives or advanced practice nurses ~~nurse practitioners~~, (3) programs that are interdisciplinary and (4) programs that are conducted in cooperation with a center for gifted and talented Indian students established under section 5324(a) of the Indian Education Act of 1988.
		(e) the Secretary shall provide one of the grants authorized under subsection (a) to establish and maintain a program at the University of North Dakota to be known s the "Quentin N. Burdick American Indians Into Nursing Program". Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick Indian Health Programs established under section 114(b) and the Quentin N. Burdick American Indians Into Psychology Program established under section 217(b).	(e) QUENTIN N. BURDICK PROGRAM GRANT.— The Secretary shall provide 1 of the grants authorized under subsection (a) to establish and maintain a program at the University of North Dakota to be known as the 'Quentin N. Burdick American Indians Into Nursing Program'. Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick Indian Health Programs established under section 117(b) and the Quentin N. Burdick American Indians Into Psychology Program established under section 105(b).	"(e) Quentin N. Burdick Program Grant.— The Secretary shall provide 1 of the grants authorized under subsection (a) to establish and maintain a program at the University of North Dakota to be known as the 'Quentin N. Burdick American Indians Into Nursing Program'. Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick Indian Health Programs established under section 117(b) and the Quentin N. Burdick American Indians Into Psychology Program established under section 105(b).	(e) The Secretary shall provide one of the grants authorized under subsection (a) to establish and maintain a program at the University of North Dakota to be known as the "Quentin N. Burdick American Indians Into Nursing Program". Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick Indian Health Programs established under section 117 ~~114~~(b) and the Quentin N. Burdick American Indians Into Psychology Program established under section 106 ~~217~~(b).
	See, Note A	(f) The active duty service obligation prescribed under section 338C of the Public Health Service Act (42 U.S.C. 254M) shall be met by each individual who receives training or assistance described in paragraph (1) or (2) of subjection (b) that is funded by a grant provided under subsection (a). Such obligations shall be met by service– (A) in the Indian Health Service; (B) in a program conducted under a contract entered into under the Indian Self-Determination Act; (C) in a program assisted under title V of this Act; or (D) in the private practice of nursing if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice is situated in a physician or other health professional shortage area and addresses the health care needs of a substantial number of Indians.	(f) ACTIVE DUTY SERVICE OBLIGATION.— The active duty service obligation prescribed under section 338C of the Public Health Service Act (42 U.S.C. 254m) shall be met by each individual who receives training or assistance described in paragraph (1) or (2) of subsection (b) that is funded by a grant provided under subsection (a). Such obligation shall be met by service— (1) in the Service; (2) in a program of an Indian Tribe or TribalOrganization conducted under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) (including programs under agreements with the Bureau of Indian Affairs); (3) in a program assisted under title V of this Act; (4) in the private practice of nursing if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice is situated in a physician or other health shortage area and addresses the health care needs of a substantial number of Indians; or (5) in a teaching capacity in a tribal college or university nursing program (or a related health profession program) if,	"(f) Active Duty Service Obligation.— The active duty service obligation prescribed under section 338C of the Public Health Service Act (42 U.S.C. 254m) shall be met by each individual who receives training or assistance described in paragraph (1) or (2) of subsection (b) that is funded by a grant provided under subsection (a). Such obligation shall be met by service— "(1) in the Service; "(2) in a program of an Indian Tribe or Tribal Organization conducted under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) (including programs under agreements with the Bureau of Indian Affairs); "(3) in a program assisted under title V of this Act; "(4) in the private practice of nursing if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice is situated in a physician or other health shortage area and addresses the health care needs of a substantial number of Indians; or "(5) in a teaching capacity in a tribal college or university nursing program (or a related health profession program) if, as	(f) The active duty service obligation prescribed under section 338C of the Public Health Service Act (42 U.S.C. 254m) shall be met by each individual who receives training or assistance described in paragraph (1) or (2) of subsection (b) that is funded by a grant provided under subsection (a). Such obligation shall be met by service– (A)in the Indian Health Service; (B)in a program conducted under a contract entered into under the Indian Self-Determination and Education Assistance Act; (C)in a program assisted under title V of this Act; or (D)in the private practice of nursing if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice is situated in a physician or other health professional shortage area and addresses the health care needs of a substantial number of Indians.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			as determined by the Secretary, health services provided to Indians would not decrease.	determined by the Secretary, health services provided to Indians would not decrease.	
		(g) Beginning with fiscal year 1993, of the amounts appropriated under the authority of this title for each fiscal year to be used to carry out this section, not less than $1,000,000 shall be used to provide grants under subsection (a) for the training of nurse midwives, nurse anesthetists, and nurse practitioners.			~~(g) Beginning with fiscal year 1993, Of the amounts appropriated under the authority of this title for each fiscal year to be used to carry out this section, not less than $1,000,000 shall be used to provide grants under subsection (a) for the training of nurse midwives, nurse anesthetists, and practitioners.~~
	S.1790 did not change CL § 112A.	NURSE SCHOOL CLINICS SEC. 112A. (a) GRANTS.–In addition to the authority of the Secretary under section 112(a)(1), the Secretary, acting through the Service, is authorized to provide grants to public or private schools of nursing for the purpose of establishing, developing, operating, and administering clinics to address the health care needs of Indians, and to provide primary health care services to Indians who reside on or within 50 miles of Indian country, as defined in section 1151 of title 18, United States Code. (b) PURPOSES.– Grants provided under subsection (a) may be used to– (1) establish clinics, to be run and staffed by the faculty and students of a grantee school, to provide primary care services in areas in or within 50 miles of Indian country (as defined in section 1151 of title 18, United States Code) (2) provide clinical training, program development, faculty enhancement, and student scholarships in a manner that would benefit such clinics; and (3) carry out any other activities determined appropriate by the Secretary. (c) AMOUNT AND CONDITIONS.–The Secretary may award grants under this section in such amounts and subject to such conditions as the Secretary deems appropriate. (d) DESIGN.–The clinics established under this section shall be designed to provide nursing students with a structured clinical experience that is similar in nature to that provided by residency training programs for physicians. (e) REGULATIONS.–The Secretary shall prescribe such regulations as may be necessary to carry out the provisions of this section. (f) AUTHORIZATION TO USE AMOUNTS–Out of amounts appropriated to carry out this title for each of the fiscal years 13 through 2000 not more than			~~NURSING SCHOOL CLINICS~~ ~~SEC. 112A. (a) GRANTS.--In addition to the authority of the Secretary under section 114112(a)(1), the Secretary, acting through the Service, is authorized to provide grants to public or private schools of nursing for the purpose of establishing, developing, operating, and administering clinics to address the health care needs of Indians, and to provide primary health care services to Indians who reside on or within 50 miles of Indian country, as defined in section 1151 of title 18, United States Code.~~ ~~(b) PURPOSES.--Grants provided under subsection (a) may be used to--~~ ~~(1)establish clinics, to be run and staffed by the faculty and students of a grantee school, to provide primary care services in areas in or within 50 miles of Indian country (as defined in section 1151 of title 18, United States Code)~~ ~~(2)provide clinical training, program development,faculty enhancement, and student scholarships in a manner that would benefit such clinics; and~~ ~~(3)carry out any other activities determined appropriate by the Secretary.~~ ~~(c)AMOUNT AND CONDITIONS.--The Secretary may award grants under this section in such amounts and subject to such conditions as the Secretary deems appropriate.~~ ~~(d) DESIGN.--The clinics established under this section shall be designed to provide nursing students with a structured clinical experience that is similar in nature to that provided by residency training programs for physicians.~~ ~~(e) REGULATIONS.--The Secretary shall prescribe such regulations as may be necessary to carry out the provisions of this section.~~ ~~(f) AUTHORIZATION TO USE AMOUNTS.--Out of amounts appropriated to carry out this title for each of the fiscal years 20001993 through~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		$5,000,000 may be used to carry out this section.			~~2010~~~~2000 not more than $5,000,000 may be used to carry out this section~~.
	S.1790 did not change CL §113.	TRIBAL CULTURE AND HISTORY SEC 113. (a) The Secretary, acting through the Service, shall establish a program under which appropriate employees of the Service who serve particular Indian tribes shall receive educational instruction in the history and culture of such tribes and in the history of the Services. (b) To the extent feasible, the program established under subsection (a) shall– (1) be carried out through tribally-controlled community colleges (within the meaning of section 2(4) of the Tribally Controlled Community College Assistance Act of 1978) and tribally controlled postsecondary vocational institutions (as defined in section 390(2) of the tribally Controlled Vocational Institutions Support Act of 1990 (20 U.S.C. 2397 h(2)), and (2) be developed in consultation with the affected tribal government, and (3) include instruction in Native American studies.	SEC. 116. TRIBAL CULTURAL ORIENTATION. (a) CULTURAL EDUCATION OF EMPLOYEES.— The Secretary, acting through the Service, shall require that appropriate employees of the Service who serve IndianTribes in each Service Area receive educational instruction in the history and culture of such Indian Tribes and their relationship to the Service. (b) PROGRAM.— In carrying out subsection (a), the Secretary shall establish a program which shall, to the extent feasible— (1) be developed in consultation with the affected Indian Tribes, Tribal Organizations, and urban Indian organizations; (2) be carried out through tribal colleges or universities; (3) include instruction in American Indian studies; and (4) describe the use and place of traditional health care practices of the Indian Tribes in the Service Area.	"SEC. 116. TRIBAL CULTURAL ORIENTATION. "(a) Cultural Education of Employees.— The Secretary, acting through the Service, shall require that appropriate employees of the Service who serve Indian Tribes in each Service Area receive educational instruction in the history and culture of such Indian Tribes and their relationship to the Service. "(b) Program.— In carrying out subsection (a), the Secretary shall establish a program which shall, to the extent feasible— "(1) be developed in consultation with the affected Indian Tribes, Tribal Organizations, and urban Indian organizations; "(2) be carried out through tribal colleges or universities; "(3) include instruction in American Indian studies; and "(4) describe the use and place of traditional health care practices of the Indian Tribes in the Service Area.	TRIBAL CULTURAL ORIENTATION ~~CULTURE AND HISTORY~~ SEC 116 ~~113~~. (a) The Secretary, pursuant to the requirements of section 102, acting through the Service, shall require that ~~establish a program under which~~ appropriate employees of the Service who serve ~~particular~~ Indian Tribes in each service area shall receive educational instruction in the history and culture of such Tribes and their relationship to ~~in the history of~~ the Service. (b)To the extent feasible, the program established under subsection (a) shall– (1) ~~(2)~~ be developed in consultation with the affected tribal governments, tribal organizations and urban Indian organizations, ~~and~~ (2) ~~(1)~~ be carried out through tribally-controlled community colleges (within the meaning of section 2(4) of the tribally Controlled Community College Assistance Act of 1978)and tribally controlled postsecondary vocational institutions (as defined in section 390(2) of the tribally Controlled Vocational Institutions Support Act of 1990 (20 U.S.C. 2397 (h)(2)), and (3) include instruction in ~~Native~~ American Indian studies, and (4) the use and place of traditional health care practices in the Tribe.
	S.1790 did not change CL § 114.	INMED PROGRAM SEC. 114. (a) The Secretary is authorized to provide grants to at least 3 colleges and universities for the purpose of maintaining and expanding the Native American health careers recruitment program known as the "Indians into Medicine Program" (hereinafter in this section referred to as "INMED") as a means of encouraging Indians to enter the health professions.	SEC. 117. INMED PROGRAM. (a) GRANTS AUTHORIZED.— The Secretary, acting through the Service, is authorized to provide grants to colleges and universities for the purpose of maintaining and expanding the Indian health careers recruitment program known as the 'Indians Into Medicine Program' (hereinafter in this section referred to as 'INMED') as a means of encouraging Indians to enter the health professions.	"SEC. 117. INMED PROGRAM. "(a) Grants Authorized.— The Secretary, acting through the Service, is authorized to provide grants to colleges and universities for the purpose of maintaining and expanding the Indian health careers recruitment program known as the 'Indians Into Medicine Program' (hereinafter in this section referred to as 'INMED') as a means of encouraging Indians to enter the health professions.	INMED PROGRAM SEC. 117 ~~114~~. (a) the Secretary is authorized to provide grants to ~~at least 3~~ colleges and universities for the purpose of maintaining and expanding the Native American health careers recruitment program known as the "Indians into Medicine Program" (hereinafter in this section referred to as "INMED") as a means of encouraging Indians to enter the health professions.
		(b) The Secretary shall provide one of the grants authorized under subsection (a) to maintain the INMED program at the University of North Dakota to be known as the Quentin N. Burdick Indian Health Programs, unless the Secretary makes a determination, based upon program reviews, that the program is not meeting the purposes of this section such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick American Indians Into Psychology Program established under section 217(b)	(b) QUENTIN N. BURDICK GRANT.— The Secretary shall provide 1 of the grants authorized under subsection (a) to maintain the INMED program at the University of North Dakota, to be known as the 'Quentin N. Burdick Indian Health Programs', unless the Secretary makes a determination, based upon program reviews, that the program is not meeting the purposes of this section. Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick American Indians Into Psychology	"(b) Quentin N. Burdick Grant.— The Secretary shall provide 1 of the grants authorized under subsection (a) to maintain the INMED program at the University of North Dakota, to be known as the 'Quentin N. Burdick Indian Health Programs', unless the Secretary makes a determination, based upon program reviews, that the program is not meeting the purposes of this section. Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick American Indians Into Psychology	(b) The Secretary shall provide one of the grants authorized under subsection (a) to maintain the INMED program at the University of North Dakota to be known as the Quentin N. Burdick Indian Health Programs, unless the Secretary makes a determination, based upon program reviews, that the program is not meeting the purposes of this section such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick American Indians Into Psychology Program established under section 106

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		and the Quentin N. Burdick American Indians into Nursing Program established under section 112(e).	Program established under section 105(b) and the Quentin N. Burdick American Indians Into Nursing Program established under section 115.	Program established under section 105(b) and the Quentin N. Burdick American Indians Into Nursing Program established under section 115.	~~217~~(b) and the Quentin N. Burdick American Indians Into Nursing Program established under section 115 ~~112(e~~).
		(c) (1) The Secretary shall develop regulations for the competitive awarding of the grants provided under this section.	(c) REGULATIONS.— The Secretary, pursuant to this Act, shall develop regulations to govern grants pursuant to this section.	"(c) Regulations.— The Secretary, pursuant to this Act, shall develop regulations to govern grants pursuant to this section.	(c)(1)The Secretary, pursuant to this Act, shall develop regulations to govern grants pursuant to ~~for the competitive awarding of the grants provided under~~ this section.
		(2) Applicants for grants provided under this section shall agree to provide a program which– (A) provides outreach and recruitment for health professions to Indian communities including elementary, secondary and community colleges located on Indian reservations which will be served by the program, (B) incorporates a program advisory board comprised of representatives from the tribes and communities which will be served by the program, (C) provides summer preparatory programs for Indian students who need enrichment in the subjects of math and science in order to pursue training in the health professions, (D) provides tutoring, counseling and support to students who are enrolled in a health career program of study at a respective college or university, and (E) to the maximum extent feasible, employs qualified Indians in the program. (d) Report to Congress. By no later than the date that is 3 years after the date of enactment of the Indian Health Care Amendments of 1988 [enacted Nov. 23, 1988], the Secretary shall submit a report to the Congress on the program established under this section including recommendations for expansion or changes to the program.	(d) REQUIREMENTS.— Applicants for grants provided under this section shall agree to provide a program which— (1) provides outreach and recruitment for health professions to Indian communities including elementary and secondary schools and community colleges located on reservations which will be served by the program; (2) incorporates a program advisory board comprised of representatives from the Indian Tribes and Indian communities which will be served by the program; (3) provides summer preparatory programs for Indian students who need enrichment in the subjects of math and science in order to pursue training in the health professions; (4) provides tutoring, counseling, and support to students who are enrolled in a health career program of study at the respective college or university; and (5) to the maximum extent feasible, employs qualified Indians in the program.	"(d) Requirements.— Applicants for grants provided under this section shall agree to provide a program which— "(1) provides outreach and recruitment for health professions to Indian communities including elementary and secondary schools and community colleges located on reservations which will be served by the program; "(2) incorporates a program advisory board comprised of representatives from the Indian Tribes and Indian communities which will be served by the program; "(3) provides summer preparatory programs for Indian students who need enrichment in the subjects of math and science in order to pursue training in the health professions; "(4) provides tutoring, counseling, and support to students who are enrolled in a health career program of study at the respective college or university; and "(5) to the maximum extent feasible, employs qualified Indians in the program.	(2) Applicants for grants provided under this section shall agree to provide a program which– (A) provides outreach and recruitment for health professions to Indian communities including elementary, secondary and community colleges located on Indian reservations which will be served by the program, (B) incorporates a program advisory board comprised of representatives from the Tribes and Indian communities which will be served by the program, (C) provides summer preparatory programs for Indian students who need enrichment in the subjects of math and science in order to pursue training in the health professions, (D) provides tutoring, counseling and support to students who are enrolled in a health career program of study at the respective college or university, and (E) to the maximum extent feasible, employs qualified Indians in the program. ~~(d) By no later than the date that is 3 years after the date of enactment of the Indian Health Care Amendments of 1988, the Secretary shall submit a report to the Congress on the program established under this section including recommendations for expansion or changes to the program~~.
	S.1790 did not change CL § 115. *Note: In (a)(2), the amount that may be awarded will not be increased if CL is retained..*	HEALTH TRAINING PROGRAMS OF COMMUNITY COLLEGES SEC. 115. (a)(1) The Secretary, acting through the Service, shall award grants to community colleges for the purpose of assisting the community college in the establishment of programs which provide education in a health profession leading to a degree or diploma in a health profession for individuals who desire to practice such profession on an Indian reservation or in a tribal clinic. (2) The amount of any grant awarded to a community college under paragraph (1) for the first year in which such a grant is provided to the community college shall	SEC. 118. HEALTH TRAINING PROGRAMS OF COMMUNITY COLLEGES. (a) GRANTS TO ESTABLISH PROGRAMS.— (1) IN GENERAL.— The Secretary, acting through the Service, shall award grants to accredited and accessible community colleges for the purpose of assisting such community colleges in the establishment of programs which provide education in a health profession leading to a degree or diploma in a health profession for individuals who desire to practice such profession on or near a reservation or in an Indian Health Program.	"SEC. 118. HEALTH TRAINING PROGRAMS OF COMMUNITY COLLEGES. "(a) Grants to Establish Programs.— "(1) IN GENERAL.— The Secretary, acting through the Service, shall award grants to accredited and accessible community colleges for the purpose of assisting such community colleges in the establishment of programs which provide education in a health profession leading to a degree or diploma in a health profession for individuals who desire to practice such profession on or near a reservation or in an Indian Health Program. "(2) AMOUNT OF GRANTS.— The amount	HEALTH TRAINING PROGRAMS OF COMMUNITY COLLEGES SEC. 118 ~~115~~. (a)(1) Subject to the requirements of section 102, the Secretary, acting through the Service, shall award grants to accredited and accessible community colleges for the purpose of assisting such ~~the~~ community colleges in the establishment of programs which provide education in a health profession leading to a degree or diploma in a health profession for individuals who desire to practice such profession on an Indian reservation, in the Service or in a tribal ~~clinic~~ health programs. (2) The amount of any grant awarded

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		not exceed $100,000.	(2) AMOUNT OF GRANTS.— The amount of any grant awarded to a community college under paragraph (1) for the first year in which such a grant is provided to the community college shall not exceed $250,000.	of any grant awarded to a community college under paragraph (1) for the first year in which such a grant is provided to the community college shall not exceed $250,000.	to a community college under paragraph (1) for the first year in which such a grant is provided to the community college shall not exceed $100,000.
	Note: In (b)(2), the requirement that a grantee must agree to provide Indian preference will not be enacted if CL is retained. *In ((b)(2)(C)(iii), updating reference from "facilities" to "programs" will not occur is CL is retained.*	(b) (1) The Secretary, acting through the Service, shall award grants to community colleges that have established a program described in subsection (a)(1) for the purpose of maintaining the program and recruiting students for the program. (2) Grants may only be made under this section to a community college which– (A) is accredited, (B) has access to a hospital facility, Service facility, or hospital that could provide training of nurses or health professionals. (C) has entered into an agreement with an accredited college or university medical school, the terms of which– (i) provide a program that enhances the transition and recruitment of students into advanced baccalaureate or graduate programs which train health professionals, and (iii) stipulate certifications necessary to approve internship and field placement opportunities at service unit facilities of the Service or at tribal health facilities, (D) has a qualified staff which has the appropriate certifications, and (E) is capable of obtaining State or regional accreditation of the program described in subsection (a)(1).	(b) GRANTS FOR MAINTENANCE AND RECRUITING.— (1) IN GENERAL.— The Secretary, acting through the Service, shall award grants to accredited and accessible community colleges that have established a program described in subsection (a)(1) for the purpose of maintaining the program and recruiting students for the program. (2) REQUIREMENTS.— Grants may only be made under this section to a community college which— (A) is accredited; (B) has a relationship with a hospital facility, Service facility, or hospital that could provide training of nurses or health professionals; (C) has entered into an agreement with an accredited college or university medical school, the terms of which— (i) provide a program that enhances the transition and recruitment of students into advanced baccalaureate or graduate programs that train health professionals; and (ii) stipulate certifications necessary to approve internship and field placement opportunities at Indian Health Programs; (D) has a qualified staff which has the appropriate certifications; (E) is capable of obtaining State or regional accreditation of the program described in subsection (a)(1); and (F) agrees to provide for Indian preference for applicants for programs under this section.	"(b) Grants for Maintenance and Recruiting.— "(1) IN GENERAL.— The Secretary, acting through the Service, shall award grants to accredited and accessible community colleges that have established a program described in subsection (a)(1) for the purpose of maintaining the program and recruiting students for the program. "(2) REQUIREMENTS.— Grants may only be made under this section to a community college which— "(A) is accredited; "(B) has a relationship with a hospital facility, Service facility, or hospital that could provide training of nurses or health professionals; "(C) has entered into an agreement with an accredited college or university medical school, the terms of which— "(i) provide a program that enhances the transition and recruitment of students into advanced baccalaureate or graduate programs that train health professionals; and "(ii) stipulate certifications necessary to approve internship and field placement opportunities at Indian Health Programs; "(D) has a qualified staff which has the appropriate certifications; "(E) is capable of obtaining State or regional accreditation of the program described in subsection (a)(1); and "(F) agrees to provide for Indian preference for applicants for programs under this section.	(b)(1) The Secretary, acting through the Service, shall award grants to accredited and accessible community colleges that have established a program described in subsection (a)(1) for the purpose of maintaining the program and recruiting students for the program. (2) Grants may only be made under this section to a community college which– (A) is accredited, (B) has a relationship with ~~access~~ to a hospital facility, Service facility, or hospital that could provide training of nurses or health professionals. (C) has entered into an agreement with an accredited ~~and accessible~~ college or university medical school, the terms of which– (i) provide a program that enhances the transition and recruitment of students into advanced baccalaureate or graduate programs which train health professionals, and (ii) stipulate certifications necessary to approve internship and field placement opportunities at health program ~~service unit facilities~~ of the Service or tribal health programs ~~at tribal health facilities~~, (D) has a qualified staff which has the appropriate certifications, and (E) is capable of obtaining State or regional accreditation of the program described in subsection (a)(1). (F) agrees to provide for Indian preference for applicants for programs under this section.
		(c) The Secretary shall encourage community colleges described in subsection (b)(2) to establish and maintain programs described in subsection (a)(1) by– (1) entering into agreements with such colleges for the provision of qualified personnel of the service to teach courses of study in such programs, and (2) providing technical assistance and support to such colleges.	(c) TECHNICAL ASSISTANCE.— The Secretary shall encourage community colleges described in subsection (b)(2) to establish and maintain programs described in subsection (a)(1) by— (1) entering into agreements with such colleges for the provision of qualified personnel of the Service to teach courses of study in such programs; and (2) providing technical assistance and support to such colleges.	"(c) Technical Assistance.— The Secretary shall encourage community colleges described in subsection (b)(2) to establish and maintain programs described in subsection (a)(1) by— "(1) entering into agreements with such colleges for the provision of qualified personnel of the Service to teach courses of study in such programs; and "(2) providing technical assistance and support to such colleges.	(c) The Secretary shall encourage community colleges described in subsection (b)(2) to establish and maintain programs described in subsection (a)(1) by– (1) entering into agreements with such colleges for the provision of qualified personnel of the service to teach courses of study in such programs, and (2) providing technical assistance and support to such colleges.
		(d) Any program receiving assistance under this section that is conducted with respect to a health profession shall also	(d) ADVANCED TRAINING.— (1) REQUIRED.— Any program receiving assistance under this section that	"(d) Advanced Training.— "(1) REQUIRED.— Any program receiving assistance under this section that is	(d) Any program receiving assistance under this section that is conducted with respect to a health profession shall also

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		offer courses of study which provide advanced training for any health professional who– (1) has already received a degree or diploma in such health profession, and (2) provides clinical services on an Indian reservation, at a Service facility, or at a tribal clinic. Such courses of study may be offered in conjunction with the college or university with which the community college has entered into the agreement required under subsection (b) (2) (C).	is conducted with respect to a health profession shall also offer courses of study which provide advanced training for any health professional who— (A) has already received a degree or diploma in such health profession; and (B) provides clinical services on or near a reservation or for an Indian Health Program. (2) MAY BE OFFERED AT ALTERNATE SITE.— Such courses of study may be offered in conjunction with the college or university with which the community college has entered into the agreement required under subsection (b)(2)(C).	conducted with respect to a health profession shall also offer courses of study which provide advanced training for any health professional who— "(A) has already received a degree or diploma in such health profession; and "(B) provides clinical services on or near a reservation or for an Indian Health Program. "(2) MAY BE OFFERED AT ALTERNATE SITE.— Such courses of study may be offered in conjunction with the college or university with which the community college has entered into the agreement required under subsection (b)(2)(C).	offer courses of study which provide advanced training for any health professional who– (1) has already received a degree or diploma in such health profession, and (2) provides clinical services on an Indian reservation, at a Service facility, or at a tribal clinic. Such courses of study may be offered in conjunction with the college or university with which the community college has entered into the agreement required under subsection (b)(2)(C).
	Note: These definitions are all duplicated (although not with precisely the same language) in §4, as amended by S.1790 Sec. 104. This subsection should probably be stricken.	(e) DEFINITIONS. For purposes of this section– (1) The term 'community college' means– (A) a tribally controlled community college, or (B) a junior or community college. (2) The term "tribally controlled community college" has the meaning given to such term by section 2(4) of the Tribally Controlled Community College Assistance Act of 1978. (3) The term "junior or community college" has the meaning given to such term by section 312(e) of the Higher Education Act of 1965.			Sec. 118(e) For purposes of this section– (1) The term "community college" means- (A) a tribally controlled ~~community~~ college, or (B) a junior or community college. (2) The term "tribally controlled ~~community~~ college" has the meaning given to tribally controlled community college" ~~such term~~ by section 2(4) of the tribally Controlled Community College Assistance Act of 1978, as amended. (3) The term "junior or community college" has the meaning given to such term by section 312(e) of the Higher Education Act of 1965 (20 U.S.C. 1058(e)). (4) Where the requirements of subsection (b) are met, funding priority shall be provided to tribally controlled colleges in service areas where they exist.
			(e) PRIORITY.— Where the requirements of subsection (b) are met, grant award priority shall be provided to tribal colleges and universities in Service Areas where they exist.	"(e) Priority.— Where the requirements of subsection (b) are met, grant award priority shall be provided to tribal colleges and universities in Service Areas where they exist.	
	S.1790 did not change CL § 116.	ADDITIONAL INCENTIVES FOR HEALTH PROFESSIONALS SEC. 116. (a) The Secretary may provide the incentive special pay authorized under section 302(b) of title 37, United States Code, to civilian medical officers of the Indian Health Service who are assigned to, and serving in, positions included in the list established under subsection (b) (1) for which recruitment or retention of personnel is difficult. (b) (1) The Secretary shall establish and update on an annual basis a list of positions of health care professionals employed by, or assigned to, the Service			~~ADDITIONAL INCENTIVES FOR HEALTH PROFESSIONALS~~ ~~SEC. 116. (a) The Secretary may provide the incentive special pay authorized under section 302(b) of title 37, United States Code, to civilian medical officers of the Indian Health Service who are assigned to, and serving in, positions included in the list established under subsection (b)(1) for which recruitment or retention of personnel is difficult.~~ ~~(b)(1) The Secretary shall establish and update on an annual basis a list of positions of health care professionals employed by, or assigned to, the Service,~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		for which recruitment or retention is difficult. (2) (A) The Secretary may pay a bonus to any commissioned officer or civil service employee, other than a commissioned medical officer, dental officer, optometrist, and veterinarian, who is employed in or assigned to, and serving in, a position in the Service included in the list established by the Secretary under paragraph (1). (B) The total amount of bonus payments made by the Secretary under this paragraph to any employee during any 1-year period shall not exceed $2,000. (c) The Secretary may establish programs to allow the use of flexible work schedules, and compressed work schedules, in accordance with the provisions of subchapter II of chapter 61, title 5, United States Code, for health professionals employed by, or assigned to, the Service.			~~Indian Tribes, and tribal and Indian organizations for which recruitment or retention is difficult.~~ ~~(2)(A) The Secretary may pay a bonus to any commissioned officer or civil service employee, other than a commissioned medical officer, dental officer, optometrist, and veterinarian, who is employed in or assigned to, and serving in, a position in the Service included in the list established by the Secretary under paragraph (1).~~ ~~(B) The total amount of bonus payments made by the Secretary under this paragraph to any employee during any 1-year period shall not exceed $2,000.~~ ~~(c) The Secretary may establish programs to allow the use of flexible work schedules, and compressed work schedules, in accordance with the provisions of subchapter II of chapter 61, title 5, United States Code, for health professionals employed by, or assigned to, the Service.~~
	S.1790 did not change CL § 117.	RETENTION BONUS SEC. 117. (a) The Secretary may pay a retention bonus to any physician or nurse employed by, or assigned to, and serving in, the Service either as a civilian employee or as a commissioned officer in the Regular or Reserve Corps of the Public Health Service who– (1) is assigned to, and serving in, a position included in the list established under section 116(b)(1) for which recruitment or retention of personnel is difficult, (2) the Secretary determines is needed by the Service, (3) has– (A) completed 3 years of employment with the Service, or (B) completed any service obligations incurred as a requirement of– (i) any Federal scholarship program, or (ii) any Federal education loan repayment program, and (4) enters into an agreement with the Service for continued employment for a period of not less than 1 year.	SEC. 119. RETENTION BONUS. (a) BONUS AUTHORIZED.— The Secretary may pay a retention bonus to any health professional employed by, or assigned to, and serving in, an Indian Health Program or urban Indian organization either as a civilian employee or as a commissioned officer in the Regular or Reserve Corps of the Public Health Service who— (1) is assigned to, and serving in, a position for which recruitment or retention of personnel is difficult; (2) the Secretary determines is needed by Indian Health Programs and urban Indian organizations; (3) has— (A) completed 2 years of employment with an Indian Health Program or urban Indian organization; or (B) completed any service obligations incurred as a requirement of— (i) any Federal scholarship program; or (ii) any Federal education loan repayment program; and (4) enters into an agreement with an Indian Health Program or urban Indian organization for continued employment for a period of not less than 1 year.	"SEC. 119. RETENTION BONUS. "(a) Bonus Authorized.— The Secretary may pay a retention bonus to any health professional employed by, or assigned to, and serving in, an Indian Health Program or urban Indian organization either as a civilian employee or as a commissioned officer in the Regular or Reserve Corps of the Public Health Service who— "(1) is assigned to, and serving in, a position for which recruitment or retention of personnel is difficult; "(2) the Secretary determines is needed by Indian Health Programs and urban Indian organizations; "(3) has— "(A) completed 2 years of employment with an Indian Health Program or urban Indian organization; or "(B) completed any service obligations incurred as a requirement of— "(i) any Federal scholarship program; or "(ii) any Federal education loan repayment program; and "(4) enters into an agreement with an Indian Health Program or urban Indian organization for continued employment for a period of not less than 1 year.	RETENTION BONUS SEC. 119 ~~117~~. (a) The Secretary may pay a retention bonus to any health professional ~~physician or nurse~~ employed by, or assigned to, and serving in, the Service and Indian Tribes, tribal organizations, or urban Indian organizations either as a civilian employee or as a commissioned officer in the Regular or Reserve Corps of the Public Health Service who– (1) is assigned to and serving in a positions ~~included in the list established under section 116(b)(1)~~ for which recruitment or retention of personnel is difficult, (2) the Secretary determines is needed by the Service, Tribes, tribal organizations, and urban Indian organizations, and (3) has– (A) completed 3 years of employment with the Service, or Indian Tribe, or tribal organization, or urban Indian organization, or (B) completed any service obligations incurred as a requirement of– (i)any federal scholarship program, or (ii)any federal education loan repayment program, and (4) enters into an agreement with the Service, or Indian Tribe, or tribal organization, or urban Indian organization for continued employment for a period of not less than 1 year.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	Note: No other version of IHCIA Reauthorization keeps this allocation requirement.	(b) Beginning with fiscal year 1993, not less than 25 percent of the retention bonuses awarded each year under subsection (a) shall be awarded to nurses.			~~(b) Beginning with fiscal year 1993, not less than 25 percent of the retention bonuses awarded each year under subsection (a) shall be awarded to nurses.~~
		(c) The Secretary may establish rates for the retention bonus which shall provide a for a higher annual rate for multi year agreements than for single year agreements referred to in subsection (a)(4), but in no event shall the annual rate be more than $25,000 per annum.	(b) RATES.— The Secretary may establish rates for the retention bonus which shall provide for a higher annual rate for multiyear agreements than for single year agreements referred to in subsection (a)(4), but in no event shall the annual rate be more than $25,000 per annum.	"(b) Rates.— The Secretary may establish rates for the retention bonus which shall provide for a higher annual rate for multiyear agreements than for single year agreements referred to in subsection (a)(4), but in no event shall the annual rate be more than $25,000 per annum.	(b) The Secretary may establish rates for the retention bonus which shall provide a for a higher annual rate for multiyear agreements than for single year agreements referred to in subsection (a)(4), but in no event shall the annual rate be more than $25,000 per annum.
		(d) The retention bonus for the entire period covered by the agreement described in subsection (a)(4) shall be paid at the beginning of the agreed upon term of service.			~~(c)The retention bonus for the entire period covered by the agreement described in subsection (a)(4) shall be paid at the beginning of the agreed upon term of service.~~
		(e) Any physician or nurse failing to complete the agreed upon term of service, except where such failure is through no fault of the individual, shall be obligated to refund to the government the full amount of the retention bonus for the period covered by the agreement, plus interest as determined by the Secretary in accordance with section 108(1)(2)(B).	(c) DEFAULT OF RETENTION AGREEMENT.— Any health professional failing to complete the agreed upon term of service, except where such failure is through no fault of the individual, shall be obligated to refund to the Government the full amount of the retention bonus for the period covered by the agreement, plus interest as determined by the Secretary in accordance with section 110(l)(2)(B).	"(c) Default of Retention Agreement.— Any health professional failing to complete the agreed upon term of service, except where such failure is through no fault of the individual, shall be obligated to refund to the Government the full amount of the retention bonus for the period covered by the agreement, plus interest as determined by the Secretary in accordance with section 110(*l*)(2)(B).	(c) Any health professional ~~physician or nurse~~ failing to complete the agreed upon term of service, except where such failure is through no fault of the individual, shall be obligated to refund to the government the full amount of the retention bonus for the period covered by the agreement, plus interest as determined by the Secretary in accordance with section 110~~108~~(l)(2)(B).
	See, Note A.	(f) The Secretary may pay a retention bonus to any physician or nurse employed by an organization providing health care services to Indians pursuant to a contract under the Indian Self-Determination Act if such physician or nurse is serving in a position which the Secretary determines is– (1) a position for which recruitment or retention is difficult; and (2) necessary for providing health care services to Indians.	(d) OTHER RETENTION BONUS.— The Secretary may pay a retention bonus to any health professional employed by a Tribal Health Program if such health professional is serving in a position which the Secretary determines is— (1) a position for which recruitment or retention is difficult; and (2) necessary for providing health care services to Indians.	"(d) Other Retention Bonus.— The Secretary may pay a retention bonus to any health professional employed by a Tribal Health Program if such health professional is serving in a position which the Secretary determines is— "(1) a position for which recruitment or retention is difficult; and "(2) necessary for providing health care services to Indians.	(d) The Secretary may pay a retention bonus to any health professional ~~physician or nurse~~ employed by an organization providing health care services to Indians pursuant to a ~~contract or~~ funding agreement under the Indian Self-Determination and Education Assistance Act if such health professional ~~physician or nurse~~ is serving in a position which the Secretary determines is-- (1) a position for which recruitment or retention is difficult; and (2) necessary for providing health care services to Indians.
	S.1790 did not change CL § 118.	NURSING RESIDENCY PROGRAM SEC. 118. (a) The Secretary, acting through the Service, shall establish a program to enable licensed practical nurses, licensed vocational nurses, and registered nurses who are working in an Indian health program (as defined in section 108(a)(2)(A)), and have done so for a period of not less than one year, to pursue advanced training.	SEC. 120. NURSING RESIDENCY PROGRAM. (a) ESTABLISHMENT OF PROGRAM.— The Secretary, acting through the Service, shall establish a program to enable Indians who are licensed practical nurses, licensed vocational nurses, and registered nurses who are working in an Indian Health Program or urban Indian organization, and have done so for a period of not less than 1 year, to pursue advanced training. Such program shall include a combination of education and work study in an Indian Health Program or urban Indian	"SEC. 120. NURSING RESIDENCY PROGRAM. "(a) Establishment of Program.— The Secretary, acting through the Service, shall establish a program to enable Indians who are licensed practical nurses, licensed vocational nurses, and registered nurses who are working in an Indian Health Program or urban Indian organization, and have done so for a period of not less than 1 year, to pursue advanced training. Such program shall include a combination of education and work study in an Indian Health Program or urban Indian	NURSING RESIDENCY PROGRAM SEC. 120 ~~118~~. (a) The Secretary, acting through the Service, shall establish a program to enable Indians who are licensed practical nurses, licensed vocational nurses, and registered nurses who are working in an Indian health program (as defined in section 110~~108~~(a)(2)(A)), and have done so for a period of not less than one year, to pursue advanced training.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			organization leading to an associate or bachelor's degree (in the case of a licensed practical nurse or licensed vocational nurse), a bachelor's degree (in the case of a registered nurse), or advanced degrees or certifications in nursing and public health.	organization leading to an associate or bachelor's degree (in the case of a licensed practical nurse or licensed vocational nurse), a bachelor's degree (in the case of a registered nurse), or advanced degrees or certifications in nursing and public health.	
	2708 corrects an error in R, E & S, which use the word "technicals" when what was intended is "technicians".	(b) Such program shall include a combination of education and work study in an Indian health program (as defined in section 108(a)(2)(A)) leading to an associate or bachelor's degree (in the case of a licensed practical nurse or licensed vocational nurse) or a bachelor's degree (in the case of a registered nurse). (c) An individual who participates in a program under subsection (a), where the educational costs are paid by the Service, shall incur an obligation to serve in an Indian health program for a period of obligated service equal to at least three times the period of time during which the individual participates in such program. In the event that the individual fails to complete such obligated service, the United States shall be entitled to recover from such individual an amount determined in accordance with the formula specified in subsection (1) of section 108 in the manner provided for in such subsection.	(b) SERVICE OBLIGATION.— An individual who participates in a program under subsection (a), where the educational costs are paid by the Service, shall incur an obligation to serve in an Indian Health Program or urban Indian organization for a period of obligated service equal to 1 year for every year that nonprofessional employee (licensed practical nurses, licensed vocational nurses, nursing assistants, and various health care technicians), or 2 years for every year that professional nurse (associate degree and bachelor-prepared registered nurses), participates in such program. In the event that the individual fails to complete such obligated service, the United States shall be entitled to recover from such individual an amount determined in accordance with the formula specified in subsection (l) of section 110 in the manner provided for in such subsection.	"(b) Service Obligation.— An individual who participates in a program under subsection (a), where the educational costs are paid by the Service, shall incur an obligation to serve in an Indian Health Program or urban Indian organization for a period of obligated service equal to 1 year for every year that nonprofessional employee (licensed practical nurses, licensed vocational nurses, nursing assistants, and various health care technicals), or 2 years for every year that professional nurse (associate degree and bachelor-prepared registered nurses), participates in such program. In the event that the individual fails to complete such obligated service, the United States shall be entitled to recover from such individual an amount determined in accordance with the formula specified in subsection (*l*) of section 110 in the manner provided for in such subsection.	(b) Such program shall include a combination of education and work study in an Indian health program (as defined in section 110~~108~~(a)(2)(A)) leading to an associate or bachelor's degree (in the case of a licensed practical nurse or licensed vocational nurse) or a bachelor's degree (in the case of a registered nurse), or advanced degrees in nursing and public health. (c) An individual who participates in a program under subsection (a), where the educational costs are paid by the Service, shall incur an obligation to serve in an Indian health program for a period of obligated service equal to ~~at least three times~~ the amount ~~period~~ of time during which the individual participates in such program. In the event that the individual fails to complete such obligated service, the United States shall be entitled to recover from such individual an amount determined in accordance with the formula specified in subsection (l) of section 110 ~~109 108~~ in the manner provided for in such subsection.
	See, S. 1790 Sec. 111 amends §119.	COMMUNITY HEALTH AIDE PROGRAM ~~FOR ALASKA~~ SEC. 119. GENERAL PURPOSES OF PROGRAM. (a) Pursuant to ~~Under the authority of~~ the Act of November 2, 1921 (25 U.S.C. 13)~~; popularly~~ (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, shall develop and operate ~~maintain~~ a Community Health Aide Program in the State of Alaska under which the Service– (1) provides for the training of Alaska Natives as health aides or community health practitioners; (2) uses such aides or practitioners in the provision of health care, health promotion, and disease prevention services to Alaska Natives living in villages in rural Alaska; and (3) provides for the establishment of teleconferencing capacity in health clinics located in or near those ~~such~~ villages for use by community health aides or community health practitioners.	SEC. 121. COMMUNITY HEALTH AIDE PROGRAM. (a) GENERAL PURPOSES OF PROGRAM.— Under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, shall develop and operate a Community Health Aide Program in Alaska under which the Service— (1) provides for the training of Alaska Natives as health aides or community health practitioners; (2) uses such aides or practitioners in the provision of health care, health promotion, and disease prevention services to Alaska Natives living in villages in rural Alaska; and (3) provides for the establishment of teleconferencing capacity in health clinics located in or near such villages for use by community health aides or community health practitioners.	"SEC. 121. COMMUNITY HEALTH AIDE PROGRAM. "(a) General Purposes of Program.— Under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, shall develop and operate a Community Health Aide Program in Alaska under which the Service— "(1) provides for the training of Alaska Natives as health aides or community health practitioners; "(2) uses such aides or practitioners in the provision of health care, health promotion, and disease prevention services to Alaska Natives living in villages in rural Alaska; and "(3) provides for the establishment of teleconferencing capacity in health clinics located in or near such villages for use by community health aides or community health practitioners.	COMMUNITY HEALTH AIDE PROGRAM FOR ALASKA SEC. 121 ~~119~~. (a) Under the authority of the Act of November 2, 1921 (25 U.S.C. 13; popularly known as the Snyder Act), the Secretary shall maintain a Community Health Aide Program in Alaska under which the Service-- (1) provides for the training of Alaska Natives as health aides or community health practitioners; (2) uses such aides or practitioners in the provision of health care, health promotion, and disease prevention services to Alaska Natives living in villages in rural Alaska; and (3) provides for the establishment of teleconferencing capacity in health clinics located in or near such villages for use by community health aides or community health practitioners.
		(b) SPECIFIC PROGRAM REQUIREMENTS.– The Secretary, acting	(b) SPECIFIC PROGRAM REQUIREMENTS.— The Secretary,	"(b) Specific Program Requirements.— The	(b) The Secretary, acting through the Community Health Aide Program of the

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		through the Community Health Aide Program of the Service, shall– (1) using trainers accredited by the Program, provide a high standard of training to community health aides and community health practitioners to ensure that those ~~such~~ aides and practitioners provide quality health care, health promotion and disease prevention services to the villages served by the Program; (2) in order to provide such training, develop a curriculum that– (A) combines education in the theory of health care with supervised practical experience in the provision of health care; (B) provides instruction and practical experience in the provision of acute care, emergency care, health promotion, disease prevention, and the efficient and effective management of clinic pharmacies, supplies, equipment, and facilities; and (C) promotes the achievement of the health status objectives specified in section 3(2) ~~3(b)~~; (3) establish and maintain a Community Health Aide Certification Board to certify as community health aides or community health practitioners individuals who have successfully completed the training described in paragraph (1) or can demonstrate equivalent experience; (4) develop and maintain a system that ~~which~~ identifies the needs of community health aides and community health practitioners for continuing education in the provision of health care, including the areas described in paragraph (2)(B), and develop programs that meet the needs for such continuing education; (5) develop and maintain a system that provides close supervision of community health aides and community health practitioners; and (6) develop a system under which the work of community health aides and community health practitioners is reviewed and evaluated to assure the provision of quality health care, health promotion, and disease prevention services. (7) ensure that— "(A) pulpal therapy (not including pulpotomies on deciduous teeth) or extraction of adult teeth can be performed by a dental health aide therapist only after consultation with a licensed dentist who determines that the procedure is a medical emergency that cannot be resolved with	acting through the Community Health Aide Program of the Service, shall— (1) using trainers accredited by the Program, provide a high standard of training to community health aides and community health practitioners to ensure that such aides and practitioners provide quality health care, health promotion, and disease prevention services to the villages served by the Program; (2) in order to provide such training, develop a curriculum that— (A) combines education in the theory of health care with supervised practical experience in the provision of health care; (B) provides instruction and practical experience in the provision of acute care, emergency care, health promotion, disease prevention, and the efficient and effective management of clinic pharmacies, supplies, equipment, and facilities; and (C) promotes the achievement of the health status objectives specified in section 3(2); (3) establish and maintain a Community Health Aide Certification Board to certify as community health aides or community health practitioners individuals who have successfully completed the training described in paragraph (1) or can demonstrate equivalent experience; (4) develop and maintain a system which identifies the needs of community health aides and community health practitioners for continuing education in the provision of health care, including the areas described in paragraph (2)(B), and develop programs that meet the needs for such continuing education; (5) develop and maintain a system that provides close supervision of community health aides and community health practitioners; (6) develop a system under which the work of community health aides and community health practitioners is reviewed and evaluated to assure the provision of quality health care, health promotion, and disease prevention services; and (7) ensure that pulpal therapy (not including pulpotomies on deciduous teeth) or extraction of adult teeth can be performed by a dental health aide therapist only after consultation with a licensed dentist who determines that the procedure is a medical emergency that cannot be resolved with palliative treatment, and further that dental health aide therapists	Secretary, acting through the Community Health Aide Program of the Service, shall— "(1) using trainers accredited by the Program, provide a high standard of training to community health aides and community health practitioners to ensure that such aides and practitioners provide quality health care, health promotion, and disease prevention services to the villages served by the Program; "(2) in order to provide such training, develop a curriculum that— "(A) combines education in the theory of health care with supervised practical experience in the provision of health care; "(B) provides instruction and practical experience in the provision of acute care, emergency care, health promotion, disease prevention, and the efficient and effective management of clinic pharmacies, supplies, equipment, and facilities; and "(C) promotes the achievement of the health status objectives specified in section 3(2); "(3) establish and maintain a Community Health Aide Certification Board to certify as community health aides or community health practitioners individuals who have successfully completed the training described in paragraph (1) or can demonstrate equivalent experience; "(4) develop and maintain a system which identifies the needs of community health aides and community health practitioners for continuing education in the provision of health care, including the areas described in paragraph (2)(B), and develop programs that meet the needs for such continuing education; "(5) develop and maintain a system that provides close supervision of community health aides and community health practitioners; "(6) develop a system under which the work of community health aides and community health practitioners is reviewed and evaluated to assure the provision of quality health care, health promotion, and disease prevention services; and "(7) ensure that pulpal therapy (not including pulpotomies on deciduous teeth) or extraction of adult teeth can be performed by a dental health aide therapist only after consultation with a licensed dentist who determines that the procedure is a medical emergency that cannot be resolved with palliative treatment, and	Service, shall-- (1) using trainers accredited by the Program, provide a high standard of training to community health aides and community health practitioners to ensure that such aides and practitioners provide quality health care, health promotion, and disease prevention services to the villages served by the Program; (2) in order to provide such training, develop a curriculum that-- (A) combines education in the theory of health care with supervised practical experience in the provision of health care; (B) provides instruction and practical experience in the provision of acute care, emergency care, health promotion, disease prevention, and the efficient and effective management of clinic pharmacies, supplies, equipment, and facilities; and (C) promotes the achievement of the health status objectives specified in section 3(b); (3) establish and maintain a Community Health Aide Certification Board to certify as community health aides or community health practitioners individuals who have successfully completed the training described in paragraph (1) or can demonstrate equivalent experience; (4) develop and maintain a system which identifies the needs of community health aides and community health practitioners for continuing education in the provision of health care, including the areas described in paragraph (2)(B), and develop programs that meet the needs for such continuing education; (5) develop and maintain a system that provides close supervision of community health aides and community health practitioners; and (6) develop a system under which the work of community health aides and community health practitioners is reviewed and evaluated to assure the provision of quality health care, health promotion, and disease prevention services.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		palliative treatment; and "(B) dental health aide therapists are strictly prohibited from performing all other oral or jaw surgeries, subject to the condition that uncomplicated extractions shall not be considered oral surgery under this section.	are strictly prohibited from performing all other oral or jaw surgeries, provided that uncomplicated extractions shall not be considered oral surgery under this section.	further that dental health aide therapists are strictly prohibited from performing all other oral or jaw surgeries, provided that uncomplicated extractions shall not be considered oral surgery under this section.	
		(c) Program Review.— "(1) NEUTRAL PANEL.— "(A) ESTABLISHMENT.—The Secretary, acting through the Service, shall establish a neutral panel to carry out the study under paragraph (2). "(B) MEMBERSHIP.—Members of the neutral panel shall be appointed by the Secretary from among clinicians, economists, community practitioners, oral epidemiologists, and Alaska Natives. "(2) STUDY.— "(A) IN GENERAL.—The neutral panel established under paragraph (1) shall conduct a study of the dental health aide therapist services provided by the Community Health Aide Program under this section to ensure that the quality of care provided through those services is adequate and appropriate. "(B) PARAMETERS OF STUDY.—The Secretary, in consultation with interested parties, including professional dental organizations, shall develop the parameters of the study. "(C) INCLUSIONS.—The study shall include a determination by the neutral panel with respect to— "(i) the ability of the dental health aide therapist services under this section to address the dental care needs of Alaska Natives; "(ii) the quality of care provided through those services, including any training, improvement, or additional oversight required to improve the quality of care; and "(iii) whether safer and less costly alternatives to the dental health aide therapist services exist. "(D) CONSULTATION.—In carrying out the study under this paragraph, the neutral panel shall consult with Alaska tribal organizations with respect to the adequacy and accuracy of the study. "(3) REPORT.—The neutral panel shall submit to the Secretary, the Committee on Indian Affairs of the Senate, and the Committee on Natural Resources of the House of Representatives a report describing the results of the study under paragraph (2), including a description of—	(c) PROGRAM REVIEW.— (1) NEUTRAL PANEL.— (A) ESTABLISHMENT.— The Secretary, acting through the Service, shall establish a neutral panel to carry out the study under paragraph (2). (B) MEMBERSHIP.— Members of the neutral panel shall be appointed by the Secretary from among clinicians, economists, community practitioners, oral epidemiologists, and Alaska Natives. (2) STUDY.— (A) IN GENERAL.— The neutral panel established under paragraph (1) shall conduct a study of the dental health aide therapist services provided by the Community Health Aide Program under this section to ensure that the quality of care provided through those services is adequate and appropriate. (B) PARAMETERS OF STUDY.— The Secretary, in consultation with interested parties, including professional dental organizations, shall develop the parameters of the study. (C) INCLUSIONS.— The study shall include a determination by the neutral panel with respect to— (i) the ability of the dental health aide therapist services under this section to address the dental care needs of Alaska Natives; (ii) the quality of care provided through those services, including any training, improvement, or additional oversight required to improve the quality of care; and (iii) whether safer and less costly alternatives to the dental health aide therapist services exist. (D) CONSULTATION.— In carrying out the study under this paragraph, the neutral panel shall consult with Alaska Tribal Organizations with respect to the adequacy and accuracy of the study. (3) REPORT.— The neutral panel shall submit to the Secretary, the Committee on Indian Affairs of the Senate, and the Committee on Natural Resources of the House of Representatives a report describing the results of the study under paragraph (2), including a description of—	"(c) Program Review.— "(1) NEUTRAL PANEL.— "(A) ESTABLISHMENT.— The Secretary, acting through the Service, shall establish a neutral panel to carry out the study under paragraph (2). "(B) MEMBERSHIP.— Members of the neutral panel shall be appointed by the Secretary from among clinicians, economists, community practitioners, oral epidemiologists, and Alaska Natives. "(2) STUDY.— "(A) IN GENERAL.— The neutral panel established under paragraph (1) shall conduct a study of the dental health aide therapist services provided by the Community Health Aide Program under this section to ensure that the quality of care provided through those services is adequate and appropriate. "(B) PARAMETERS OF STUDY.— The Secretary, in consultation with interested parties, including professional dental organizations, shall develop the parameters of the study. "(C) INCLUSIONS.— The study shall include a determination by the neutral panel with respect to— "(i) the ability of the dental health aide therapist services under this section to address the dental care needs of Alaska Natives; "(ii) the quality of care provided through those services, including any training, improvement, or additional oversight required to improve the quality of care; and "(iii) whether safer and less costly alternatives to the dental health aide therapist services exist. "(D) CONSULTATION.— In carrying out the study under this paragraph, the neutral panel shall consult with Alaska Tribal Organizations with respect to the adequacy and accuracy of the study. "(3) REPORT.— The neutral panel shall submit to the Secretary, the Committee on Indian Affairs of the Senate, and the Committee on Natural Resources of the House of Representatives a report describing the results of the study under paragraph (2), including a description of—	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		"(A) any determination of the neutral panel under paragraph (2)(C); and "(B) any comments received from Alaska tribal organizations under paragraph (2)(D).	(A) any determination of the neutral panel under paragraph (2)(C); and (B) any comments received from an Alaska Tribal Organization under paragraph (2)(D).	"(A) any determination of the neutral panel under paragraph (2)(C); and "(B) any comments received from an Alaska Tribal Organization under paragraph (2)(D).	
		(d) Nationalization of Program.— "(1) IN GENERAL.—Except as provided in paragraph (2), the Secretary, acting through the Service, may establish a national Community Health Aide Program in accordance with the program under this section, as the Secretary determines to be appropriate.	(d) NATIONALIZATION OF PROGRAM.— (1) IN GENERAL.— Except as provided in paragraph (2), the Secretary, acting through the Service, may establish a national Community Health Aide Program in accordance with the program under this section, as the Secretary determines to be appropriate.	"(d) Nationalization of Program.— "(1) IN GENERAL.— Except as provided in paragraph (2), the Secretary, acting through the Service, may establish a national Community Health Aide Program in accordance with the program under this section, as the Secretary determines to be appropriate.	(c) Subject to Section 102, the Secretary, acting through the Service, shall develop and operate a National Community Health Aide Program based on the elements contained in this Section (a)- (b).
x	S. 1790 IS added this provision, which was amended by RS to exclude the nationalization of DHAT.	(2) REQUIREMENT; EXCLUSION.—In establishing a national program under paragraph (1), the Secretary– (A) shall not reduce the amounts provided for the Community Health Aide Program described in subsections (a) and (b); and	(3) REQUIREMENT. In establishing a national program under paragraph (1), the Secretary shall not reduce the amount of funds provided for the Community Health Aide Program described in subsections (a) and (b).	"(3) REQUIREMENT.— In establishing a national program under paragraph (1), the Secretary shall not reduce the amount of funds provided for the Community Health Aide Program described in subsections (a) and (b).	
x	RS	(B) shall exclude dental health aide therapist services from services covered under the program.	(d)(2) EXCEPTION.— The national Community Health Aide Program under paragraph (1) shall not include dental health aide therapist services.	(d)(2) EXCEPTION.— The national Community Health Aide Program under paragraph (1) shall not include dental health aide therapist services.	
	S.1790 did not change CL § 120.	SEC. 120. MATCHING GRANTS TO TRIBES FOR SCHOLARSHIP PROGRAMS	SEC. 106. SCHOLARSHIP PROGRAMS FOR INDIAN TRIBES.	"SEC. 106. SCHOLARSHIP PROGRAMS FOR INDIAN TRIBES.	[Section 105](c) ~~Sec. 120.~~ Funding ~~Matching Grants~~ for Tribes for Scholarship Programs.
		(a)(1) The Secretary shall make grants to Indian tribes and tribal organizations for the purpose of assisting such tribes and tribal organizations in educating Indians to serve as health professionals in Indian communities.	(a) IN GENERAL.— (1) GRANTS AUTHORIZED.— The Secretary, acting through the Service, shall make grants to Tribal Health Programs for the purpose of providing scholarships for Indians to serve as health professionals in Indian communities.	"(a) In General.— "(1) GRANTS AUTHORIZED.— The Secretary, acting through the Service, shall make grants to Tribal Health Programs for the purpose of providing scholarships for Indians to serve as health professionals in Indian communities.	~~(a)~~ (1) (A) Subject to section 102, the Secretary shall make ~~grants~~ funds available to Indian Tribes and tribal organizations for the purpose of assisting such Tribes and tribal organizations in educating Indians to serve as health professionals in Indian communities.
		(2) Amounts available for grants under paragraph (1) for any fiscal year shall not exceed 5 percent of amounts available for such fiscal year for Indian Health Scholarships under section 104.	(2) AMOUNT.— Amounts available under paragraph (1) for any fiscal year shall not exceed 5 percent of the amounts available for each fiscal year for Indian Health Scholarships under section 104.	"(2) AMOUNT.— Amounts available under paragraph (1) for any fiscal year shall not exceed 5 percent of the amounts available for each fiscal year for Indian Health Scholarships under section 104.	~~(2)~~ (B) Amounts available ~~for grants~~ under subparagraph (A) ~~(1)~~ for any fiscal year shall not exceed 5 percent of the amounts available for each fiscal year for Indian Health Scholarships under this section ~~104~~.
		(3) An application for a grant under paragraph (1) shall be in such form and contain such agreements, assurances, and information as the Secretary determines are necessary to carry out this section.	(3) APPLICATION.— An application for a grant under paragraph (1) shall be in such form and contain such agreements, assurances, and information as consistent with this section.	"(3) APPLICATION.— An application for a grant under paragraph (1) shall be in such form and contain such agreements, assurances, and information as consistent with this section.	~~(3)~~ (C) An application for funds ~~a grant~~ under subparagraph (A) ~~(1)~~ shall be in such form and contain such agreements, assurances and information as consistent with ~~the Secretary determines are necessary to carry out~~ this section.
		(b) (1) An Indian tribe or tribal organization receiving a grant under subsection (a) shall agree to provide scholarships to Indians pursuing education in the health professions in accordance with the requirements of this section.	(b) REQUIREMENTS.— (1) IN GENERAL.— A Tribal Health Program receiving a grant under subsection (a) shall provide scholarships to Indians in accordance with the requirements of this section.	"(b) Requirements.— "(1) IN GENERAL.— A Tribal Health Program receiving a grant under subsection (a) shall provide scholarships to Indians in accordance with the requirements of this section.	~~(b)~~ (2)(A) An Indian Tribe or tribal organization receiving funds under paragraph (1) shall ~~a grant under subsection (a) agree to~~ provide scholarships to Indians in accordance with the requirements of this subsection.
		(2) With respect to the costs of providing any scholarship pursuant to paragraph (1)--	(2) COSTS.— With respect to costs of providing any scholarship pursuant to subsection (a)—	"(2) COSTS.— With respect to costs of providing any scholarship pursuant to subsection (a)—	(B) ~~(2)~~With respect to costs of providing any scholarship pursuant to subparagraph (A) ~~paragraph (1)~~ –

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	E deleted the "–" and added in lieu thereof: "except as provided in subparagraph (B), the costs of the scholarship shall be paid from the funds made available pursuant to subsection (a)(1) provided to the Tribal Health Program."				
	E does not include this provision.	(A) 80 percent of the costs of the scholarship shall be paid from the grand made under subsection (a) to the Indian tribe or tribal organization; and	(A) 80 percent of the costs of the scholarship shall be paid from the funds made available pursuant to subsection (a)(1) provided to the Tribal Health Program; and	"(A) 80 percent of the costs of the scholarship shall be paid from the funds made available pursuant to subsection (a)(1) provided to the Tribal Health Program; and	(i) ~~(A)~~ 80 percent of the costs of the scholarship shall be paid from the funds pursuant to subsection ~~(a)~~ (c)(1) provided to the Indian Tribe or tribal organization; and
	E reads: "(B) NON-FEDERAL SHARE– (i) IN GENERAL–Subject to clause (ii), 20 percent of the costs of a scholarship pursuant to subsection (a) shall be paid from non-Federal funds. (ii) WAIVER FOR GOOD CAUSE–In the case of extreme hardship or for other good cause shown, the Secretary may waiver, in whole or in part, the requirement under clause (i)."	(B) 20 percent of such costs shall be paid from non-Federal contributions by the Indian tribe or tribal organization through which the scholarship is provided.	(B) 20 percent of such costs may be paid from any other source of funds.	"(B) 20 percent of such costs may be paid from any other source of funds.	(ii) ~~(B)~~ 20 percent of such costs may be paid from ~~non-federal contributions by the Indian Tribe or tribal organization through which the scholarship is provided~~ any other source of funds.
		(3) In determining the amount of non-Federal contributions that have been provided for purposes of subparagraph (B) of paragraph (2), any amounts provided by the Federal Government to the Indian tribe or tribal organization involved or to any other entity shall not be included.			~~(3) In determining the amount of non-federal contributions that have been provided for purposes of subparagraph (B) of paragraph (2), any amounts provided by the federal Government to Indian Tribes or tribal organizations involved or to any other entity shall not be included~~.
		(4) Non-Federal contributions required by subparagraph (B) of paragraph (2) may be provided directly by the Indian tribe or tribal organization involved or through donations from public and private entities.			~~(4) Non-federal contributions required by subparagraph (B) of paragraph (2) may be provided directly through the Indian Tribe or tribal organization involved or through donations from public and private entities.~~
		(c) An Indian tribe or tribal organization shall provide scholarships under subsection (b) only to Indians enrolled or accepted for enrollment in a course of study (approved by the Secretary) in one of the health professions described in section 104(a).	(c) COURSE OF STUDY.— A Tribal Health Program shall provide scholarships under this section only to Indians enrolled or accepted for enrollment in a course of study (approved by the Secretary) in 1 of the health professions contemplated by this Act.	"(c) Course of Study.— A Tribal Health Program shall provide scholarships under this section only to Indians enrolled or accepted for enrollment in a course of study (approved by the Secretary) in 1 of the health professions contemplated by this Act.	(3) ~~(c)~~ An Indian Tribe or tribal organization shall provide scholarships under subsection (c) only to Indians enrolled or accepted for enrollment in a course of study (approved by the Secretary) in one of the health professions ~~described in section 104(a)~~ contemplated by this Act.
		(d) In providing scholarships under subsection (b), the Secretary and the Indian tribe or tribal organization shall enter into a written contract with each recipient of such scholarship. Such	(d) CONTRACT.— (1) IN GENERAL.— In providing scholarships under subsection (b), the Secretary and the Tribal Health Program shall enter into a written contract with	"(d) Contract.— "(1) IN GENERAL.— In providing scholarships under subsection (b), the Secretary and the Tribal Health Program shall enter into a written contract with	(4) ~~(d)~~ In providing scholarships under paragraph (2) ~~subsection (b)~~, the Secretary and the Indian Tribe or tribal organization shall enter into a written contract with each recipient of such

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		contract shall–	each recipient of such scholarship.	each recipient of such scholarship.	scholarship. Such contract shall–
		(1) obligate such recipient to provide service in an Indian health program (as defined in section 108(a)(2)(A)), in the same service area where the Indian tribe or tribal organization providing the scholarship is located, for–	(2) REQUIREMENTS.— Such contract shall— (A) obligate such recipient to provide service in an Indian Health Program or urban Indian organization, in the same Service Area where the Tribal Health Program providing the scholarship is located, for—	"(2) REQUIREMENTS.— Such contract shall— "(A) obligate such recipient to provide service in an Indian Health Program or urban Indian organization, in the same Service Area where the Tribal Health Program providing the scholarship is located, for—	(A) ~~(1)~~obligate such recipient to provide service in an Indian health program (as defined in section 109(a)(2)(A), in the same service area where the Indian Tribe or tribal organization providing the scholarship is located, for –
		(A) a number of years equal to the number of years for which the scholarship is provided (or the part-time equivalent thereof, as determined by the Secretary), or for a period of 2 years, whichever period is greater; or (B) such greater period of time as the recipient and the Indian tribe or tribal organization may agree;	(i) a number of years for which the scholarship is provided (or the part-time equivalent thereof, as determined by the Secretary), or for a period of 2 years, whichever period is greater; or (ii) such greater period of time as the recipient and the Tribal Health Program may agree;	"(i) a number of years for which the scholarship is provided (or the part-time equivalent thereof, as determined by the Secretary), or for a period of 2 years, whichever period is greater; or "(ii) such greater period of time as the recipient and the Tribal Health Program may agree;	(i) ~~(A)~~ a number of years for which the scholarship is provided (or the part-time equivalent thereof, as determined by the Secretary), or for a period of 2 years , whichever period is greater; or (ii) ~~(B)~~ such greater period of time as the recipient and the Indian Tribe or tribal organization may agree;
		(2) provided that the amount of such scholarship– (A) may be expended oly for–	(B) provide that the amount of the scholarship— (i) may only be expended for—	"(B) provide that the amount of the scholarship— "(i) may only be expended for—	(B) ~~(2)~~ provide that the amount of the scholarship (i) ~~(A)~~ may only be expended for—
		(i) tuition expenses, other reasonable educational expenses, and reasonable living expenses incurred in attendance at the educational institution; and	(I) tuition expenses, other reasonable educational expenses, and reasonable living expenses incurred in attendance at the educational institution; and	"(I) tuition expenses, other reasonable educational expenses, and reasonable living expenses incurred in attendance at the educational institution; and	(I) ~~(i)~~ tuition expenses, other reasonable educational expenses, and reasonable living expenses incurred in attendance at the educational institution; and
		(ii) payment to the recipient of a monthly stipend of not more than the amount authorized by section 33A(g)(1)(B) of the Public Health Service Act (42 U.S.C. § 254m(g)(1)(B)), such amount to be reduced pro rate (as determined by the Secretary) based on the number of hours such student is enrolled; and	(II) payment to the recipient of a monthly stipend of not more than the amount authorized by section 338(g)(1)(B) of the Public Health Service Act (42 U.S.C.254m(g)(1)(B)), with such amount to be reduced pro rata (as determined by the Secretary) based on the number of hours such student is enrolled, and not to exceed, for any year of attendance for which the scholarship is provided, the total amount required for the year for the purposes authorized in this clause; and	"(II) payment to the recipient of a monthly stipend of not more than the amount authorized by section 338(g)(1)(B) of the Public Health Service Act (42 U.S.C. 254m(g)(1)(B)), with such amount to be reduced pro rata (as determined by the Secretary) based on the number of hours such student is enrolled, and not to exceed, for any year of attendance for which the scholarship is provided, the total amount required for the year for the purposes authorized in this clause; and	(II) ~~(ii)~~ payment to the recipient of a monthly stipend of not more than the amount authorized by section 338(g)(1)(B) of the Public Health Service Act (42 U.S.C. 254m(g)(1)(B), such amount to be reduced pro rata (as determined by the Secretary) based on the number of hours such student is enrolled; and may not exceed, for any year of attendance which the scholarship is provided, the total amount required for the year for the purposes authorized in this clause ~~Subparagraph~~;
		(B) may not exceed, for any year of attendance which the scholarship is provided, the total amount required subparagraph (A);	(ii) may not exceed, for any year of attendance for which the scholarship is provided, the total amount required for the year for the purposes authorized in clause(i);	"(ii) may not exceed, for any year of attendance for which the scholarship is provided, the total amount required for the year for the purposes authorized in clause (i);	(ii) ~~(B)~~ may not exceed, for any year of attendance which the scholarship is provided, the total amount required for the year for the purposes authorized in clause (i) ~~subparagraph (A)~~;
		(3) require the recipient of such scholarship to maintain an acceptable level of academic standing (as determined by the educational institution in accordance with regulations issued by the Secretary); and	(C) require the recipient of such scholarship to maintain an acceptable level of academic standing as determined by the educational institution in accordance with regulations issued pursuant to this Act; and	"(C) require the recipient of such scholarship to maintain an acceptable level of academic standing as determined by the educational institution in accordance with regulations issued pursuant to this Act; and	(C) ~~(3)~~ require the recipient of such scholarship to maintain an acceptable level of academic standing as determined by the educational institution in accordance with regulations issued pursuant to this Act; and
		(4) require the recipient of such scholarship to meet the educational and licensure requirements necessary to be a physician, certified nurse practitioner, certified nurse midwife, or physician assistant	(D) require the recipient of such scholarship to meet the educational and licensure requirements appropriate to each health profession.	"(D) require the recipient of such scholarship to meet the educational and licensure requirements appropriate to each health profession.	(D) ~~(4)~~ require the recipient of such scholarship to meet the educational and licensure requirements appropriate to each health profession.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			(3) SERVICE IN OTHER SERVICE AREAS.— The contract may allow the recipient to serve in another Service Area, provided the Tribal Health Program and Secretary approve and services are not diminished to Indians in the Service Area where the Tribal Health Program providing the scholarship is located.	"(3) SERVICE IN OTHER SERVICE AREAS.— The contract may allow the recipient to serve in another Service Area, provided the Tribal Health Program and Secretary approve and services are not diminished to Indians in the Service Area where the Tribal Health Program providing the scholarship is located.	
		(e) (1) An individual who has entered into a written contract with the Secretary and an Indian tribe or tribal organization under subsection (d) and who–	(e) BREACH OF CONTRACT.— (1) SPECIFIC BREACHES.— An individual who has entered into a written contract with the Secretary and a Tribal Health Program under subsection (d) shall be liable to the United States for the Federal share of the amount which has been paid to him or her, or on his or her behalf, under the contract if that individual—	"(e) Breach of Contract.— "(1) SPECIFIC BREACHES.— An individual who has entered into a written contract with the Secretary and a Tribal Health Program under subsection (d) shall be liable to the United States for the Federal share of the amount which has been paid to him or her, or on his or her behalf, under the contract if that individual—	(5)(A) ~~(e)(1)~~ An individual who has entered into a written contract with the Secretary and an Indian tribe or tribal organization under this paragraph ~~subsection (d)~~ and who–
		(A) fails to maintain an acceptable level of academic standing in the educational institution in which he is enrolled (such level determined by the educational institution under regulations of the Secretary);	(A) fails to maintain an acceptable level of academic standing in the educational institution in which he or she is enrolled (such level as determined by the educational institution under regulations of the Secretary);	"(A) fails to maintain an acceptable level of academic standing in the educational institution in which he or she is enrolled (such level as determined by the educational institution under regulations of the Secretary);	(i) ~~(A)~~ fails to maintain an acceptable level of academic standing in the education institution in which he is enrolled (such level determined by the educational institution under regulations of the Secretary);
		(B) is dismissed from such educational institution for disciplinary reasons,	(B) is dismissed from such educational institution for disciplinary reasons;	"(B) is dismissed from such educational institution for disciplinary reasons;	(ii) ~~(B)~~ is dismissed from such education for disciplinary reasons;
		(C) voluntarily terminates the training in such an educational institution for which he is provided a scholarship under such contract before the completion of such training, or	(C) voluntarily terminates the training in such an educational institution for which he or she is provided a scholarship under such contract before the completion of such training; or	"(C) voluntarily terminates the training in such an educational institution for which he or she is provided a scholarship under such contract before the completion of such training; or	(iii) ~~(C)~~ Voluntarily terminates the training in such an educational institution for which he or she is provided a scholarship under such contract before the completion of such training; or
		(D) fails to accept payment, or instructs the educational institution in which he is enrolled not to accept payment, in whole or in part, of a scholarship under such contract, in lieu of any service obligation arising under such contract, shall be liable to the United States for the Federal share of the amount which has been paid to him, or on his behalf, under the contract.	(D) fails to accept payment, or instructs the educational institution in which he or she is enrolled not to accept payment, in whole or in part, of a scholarship under such contract, in lieu of any service obligation arising under such contract.	"(D) fails to accept payment, or instructs the educational institution in which he or she is enrolled not to accept payment, in whole or in part, of a scholarship under such contract, in lieu of any service obligation arising under such contract.	(iv) ~~(D)~~ fails to accept payment, or instructs the educational institution in which he or she is enrolled not to accept payment, in whole or in part, of a scholarship under such contract, in lieu of any service obligation arising under such contract, shall be liable to the United States for the federal share of the amount which has been paid to him or her, or on his or her behalf, under the contract.
		(2) If for any reason not specified in paragraph (1), an individual breaches his written contract by failing either to begin such individual's service obligation required under such contract or to complete such service obligation, the United States shall be entitled to recover from the individual an amount determined in accordance with the formula specified in subsection (1) of section 108 in the manner provided for in such subsection.	(2) OTHER BREACHES.— If for any reason not specified in paragraph (1), an individual breaches a written contract by failing to either begin such individual's service obligation required under such contract or to complete such service obligation, the United States shall be entitled to recover from the individual an amount determined in accordance with the formula specified in subsection (l) of section 110 in the manner provided for in such subsection.	"(2) OTHER BREACHES.— If for any reason not specified in paragraph (1), an individual breaches a written contract by failing to either begin such individual's service obligation required under such contract or to complete such service obligation, the United States shall be entitled to recover from the individual an amount determined in accordance with the formula specified in subsection (l) of section 110 in the manner provided for in such subsection.	(B) ~~(2)~~ If for any reason not specified in subparagraph (A) ~~paragraph (1)~~, an individual breaches his or her written contract by failing to either begin such individual's service obligation required under such contract or to complete such service obligation, the United States shall be entitled to recover from the individual an amount determined in accordance with the formula specified in subsection (1) of section 110 ~~108~~ in the manner provided for in such subsection.
			(3) CANCELLATION UPON DEATH OF RECIPIENT.— Upon the death of an individual who receives an Indian Health	"(3) CANCELLATION UPON DEATH OF RECIPIENT.— Upon the death of an individual who receives an Indian Health	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			Scholarship, any outstanding obligation of that individual for service or payment that relates to that scholarship shall be canceled.	Scholarship, any outstanding obligation of that individual for service or payment that relates to that scholarship shall be canceled.	
		(3) The Secretary may carry out this subsection on the basis of information submitted by the tribes or tribal organizations involved, or on the basis of information collected through such other means as the Secretary determines to be appropriate.	(4) INFORMATION.— The Secretary may carry out this subsection on the basis of information received from Tribal Health Programs involved or on the basis of information collected through such other means as the Secretary deems appropriate.	"(4) INFORMATION.— The Secretary may carry out this subsection on the basis of information received from Tribal Health Programs involved or on the basis of information collected through such other means as the Secretary deems appropriate.	(C) ~~(3)~~ The Secretary may carry out this subsection on the basis of information received from Indian Tribes or tribal organizations involved, or on the basis of information collected through such other means as the Secretary deems appropriate.
		(f) The recipient of a scholarship under subsection (b) shall agree, in providing health care pursuant to the requirements of subsection (d)(1)--	(f) RELATION TO SOCIAL SECURITY ACT.— The recipient of a scholarship under this section shall agree, in providing health care pursuant to the requirements herein—	"(f) Relation to Social Security Act.— The recipient of a scholarship under this section shall agree, in providing health care pursuant to the requirements herein— (6) ~~(f)~~The recipient of a scholarship under paragraph (1) ~~subsection (b)~~ shall agree, in providing health care pursuant to the requirements herein ~~subsection (d)(1)~~ –	
		(1) not to discriminate against an individual seeking such care on the basis of the ability of jthe individual to pay for such care of on the basis that payment for such care will be made pursuant to the program established in title XVIII of the Social Security Act or pursuant to the program established in title XIX of such Act; and	(1) not to discriminate against an individual seeking care on the basis of the ability of the individual to pay for such care or on the basis that payment for such care will be made pursuant to a program established in title XVIII of the Social Security Act or pursuant to the programs established in title XIX or title XXI of such Act; and	"(1) not to discriminate against an individual seeking care on the basis of the ability of the individual to pay for such care or on the basis that payment for such care will be made pursuant to a program established in title XVIII of the Social Security Act or pursuant to the programs established in title XIX or title XXI of such Act; and	(A) ~~(1)~~ not to discriminate against an individual seeking care on the basis of the ability of the individual to pay for such care or on the basis that payment for such care will be made pursuant to the program established in title XVIII of the Social Security Act or pursuant to the programs established in title XIX of such Act; and
		(2) to accept assignment under section 1842 (b)(3)(B)(ii) of the Social Security Act for all services for which payment may be made under part B of title XVIII of such Act, and to enter into an appropriate agreement with the State agency that administers the State plan for medical assistance under title XIX of such Act to provide service to individuals entitled to medical assistance under the plan.	(2) to accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act for all services for which payment may be made under part B of title XVIII of such Act, and to enter into an appropriate agreement with the State agency that administers the State plan for medical assistance under title XIX, or the State child health plan under title XXI, of such Act to provide service to individuals entitled to medical assistance or child health assistance, respectively, under the plan.	"(2) to accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act for all services for which payment may be made under part B of title XVIII of such Act, and to enter into an appropriate agreement with the State agency that administers the State plan for medical assistance under title XIX, or the State child health plan under title XXI, of such Act to provide service to individuals entitled to medical assistance or child health assistance, respectively, under the plan.	(B) ~~(2)~~ to accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act for all services for which payment may be made under part B of title XVIII of such Act, and to enter into an appropriate agreement with the State agency that administers the State plan for medical assistance under title XIX of such Act to provide service to individuals entitled to medical assistance under the plan
		(g) The Secretary may not make any payments under subsection (a) to an Indian tribe or tribal organization for any fiscal year subsequent to the first fiscal year of such payments unless the Secretary determines that, for the immediately preceding fiscal year, the Indian tribe or tribal organization has complied with requirements of this section.	(g) CONTINUANCE OF FUNDING.— The Secretary shall make payments under this section to a Tribal Health Program for any fiscal year subsequent to the first fiscal year of such payments unless the Secretary determines that, for the immediately preceding fiscal year, the Tribal Health Program has not complied with the requirements of this section.	"(g) Continuance of Funding.— The Secretary shall make payments under this section to a Tribal Health Program for any fiscal year subsequent to the first fiscal year of such payments unless the Secretary determines that, for the immediately preceding fiscal year, the Tribal Health Program has not complied with the requirements of this section.	(7) ~~(g)~~ The Secretary shall make payments under this paragraph ~~subsection~~ to an Indian Tribe or tribal organization for any fiscal year subsequent to the first fiscal year of such payments unless the Secretary determines that, for the immediately preceding fiscal year, the Indian Tribe or tribal organization has not complied with the requirements of this subsection.
	S.1790 did not change CL § 121.	TRIBAL HEALTH PROGRAM ADMINISTRATION SEC. 121. The Secretary	SEC. 122. TRIBAL HEALTH PROGRAM ADMINISTRATION. The Secretary	"SEC. 122. TRIBAL HEALTH PROGRAM ADMINISTRATION. "The Secretary,	TRIBAL HEALTH PROGRAM ADMINISTRATION SEC. 122 ~~121~~. Subject to Section 102, the Secretary,

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	R = S.			acting through the Service,	acting through the Service,
	2708 = E; R=S.	shall, by contract or otherwise, provide training for individuals in the administration and planning of tribal health programs.	shall, by contract or otherwise, provide training for individuals in the administration and planning of Tribal Health Programs, with priority to Indians.	shall, by contract or otherwise, provide training for Indians in the administration and planning of Tribal Health Programs.	shall, by funding agreement ~~contract~~ or otherwise, provide training for Indians ~~individuals~~ in the administration and planning of tribal health programs.
	S.1790 did not change CL § 122. *The NSC, and other versions of IHCIA, deleted this section and recommended a new section, now found in §123.*	UNIVERSITY OF SOUTH DAKOTA PILOT PROGRAM SEC. 122. (a) The Secretary may make a grant to the School of Medicine of the University of South Dakota (hereafter in this section referred to as "USDSM") to establish a pilot program on an Indian reservation at one or more service units in South Dakota to address the chronic manpower shortage in the Aberdeen Area of the Service. (b) The purposes of the program established pursuant to a grant provided under subsection (a) are– (1) to provide direct clinical and practical experience at a service unit to medical students and residents from USDSM and other medical schools; (2) to improve the quality of health care for Indians by assuring access to qualified health care professionals; and (3) to provide academic and scholarly opportunities for physicians, physician assistants, nurse practitioners, nurses, and other allied health professionals serving Indian people by identifying and utilizing all academic and scholarly resources of the region. (c) The pilot program established pursuant to a grant provided under subsection (a) shall– (1) incorporate a program advisory board composed of representatives from the tribes and communities in the area which will be served by the program; and			~~UNIVERSITY OF SOUTH DAKOTA PILOT PROGRAM~~ ~~SEC. 122. (a) The Secretary may make a grant to the School of Medicine of the University of South Dakota (hereafter in this section referred to as "USDSM") to establish a pilot program on an Indian reservation at one or more service units in South Dakota to address the chronic manpower shortage in the Aberdeen Area of the Service.~~ ~~(b) The purposes of the program established pursuant to a grant provided under subsection (a) are–~~ ~~(1) to provide direct clinical and practical experience at a service unit to medical students and residents from USDSM and other medical schools;~~ ~~(2) to improve the quality of health care for Indians by assuring access to qualified health care professionals; and~~ ~~(3) to provide academic and scholarly opportunities for physicians, physician assistants, nurse practitioners, nurses, and other allied health professionals serving Indian people by identifying and utilizing all academic and scholarly resources of the region.~~ ~~(c) The pilot program established pursuant to a grant provided under subsection (a) shall–~~ ~~(1) incorporate a program advisory board composed of representatives from the tribes and communities in the area which will be served by the program; and~~
		(2) shall be designated as an extension of the USDSM campus and program participants shall be under the direct supervision and instruction of qualified medical staff serving at the service unit who shall be members of the USDSM faculty. (d) The USDSM shall coordinate the program established pursuant to a grant provided under subsection (a) with other medical schools in the region, nursing schools, tribal community colleges, and other health professional schools. (e) The USDSM, in cooperation with the Service, shall develop additional professional opportunities for program participants on Indian reservations in order to improve the recruitment and retention			~~(2) shall be designated as an extension of the USDSM campus and program participants shall be under the direct supervision and instruction of qualified medical staff serving at the service unit who shall be members of the USDSM faculty.~~ ~~(d) The USDSM shall coordinate the program established pursuant to a grant provided under subsection (a) with other medical schools in the region, nursing schools, tribal community colleges, and other health professional schools.~~ ~~(e) The USDSM, in cooperation with the Service, shall develop additional professional opportunities for program participants on Indian reservations in order to improve the recruitment and retention~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		of qualified health professionals in the Aberdeen Area of the Service.			~~of qualified health professionals in the Aberdeen Area of the Service.~~
	See, S. 1790 Sec. 112, added §123.	SEC. 123. HEALTH PROFESSIONAL CHRONIC SHORTAGE DEMONSTRATION PROGRAMS. "(a) Demonstration Programs.—The Secretary, acting through the Service, may fund demonstration programs for Indian health programs to address the chronic shortages of health professionals. "(b) Purposes of Programs.—The purposes of demonstration programs under subsection (a) shall be— "(1) to provide direct clinical and practical experience within an Indian health program to health profession students and residents from medical schools; "(2) to improve the quality of health care for Indians by ensuring access to qualified health professionals; "(3) to provide academic and scholarly opportunities for health professionals serving Indians by identifying all academic and scholarly resources of the region; and "(4) to provide training and support for alternative provider types, such as community health representatives, and community health aides. "(c) Advisory Board.—The demonstration programs established pursuant to subsection (a) shall incorporate a program advisory board, which may be composed of representatives of tribal governments, Indian health programs, and Indian communities in the areas to be served by the demonstration programs.	SEC. 123. HEALTH PROFESSIONAL CHRONIC SHORTAGE DEMONSTRATION PROGRAMS. (a) DEMONSTRATION PROGRAMS AUTHORIZED.— The Secretary, acting through the Service, may fund demonstration programs for Tribal Health Programs to address the chronic shortages of health professionals. (b) PURPOSES OF PROGRAMS.— The purposes of demonstration programs funded under subsection (a) shall be— (1) to provide direct clinical and practical experience at a Service Unit to health profession students and residents from medical schools; (2) to improve the quality of health care for Indians by assuring access to qualified health care professionals; and (3) to provide academic and scholarly opportunities for health professionals serving Indians by identifying all academic and scholarly resources of the region. (c) ADVISORY BOARD.— The demonstration programs established pursuant to subsection (a) shall incorporate a program advisory board composed of representatives from the Indian Tribes and Indian communities in the area which will be served by the program.	"SEC. 123. HEALTH PROFESSIONAL CHRONIC SHORTAGE DEMONSTRATION PROGRAMS. "(a) Demonstration Programs Authorized.— The Secretary, acting through the Service, may fund demonstration programs for Tribal Health Programs to address the chronic shortages of health professionals. "(b) Purposes of Programs.— The purposes of demonstration programs funded under subsection (a) shall be— "(1) to provide direct clinical and practical experience at a Service Unit to health profession students and residents from medical schools; "(2) to improve the quality of health care for Indians by assuring access to qualified health care professionals; and "(3) to provide academic and scholarly opportunities for health professionals serving Indians by identifying all academic and scholarly resources of the region. "(c) Advisory Board.— The demonstration programs established pursuant to subsection (a) shall incorporate a program advisory board composed of representatives from the Indian Tribes and Indian communities in the area which will be served by the program.	HEALTH PROFESSIONAL CHRONIC SHORTAGE DEMONSTRATION PROJECT ~~UNIVERSITY OF SOUTH DAKOTA PILOT PROGRAM~~ SEC. 123 ~~122~~. (a) Subject to section 102, the ~~The~~ Secretary may fund ~~make a grant to the School of Medicine of the University of South Dakota (hereafter in this section referred to as "USDSM") to establish a~~ pilot programs for Tribes and tribal organizations ~~an Indian reservation at one or more service units in South Dakota~~ to address the chronic shortages of health professionals ~~manpower shortage in the Aberdeen Area of the Service~~. (b) The purposes of the health profession demonstration program established herein ~~pursuant to a grant provided under subsection (a)~~ are-- (1) to provide direct clinical and practical experience at a service unit to health profession ~~medical~~ students and residents from ~~USDSM and other~~ medical schools; (2) to improve the quality of health care for Indians by assuring access to qualified health care professionals; and (3) to provide academic and scholarly opportunities for ~~physicians, physician assistants, nurse practitioners, nurses, and other allied~~ health professionals serving Indian people by identifying and utilizing all academic and scholarly resources of the region. (c) The demonstration ~~pilot~~ programs established pursuant to ~~a grant provided under~~ subsection (a) shall ~~(1)~~ incorporate a program advisory board composed of representatives from the Tribes and communities in the area which will be served by the program.~~; and~~
	See, S. 1790 Sec. 101((b)(1). R&E = S.1200	~~AUTHORIZATION OF APPROPRIATIONS~~ ~~SEC. 123. There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2000 to carry out this title.~~	SEC. 128. AUTHORIZATION OF APPROPRIATIONS. There are authorized to be appropriated such sums as may be necessary to carry out this title.	"SEC. 127. AUTHORIZATION OF APPROPRIATIONS. "There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out this title.	AUTHORIZATION OF APPROPRIATIONS SEC. 128 ~~123~~. There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2012 ~~2000~~ to carry out this title.
	See, S. 1790 Sec. 113 added §124. *This section was not in R, E, or S.1200, but was requested by NSC to address a new issue.*	SEC. 124. EXEMPTION FROM PAYMENT OF CERTAIN FEES. "Employees of a tribal health program or urban Indian organization shall be exempt from payment of licensing, registration, and any other fees imposed by a Federal	SEC. 127. EXEMPTION FROM PAYMENT OF CERTAIN FEES. ''Employees of a Tribal Health Program or an Urban Indian Organization shall be exempt from payment of licensing, registration, and other fees imposed by a		*[NSC endorsed the addition of this section.]*

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		agency to the same extent that officers of the commissioned corps of the Public Health Service and other employees of the Service are exempt from those fees.	Federal agency to the same extent that Commissioned Corps Officers or other employees of the Indian Health Service are exempt from such fees.		
	See, S. 1790 Sec. 129(b) added §125.	SEC. 125. TREATMENT OF SCHOLARSHIPS FOR CERTAIN PURPOSES. "A scholarship provided to an individual pursuant to this title shall be considered to be a qualified scholarship for purposes of section 117 of the Internal Revenue Code of 1986			SCHOLARSHIPS SEC. 124. Scholarships provided to individuals pursuant to this title shall be deemed "qualified Scholarships" for purposes of 26 USC section 117.
	"TITLE II— HEALTH SERVICES				
x	S.1790 IS did not change CL §201. RS added a new Sec. 121, which amended CL as noted.	SEC. 201. INDIAN HEALTH CARE IMPROVEMENT FUND (a) USE OF FUNDS.– The Secretary, acting through the Service, is authorized to expend funds, directly or ~~which are appropriated~~ under the authority of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), which are appropriated under the authority of this section, ~~through the Service,~~ for the purpose of–	SEC. 201. INDIAN HEALTH CARE IMPROVEMENT FUND. (a) USE OF FUNDS.— The Secretary, acting through the Service, is authorized to expend funds, directly or under the authority of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), which are appropriated under the authority of this section, for the purposes of—	"SEC. 201. INDIAN HEALTH CARE IMPROVEMENT FUND. "(a) Use of Funds.— The Secretary, acting through the Service, is authorized to expend funds, directly or under the authority of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), which are appropriated under the authority of this section, for the purposes of—	INDIAN HEALTH CARE IMPROVEMENT FUND SEC. 201. (a) The Secretary is authorized to expend funds directly or under the authority of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, which are appropriated under the authority of this section, ~~through the Service,~~ for the purpose of–
		(1) eliminating the deficiencies in health status and health resources of all Indian tribes, (2) eliminating backlogs in the provision of health care services to Indians, (3) meeting the health needs of Indians in an efficient and equitable manner, including the use of telehealth and telemedicine when appropriate;	(1) eliminating the deficiencies in health status and health resources of all Indian Tribes; (2) eliminating backlogs in the provision of health care services to Indians; (3) meeting the health needs of Indians in an efficient and equitable manner, including the use of telehealth and telemedicine when appropriate;	"(1) eliminating the deficiencies in health status and health resources of all Indian Tribes; "(2) eliminating backlogs in the provision of health care services to Indians; "(3) meeting the health needs of Indians in an efficient and equitable manner, including the use of telehealth and telemedicine when appropriate;	(1) eliminating the deficiencies in health status and resources of all Indian Tribes, (2) eliminating backlogs in the provision of health care services to Indians, (3) meeting the health needs of Indians in an efficient and equitable manner, ~~and~~
		(4) eliminating inequities in funding for both direct care and contract health service programs; and	(4) eliminating inequities in funding for both direct care and contract health service programs; and	"(4) eliminating inequities in funding for both direct care and contract health service programs; and	(4) eliminating inequities in funding for both direct care and contract health service programs, and
		(5) ~~(4)~~ augmenting the ability of the Service to meet the following health service responsibilities~~, either through direct or contract care or through contracts entered into pursuant to the Indian Self-Determination Act,~~ with respect to those Indian tribes with the highest levels of health status deficiencies and resource deficiencies: (A) Clinical care, ~~(direct and indirect)~~ including inpatient care, outpatient care (including audiology, clinical eye and vision care) primary care, secondary and tertiary care, and long-term care.~~;~~ (B) Preventive health;, including ~~screening~~ mammography and other cancer screening. ~~in accordance with section 212~~; (C) Dental care, ~~(direct and indirect);~~ (D) Mental health, including community mental health services, inpatient mental health services, dormitory mental health	(5) augmenting the ability of the Service to meet the following health service responsibilities with respect to those Indian Tribes with the highest levels of health status deficiencies and resource deficiencies: (A) Clinical care, including inpatient care, outpatient care (including audiology, clinical eye, and vision care), primary care, secondary and tertiary care, and long-term care. (B) Preventive health, including mammography and other cancer screening in accordance with section 207. (C) Dental care. (D) Mental health, including community mental health services, inpatient mental health services, dormitory mental health services, therapeutic and residential treatment centers, and training of traditional health care practitioners.	"(5) augmenting the ability of the Service to meet the following health service responsibilities with respect to those Indian Tribes with the highest levels of health status deficiencies and resource deficiencies: "(A) Clinical care, including inpatient care, outpatient care (including audiology, clinical eye, and vision care), primary care, secondary and tertiary care, and long-term care. "(B) Preventive health, including mammography and other cancer screening in accordance with section 207. "(C) Dental care. "(D) Mental health, including community mental health services, inpatient mental health services, dormitory mental health services, therapeutic and residential treatment centers, and training of traditional health care practitioners.	(~~4~~5) augmenting the ability of the Service to meet the following health service responsibilities, ~~either through direct or contract care or through contracts entered into pursuant to the Indian Self-Determination Act,~~ with respect to those Indian Tribes with the highest levels of health status deficiencies and resource deficiencies~~;~~ (A) clinical care ~~(direct and indirect)~~ including, but not limited to, inpatient care, outpatient care (including audiology, clinical eye and vision care), primary care, secondary and tertiary care, and long term care; (B) preventive health~~;~~, including ~~screening~~ mammography and other cancer screening in accordance with section ~~212~~ 207; (C) dental care ~~(direct and indirect)~~; (D) mental health, including

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		services, therapeutic and residential treatment centers, and training of traditional ~~Indian~~ health care practitioners.~~;~~ (E) Emergency medical services.~~;~~ (F) Treatment and control of, and rehabilitative care related to, alcoholism and drug abuse (including fetal alcohol syndrome) among Indians.~~;~~	(E) Emergency medical services. (F) Treatment and control of, and rehabilitative care related to, alcoholism and drug abuse (including fetal alcohol syndrome) among Indians.	"(E) Emergency medical services. "(F) Treatment and control of, and rehabilitative care related to, alcoholism and drug abuse (including fetal alcohol spectrum disorders) among Indians.	community mental health services, inpatient mental health services, dormitory mental health services, therapeutic and residential treatment centers, and training of traditional health care ~~Indian~~ practitioners; (E) emergency medical services; (F) treatment and control of, and rehabilitative care related to, alcoholism and drug abuse (including fetal alcohol syndrome) among Indians;
		(G) Injury ~~accident~~ prevention programs, including data collection and evaluation, demonstration projects, training, and capacity building.~~;~~	(G) Injury prevention programs, including data collection and evaluation, demonstration projects, training, and capacity building.	"(G) Injury prevention programs, including training.	(G) accident prevention programs;
		(H) Home health care.~~;~~ (I) Community health representatives.~~; and~~ (J) Maintenance and ~~repair~~ improvement.	(H) Home health care. (I) Community health representatives. (J) Maintenance and improvement.	"(H) Home health care. "(I) Community health representatives. "(J) Maintenance and improvement.	(H) home health care, (I) community health representatives; ~~and~~ (J) maintenance and repair; and
					(K) traditional health care practices.
		(b)~~(1)~~ NO OFFSET OR LIMITATION.– Any funds appropriated under the authority of this section shall not be used to offset or limit any other appropriations made to the Service under this Act or the Act of November 2, 1921 (25 U.S.C. 13), (commonly ~~popularly~~ known as the 'Snyder Act'), or any other provision of law.	(b) NO OFFSET OR LIMITATION.— Any funds appropriated under the authority of this section shall not be used to offset or limit any other appropriations made to the Service under this Act or the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), or any other provision of law.	"(b) No Offset or Limitation.— Any funds appropriated under the authority of this section shall not be used to offset or limit any other appropriations made to the Service under this Act or the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), or any other provision of law.	(b)(1) Any funds appropriated under the Authority of this section shall not be used to offset or limit any other appropriations made to the Service under this Act or the Act of November 2, 1921 (25 U.S.C. 13), popularly known as the Snyder Act, or any other provision of law.
		(c)~~(2)(A)~~ ALLOCATION; USE.– (1) IN GENERAL.– Funds appropriated under the authority of this section shall ~~may~~ be allocated ~~on a~~ to Service units, Indian tribes, or tribal organizations. ~~basis.~~ The funds allocated to each Indian tribe, tribal organization, or Service unit under this ~~sub~~paragraph shall be used by the Indian tribe, tribal organization, or Service unit under this paragraph to improve ~~reduce~~ the health status and reduce the resource deficiency of each Indian tribe served by such Service unit, Indian tribe, or tribal organization. (2)~~(B)~~ APPORTIONMENT OF ALLOCATED FUNDS.– The apportionment of funds allocated to a Service unit, Indian tribe, or tribal organization under ~~sub~~paragraph (1) ~~(A)~~ among the health service responsibilities described in subsection (a)(5)~~(a)(4)~~ shall be determined by the Service in consultation with, and with the active participation of, the affected Indian tribes and tribal organizations.	(c) ALLOCATION; USE.— (1) IN GENERAL.— Funds appropriated under the authority of this section shall be allocated to Service Units, Indian Tribes, or Tribal Organizations. The funds allocated to each Indian Tribe, Tribal Organization, or Service Unit under this paragraph shall be used by the Indian Tribe, Tribal Organization, or Service Unit under this paragraph to improve the health status and reduce the resource deficiency of each Indian Tribe served by such Service Unit, Indian Tribe, or Tribal Organization. (2) APPORTIONMENT OF ALLOCATED FUNDS.— The apportionment of funds allocated to a Service Unit, Indian Tribe, or Tribal Organization under paragraph (1) among the health service responsibilities described in subsection (a)(5) shall be determined by the Service in consultation with, and with the active participation of, the affected Indian Tribes and Tribal Organizations.	"(c) Allocation; Use.— "(1) IN GENERAL.— Funds appropriated under the authority of this section shall be allocated to Service Units, Indian Tribes, or Tribal Organizations. The funds allocated to each Indian Tribe, Tribal Organization, or Service Unit under this paragraph shall be used by the Indian Tribe, Tribal Organization, or Service Unit under this paragraph to improve the health status and reduce the resource deficiency of each Indian Tribe served by such Service Unit, Indian Tribe, or Tribal Organization. "(2) APPORTIONMENT OF ALLOCATED FUNDS.— The apportionment of funds allocated to a Service Unit, Indian Tribe, or Tribal Organization under paragraph (1) among the health service responsibilities described in subsection (a)(5) shall be determined by the Service in consultation with, and with the active participation of, the affected Indian Tribes and Tribal Organizations.	(2)(A)Funds appropriated under the authority of this section ~~may~~ shall be allocated ~~on a~~ to service units or Indian Tribes or tribal organizations ~~basis~~. The funds allocated to each Tribe, tribal organization, or service unit under this subparagraph shall be used by the Tribe, tribal organization, or service unit under this subparagraph unit to ~~reduce~~ improve the health status and reduce the resource deficiency of each Tribe served by such service unit, Tribe or tribal organization. (B) The apportionment of funds allocated to a service unit, Tribe or tribal organization under subparagraph (A) among the health service responsibilities described in subsection (a)(4) shall be determined by the Service in consultation with, and with the active participation of, the affected Indian Tribes in accordance with the provisions of this section and such rulemaking as is permitted under Title VIII of this Act.
		(d)~~(c)~~ PROVISIONS RELATED TO HEALTH STATUS AND RESOURCE DEFICIENCIES.– For the purposes of this section, the	(d) PROVISIONS RELATING TO HEALTH STATUS AND RESOURCE DEFICIENCIES.— For the purposes of	"(d) Provisions Relating to Health Status and Resource Deficiencies.— For the purposes of this section, the following	(c) For purposes of this section– (1) The term "health status and resource deficiency" means the extent to

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		following definitions apply: (1) DEFINITION.– The term "health status and resource deficiency" means the extent to which-- (A) the health status objectives set forth in section 3(1) and 3(2) ~~3(b)~~ are not being achieved; and (B) the Indian tribe or tribal organization does not have available to it the health resources it needs, taking into account the actual cost of providing health care services given local geographic, climatic, rural, or other circumstances. (2) AVAILABLE RESOURCES.– The health resources available to an Indian tribe or tribal organization include health resources provided by the Service as well as health resources used by the Indian tribe or tribal organization, including services and financing systems provided by any Federal programs, private insurance, and programs of State or local governments. (3) PROCESS FOR REVIEW OF DETERMINATIONS.– The Secretary shall establish procedures which allow any Indian tribe or tribal organization to petition the Secretary for a review of any determination of the extent of the health status and resource deficiency of such Indian tribe or tribal organization.	this section, the following definitions apply: (1) DEFINITION.— The term 'health status and resource deficiency' means the extent to which— (A) the health status objectives set forth in section 3(2) are not being achieved; and (B) the Indian Tribe or Tribal Organization does not have available to it the health resources it needs, taking into account the actual cost of providing health care services given local geographic, climatic, rural, or other circumstances. (2) AVAILABLE RESOURCES.— The health resources available to an Indian Tribe or Tribal Organization include health resources provided by the Service as well as health resources used by the Indian Tribe or Tribal Organization, including services and financing systems provided by any Federal programs, private insurance, and programs of State or local governments. (3) PROCESS FOR REVIEW OF DETERMINATIONS.— The Secretary shall establish procedures which allow any Indian Tribe or Tribal Organization to petition the Secretary for a review of any determination of the extent of the health status and resource deficiency of such Indian Tribe or Tribal Organization.	definitions apply: "(1) DEFINITION.— The term 'health status and resource deficiency' means the extent to which— "(A) the health status objectives set forth in section 3(2) are not being achieved; and "(B) the Indian Tribe or Tribal Organization does not have available to it the health resources it needs, taking into account the actual cost of providing health care services given local geographic, climatic, rural, or other circumstances. "(2) AVAILABLE RESOURCES.— The health resources available to an Indian Tribe or Tribal Organization include health resources provided by the Service as well as health resources used by the Indian Tribe or Tribal Organization, including services and financing systems provided by any Federal programs, private insurance, and programs of State or local governments. "(3) PROCESS FOR REVIEW OF DETERMINATIONS.— The Secretary shall establish procedures which allow any Indian Tribe or Tribal Organization to petition the Secretary for a review of any determination of the extent of the health status and resource deficiency of such Indian Tribe or Tribal Organization.	which-- (A) the health status objectives set forth in section 3(b) are not being achieved; and (B) the Indian Tribe or tribal organization does not have available to it the health resources it needs, taking into account the actual cost of providing health care services given local geographic, climatic, rural, or other circumstances. (2) The health resources available to an Indian Tribe or tribal organization include health resources provided by the Service as well as health resources used by the Indian Tribe or tribal organization, including services and financing systems provided by any federal programs, private insurance, and programs of State or local governments. (3) The Secretary shall establish procedures which allow any Indian Tribe or tribal organization to petition the Secretary for a review of any determination of the extent of the health status and resource deficiency of such Tribe or tribal organization.
		(e)~~(d)(1)~~ Eligibility for Funds.– Tribal health programs ~~administered by any Indian tribe or tribal organization under the authority of the Indian Self-Determination Act~~ shall be eligible for funds appropriated under the authority of this section on an equal basis with programs that are administered directly by the Service. ~~(2) If any funds allocated to a tribe or service unit under the authority of this section are used for a contract entered into under the Indian Self-Determination Act, a reasonable portion of such funds may be used for health planning, training, technical assistance and other administrative support functions.~~	(e) ELIGIBILITY FOR FUNDS.— Tribal Health Programs shall be eligible for funds appropriated under the authority of this section on an equal basis with programs that are administered directly by the Service.	"(e) Eligibility for Funds.— Tribal Health Programs shall be eligible for funds appropriated under the authority of this section on an equal basis with programs that are administered directly by the Service.	(d)~~(1)~~ Programs administered by any Indian Tribe or tribal organization under the authority of the Indian Self-Determination and Education Assistance Act shall be eligible for funds appropriated under the authority of this section on an equal basis with programs that are administered directly by the Service. ~~(2) If any funds allocated to a Tribe or service unit under the authority of this section are used for a contract entered into under the Indian Self-Determination Act, a reasonable portion of such funds may be used for health planning, training, technical assistance and other administrative support functions.~~
		(f)~~(e)~~ REPORT.– By no later than the date that is 3 years after the date of enactment of the Indian Health ~~Amendments of 1992~~ Care Improvement Reauthorization and Extension Act of 2009, the Secretary shall submit to the Congress the current health status and resource deficiency report of the Service for each ~~Indian tribe or~~ Service unit, including newly recognized or	(f) REPORT.— By no later than the date that is 3 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2009, the Secretary shall submit to Congress the current health status and resource deficiency report of the Service for each Service Unit, including newly recognized or acknowledged Indian Tribes. Such report	"(f) Report.— By no later than the date that is 3 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall submit to Congress the current health status and resource deficiency report of the Service for each Service Unit, including newly recognized or acknowledged Indian Tribes. Such report	(e) ~~the Indian Health Amendments of 1992~~ this Act, the Secretary shall submit to the Congress the current health status and resource deficiency report of the Service for each Indian Tribe or service unit, including newly recognized or acknowledged Indian Tribes. Such report shall set out– (1) the methodology then in use by

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		acknowledged Indian tribes. Such report shall set out– (1) the methodology then in use by the Service for determining tribal health status and resource deficiencies, as well as the most recent application of that methodology; (2) the extent of the health status and resource deficiency of each Indian tribe served by the Service or a tribal health program; (3) the amount of funds necessary to eliminate the health status and resource deficiencies of all Indian tribes served by the Service or a tribal health program; and (4) an estimate of-- (A) the amount of health service funds appropriated under the authority of this Act, or any other Act, including the amount of any funds transferred to the Service, for the preceding fiscal year which is allocated to each Service unit, Indian tribe, or ~~comparable entity~~ tribal organization. (B) the number of Indians eligible for health services in each Service unit or Indian tribe or tribal organization; and (C) the number of Indians using the Service resources made available to each Service unit, ~~or~~ Indian tribe, or tribal organization, and, to the extent available, information on the waiting lists and number of Indians turned away for services due to lack of resources.	shall set out— (1) the methodology then in use by the Service for determining Tribal health status and resource deficiencies, as well as the most recent application of that methodology; (2) the extent of the health status and resource deficiency of each Indian Tribe served by the Service or a Tribal Health Program; (3) the amount of funds necessary to eliminate the health status and resource deficiencies of all Indian Tribes served by the Service or a Tribal Health Program; and (4) an estimate of— (A) the amount of health service funds appropriated under the authority of this Act, or any other Act, including the amount of any funds transferred to the Service for the preceding fiscal year which is allocated to each Service Unit, Indian Tribe, or Tribal Organization; (B) the number of Indians eligible for health services in each Service Unit or Indian Tribe or Tribal Organization; and (C) the number of Indians using the Service resources made available to each Service Unit, Indian Tribe or Tribal Organization, and, to the extent available, information on the waiting lists and number of Indians turned away for services due to lack of resources.	shall set out— "(1) the methodology then in use by the Service for determining Tribal health status and resource deficiencies, as well as the most recent application of that methodology; "(2) the extent of the health status and resource deficiency of each Indian Tribe served by the Service or a Tribal Health Program; "(3) the amount of funds necessary to eliminate the health status and resource deficiencies of all Indian Tribes served by the Service or a Tribal Health Program; and "(4) an estimate of— "(A) the amount of health service funds appropriated under the authority of this Act, or any other Act, including the amount of any funds transferred to the Service for the preceding fiscal year which is allocated to each Service Unit, Indian Tribe, or Tribal Organization; "(B) the number of Indians eligible for health services in each Service Unit or Indian Tribe or Tribal Organization; and "(C) the number of Indians using the Service resources made available to each Service Unit, Indian Tribe or Tribal Organization, and, to the extent available, information on the waiting lists and number of Indians turned away for services due to lack of resources.	the Service for determining tribal health status and resource deficiencies, as well as the most recent application of that methodology; (2) the extent of the health status and resource deficiency of each Indian Tribe served by the Service; (3) the amount of funds necessary to eliminate the health status and resource deficiencies of all Indian Tribes served by the Service; and (4) an estimate of– (A) the amount of health service funds appropriated under the authority of this Act, or any other Act, including the amount of any funds transferred to the Service, for the preceding fiscal year which is allocated to each service unit, Indian Tribe, or comparable entity. (B) the number of Indians eligible for health services in each service unit or Indian Tribe or tribal organization; and (C) the number of Indians using the Service resources made available to each service unit or Indian Tribe or tribal organization, and, to the extent available, information on the waiting lists and number of Indians turned away for services due to lack of resources.
		(g)~~(f)~~ INCLUSION IN BASE BUDGET.– Funds appropriated under authority of this section for any fiscal year shall be included in the base budget of the Service for the purpose of determining appropriations under this section in subsequent fiscal years.	(g) INCLUSION IN BASE BUDGET.— Funds appropriated under this section for any fiscal year shall be included in the base budget of the Service for the purpose of determining appropriations under this section in subsequent fiscal years.	"(g) Inclusion in Base Budget.— Funds appropriated under this section for any fiscal year shall be included in the base budget of the Service for the purpose of determining appropriations under this section in subsequent fiscal years.	(f) Funds appropriated under authority of this section for any fiscal year shall be included in the base budget of the Service for the purpose of determining appropriations under this section in subsequent fiscal years.
		(h)~~(g)~~ CLARIFICATION.– Nothing in this section is intended to diminish the primary responsibility of the Service to eliminate existing backlogs in unmet health care needs, nor are the provisions of this section intended to discourage the Service from undertaking additional efforts to achieve ~~parity~~ equity among Indian tribes and tribal organizations.	(h) CLARIFICATION.— Nothing in this section is intended to diminish the primary responsibility of the Service to eliminate existing backlogs in unmet health care needs, nor are the provisions of this section intended to discourage the Service from undertaking additional efforts to achieve equity among Indian Tribes and Tribal Organizations.	"(h) Clarification.— Nothing in this section is intended to diminish the primary responsibility of the Service to eliminate existing backlogs in unmet health care needs, nor are the provisions of this section intended to discourage the Service from undertaking additional efforts to achieve equity among Indian Tribes and Tribal Organizations.	(g) Nothing in this section is intended to diminish the primary responsibility of the Service to eliminate existing backlogs in unmet health care needs, nor are the provisions of this section intended to discourage the Service from undertaking additional efforts to achieve ~~parity~~ equity among Indian Tribes and tribal organizations.
		(i)~~(h)~~ FUNDING DESIGNATION.– Any funds appropriated under the authority of this section shall be designated as the "Indian Health Care Improvement Fund".	(i) FUNDING DESIGNATION.— Any funds appropriated under the authority of this section shall be designated as the 'Indian Health Care Improvement Fund'.	"(i) Funding Designation.— Any funds appropriated under the authority of this section shall be designated as the 'Indian Health Care Improvement Fund'.	(h) Any funds appropriated under the authority of this section shall be designated as the "Indian Health Care Improvement Fund".
x	S.1790 IS did not change CL § 202. RS Sec. 122, amended it, as noted.	SEC. 202. CATASTROPHIC HEALTH EMERGENCY FUNDS (a)~~(1)~~ ESTABLISHMENT.– There is ~~hereby~~	SEC. 226. CATASTROPHIC HEALTH EMERGENCY FUND. (a) ESTABLISHMENT– There is	"SEC. 202. CATASTROPHIC HEALTH EMERGENCY FUND. "(a) Establishment.— There is established	CATASTROPHIC HEALTH EMERGENCY FUNDS SEC. 202. (a)(1) There is hereby

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	Note. H.R. 2708 inadvertently deleted § 202 re: CHEF. It was added back in in H.R. 3962 as a new §226, which is shown without editorial markings.	established an Indian Catastrophic Health Emergency Fund (hereafter in this section referred to as the ~~"Fund"~~ "CHEF") consisting of-- (A) the amounts deposited under subsection (f)~~(d)~~, and (B) the amounts appropriated to CHEF under ~~subsection to the Fund~~ under this section.	established an Indian Catastrophic Health Emergency Fund (hereafter in this section referred to as the 'CHEF') consisting of– (1) the amounts deposited under subsection (f); and (2) the amounts appropriated to CHEF under this section.	an Indian Catastrophic Health Emergency Fund (hereafter in this section referred to as the 'CHEF') consisting of— "(1) the amounts deposited under subsection (f); and "(2) the amounts appropriated to CHEF under this section.	established an Indian Catastrophic Health Emergency Fund (hereafter in this section referred to as CHEF" ~~the "Fund"~~) consisting of– (A) the amounts deposited under subsection (d), and (B) the amounts appropriated under subsection (e) to CHEF ~~the Fund~~ under this section.
		(B)~~(2)~~ ADMINISTRATION.– ~~The fund~~ CHEF shall be administered by the Secretary, acting through the ~~central office~~ headquarters of the Service, solely for the purpose of meeting the extraordinary medical costs associated with the treatment of victims of disasters or catastrophic illnesses who are within the responsibility of the Service.	"(b) Administration.— CHEF shall be administered by the Secretary, acting through the headquarters of the Service, solely for the purpose of meeting the extraordinary medical costs associated with the treatment of victims of disasters or catastrophic illnesses who are within the responsibility of the Service.	"(b) Administration.— CHEF shall be administered by the Secretary, acting through the headquarters of the Service, solely for the purpose of meeting the extraordinary medical costs associated with the treatment of victims of disasters or catastrophic illnesses who are within the responsibility of the Service.	(2) CHEF ~~the Fund~~ shall be administered by the Secretary~~, acting through the central office of the Service,~~ solely for the purpose of meeting the extraordinary medical costs associated with the treatment of victims of disasters or catastrophic illnesses who are within the responsibility of the Service.
		(c)~~(4)~~ CONDITIONS ON USE OF FUND.– No part of CHEF ~~the Fund~~ or its administration shall be subject to contract or grant under any law, including the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), nor ~~(3) The Fund~~ shall CHEF ~~not~~ be allocated, apportioned, or delegated on an Area Office, Service unit, ~~area office,~~ or ~~any~~ other similar basis.	"(c) Conditions on Use of Fund.— No part of CHEF or its administration shall be subject to contract or grant under any law, including the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), nor shall CHEF funds be allocated, apportioned, or delegated on an Area Office, Service Unit, or other similar basis.	"(c) Conditions on Use of Fund.— No part of CHEF or its administration shall be subject to contract or grant under any law, including the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), nor shall CHEF funds be allocated, apportioned, or delegated on an Area Office, Service Unit, or other similar basis.	(4) No part of CHEF ~~the Fund~~ or its administration shall be subject to contract or grant under any law, including the Indian Self-Determination Act, and shall be administered by the Area Offices based upon priorities determined by the Indian Tribes and tribal organizations within each Area including consideration of the needs of Indian Tribes and tribal organizations which are contract health service-dependent. (3) CHEF ~~the Fund~~ shall ~~not~~ be equitably allocated, apportioned or delegated on an service unit, Area Office~~, or any other~~ basis, based upon a formula developed in consultation with the Indian Tribes and tribal organizations through negotiated rulemaking under Title VIII of this Act, which formula shall take into account the added needs of service areas which are contract health service dependent.
		(d)~~(b)~~ REGULATIONS.– The Secretary shall~~, through the promulgation of~~ promulgate regulations consistent with the provisions of this section to– (1) establish a definition of disasters and catastrophic illnesses for which the cost of the treatment provided under contract would qualify for payment from ~~the Fund~~ CHEF;	"(d) Regulations.— The Secretary shall promulgate regulations consistent with the provisions of this section to— "(1) establish a definition of disasters and catastrophic illnesses for which the cost of the treatment provided under contract would qualify for payment from CHEF;	"(d) Regulations.— The Secretary shall promulgate regulations consistent with the provisions of this section to— "(1) establish a definition of disasters and catastrophic illnesses for which the cost of the treatment provided under contract would qualify for payment from CHEF;	(b) The Secretary shall, through the negotiated rulemaking process under Title VIII of this Act, promulgate~~ion of~~ regulations consistent with the provisions of this section– (1) establish a definition of disasters and catastrophic illnesses for which the cost of the treatment provided under contract would qualify for payment from the Fund;
		(2) provide that a Service Unit shall not be eligible for reimbursement for the cost of treatment from CHEF ~~the Fund~~ until its cost of treating any victim of such catastrophic illness or disaster has reached a certain threshold cost which the Secretary shall establish at– (A) the 2000 level of $19,000; ~~for 1993, not less than $15,000 or not more than~~	"(2) provide that a Service Unit shall not be eligible for reimbursement for the cost of treatment from CHEF until its cost of treating any victim of such catastrophic illness or disaster has reached a certain threshold cost which the Secretary shall establish at— "(A) the 2000 level of $19,000; and "(B) for any subsequent year, not less than	"(2) provide that a Service Unit shall not be eligible for reimbursement for the cost of treatment from CHEF until its cost of treating any victim of such catastrophic illness or disaster has reached a certain threshold cost which the Secretary shall establish at— "(A) the 2000 level of $19,000; and "(B) for any subsequent year, not less than	(2) provide that a service unit, Indian Tribe, or tribal organization shall not be eligible for reimbursement for the cost of treatment from CHEF ~~the Fund~~ until its cost of treating any victim of such catastrophic illness or disaster has reached a certain threshold cost which the Secretary shall establish at– (A) the 1999 level of $19,000 ~~for~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~$25,000,~~ and (B) for any subsequent year, not less than the threshold cost of the previous year increased by the percentage increase in the medical care expenditure category of the consumer price index for all urban consumers (United States city average) for the 12-month period ending with December of the previous year; ~~and~~	the threshold cost of the previous year increased by the percentage increase in the medical care expenditure category of the consumer price index for all urban consumers (United States city average) for the 12-month period ending with December of the previous year;	the threshold cost of the previous year increased by the percentage increase in the medical care expenditure category of the consumer price index for all urban consumers (United States city average) for the 12-month period ending with December of the previous year;	~~1993, not less than $15,000 or not more than $25,000; and~~ (B) for any subsequent year, not less than the threshold cost of the previous year increased by the percentage increase in the medical care expenditure category of the consumer price index for all urban consumers (United States city average) for the 12-month period ending with December of the previous year;"; and
		(3) establish a procedure for the reimbursement of the portion of the costs that exceeds such threshold cost incurred by– (A) Service Units; ~~or facilities of the Service,~~ or (B) whenever otherwise authorized by the Service, non-Service facilities or providers; ~~,in rendering treatment that exceeds such threshold cost;~~	"(3) establish a procedure for the reimbursement of the portion of the costs that exceeds such threshold cost incurred by— "(A) Service Units; or "(B) whenever otherwise authorized by the Service, non-Service facilities or providers;	"(3) establish a procedure for the reimbursement of the portion of the costs that exceeds such threshold cost incurred by— "(A) Service Units; or "(B) whenever otherwise authorized by the Service, non-Service facilities or providers;	(3) establish a procedure for the reimbursement of the portion of the costs incurred by– (A) service units, Indian Tribes or tribal organizations, or facilities of the Service, or (B) whenever otherwise authorized by the Service, non-Service facilities or providers, in rendering treatment that exceeds such threshold cost;
		(4) establish a procedure for payment from CHEF ~~the Fund~~ in cases in which the exigencies of the medial circumstances warrant treatment prior to the authorization of such treatment by the Service; and	"(4) establish a procedure for payment from CHEF in cases in which the exigencies of the medical circumstances warrant treatment prior to the authorization of such treatment by the Service; and	"(4) establish a procedure for payment from CHEF in cases in which the exigencies of the medical circumstances warrant treatment prior to the authorization of such treatment by the Service; and	(4) establish a procedure for payment from CHEF ~~the Fund~~ in cases in which the exigencies of the medial circumstances warrant treatment prior to the authorization of such treatment by the Service; and
		(5) establish a procedure that will ensure that no payment shall be made from CHEF ~~the Fund~~ to any provider of treatment to the extent that such provider is eligible to receive payment for the treatment from any other Federal, State, local, or private source of reimbursement for which the patient is eligible.	"(5) establish a procedure that will ensure that no payment shall be made from CHEF to any provider of treatment to the extent that such provider is eligible to receive payment for the treatment from any other Federal, State, local, or private source of reimbursement for which the patient is eligible.	"(5) establish a procedure that will ensure that no payment shall be made from CHEF to any provider of treatment to the extent that such provider is eligible to receive payment for the treatment from any other Federal, State, local, or private source of reimbursement for which the patient is eligible.	(5) establish a procedure that will ensure that no payment shall be made from CHEF ~~the Fund~~ to any provider of treatment to the extent that such provider is eligible to receive payment for the treatment from any other federal, State, local, or private source of reimbursement for which the patient is eligible.
		(e)~~(c)~~ NO OFFSET OR LIMITATION.– Amounts appropriated to CHEF ~~the Fund~~ under this section shall not be used to offset or limit appropriations made to the Service under the authority of the Act of November 2, 1921 (25 U.S.C. 13)~~,~~ (commonly ~~popularly~~ known as the 'Snyder Act'), or any other law.	"(e) No Offset or Limitation.— Amounts appropriated to CHEF under this section shall not be used to offset or limit appropriations made to the Service under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), or any other law.	"(e) No Offset or Limitation.— Amounts appropriated to CHEF under this section shall not be used to offset or limit appropriations made to the Service under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), or any other law.	(c) Amounts appropriated to CHEF ~~the Fund~~ under this section shall not be used to offset or limit appropriations made to the Service under the authority of the Act of November 2, 1921 (25 U.S.C. 13), popularly known as the Snyder Act, or any other law.
		(f)~~(d)~~ DEPOSIT OF REIMBURSEMENT FUNDS.– There shall be deposited into CHEF ~~the Fund~~ all reimbursements to which the Service is entitled from any Federal, State, local, or private source (including third party insurance) by reason of treatment rendered to any victim of a disaster or catastrophic illness the cost of which was paid from ~~the Fund~~ CHEF.	"(f) Deposit of Reimbursement Funds.— There shall be deposited into CHEF all reimbursements to which the Service is entitled from any Federal, State, local, or private source (including third party insurance) by reason of treatment rendered to any victim of a disaster or catastrophic illness the cost of which was paid from CHEF.	"(f) Deposit of Reimbursement Funds.— There shall be deposited into CHEF all reimbursements to which the Service is entitled from any Federal, State, local, or private source (including third party insurance) by reason of treatment rendered to any victim of a disaster or catastrophic illness the cost of which was paid from CHEF.	(d) There shall be deposited into CHEF ~~the Fund~~ all reimbursements to which the Service is entitled from any federal, State, local, or private source (including third party insurance) by reason of treatment rendered to any victim of a disaster or catastrophic illness the cost of which was paid from CHEF ~~the Fund~~.
	S.1790 did not change CL § 203.	HEALTH PROMOTION AND DISEASE PREVENTION SERVICES Sec. 203. (a) The Congress finds that health promotion and disease prevention activities will– (1) improve the health and well-	SEC. 202. HEALTH PROMOTION AND DISEASE PREVENTION SERVICES. (a) FINDINGS.— Congress finds that health promotion and disease prevention activities— (1) improve the health and well-being of	"SEC. 203. HEALTH PROMOTION AND DISEASE PREVENTION SERVICES. "(a) Findings.— Congress finds that health promotion and disease prevention activities—	HEALTH PROMOTION AND DISEASE PREVENTION SERVICES Sec. 203. (a) The Congress finds that health promotion and disease prevention activities will– (1) improve the health and well-

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		being of Indians, and (2) reduce the expenses for medical care of Indians.	Indians; and (2) reduce the expenses for health care of Indians.	"(1) improve the health and well-being of Indians; and "(2) reduce the expenses for health care of Indians.	being of Indians, and (2) reduce the expenses for health ~~medical~~ care of Indians.
	Note: "section 3(b)" should be either "section 3(1) and (2)" or "section 3(2)".	(a) The Secretary, acting through the Service, shall provide health promotion and disease prevention services to Indians so as to achieve the health status objectives set forth in section 3(b).	(b) PROVISION OF SERVICES.— The Secretary, acting through the Service, shall provide health promotion and disease prevention services to Indians to achieve the health status objectives set forth in section 3(2).	"(b) Provision of Services.— The Secretary, acting through the Service and Tribal Health Programs, shall provide health promotion and disease prevention services to Indians to achieve the health status objectives set forth in section 3(2).	(b~~a~~) The Secretary, acting through the Service and through Indian Tribes and tribal organizations, shall provide health promotion and disease prevention services to Indians so as to achieve the health status objectives set forth in section 3(b).
					(c) For the purposes of this section, health promotion and disease prevention mean the following: [Note: *see* text across from S. 1057 Sec. 4(9) and 4(11).]
		(b) The Secretary shall submit to the President for inclusion in each statement which is required to be submitted to the Congress under section 801 an evaluation of-- (1) the health promotion and disease prevention needs of Indians, (2) the health promotion and disease prevention activities which would best meet such needs, (3) the internal capacity of the Service to meet such needs, and (4) the resources which would be required to enable the Service to undertake the health promotion and disease prevention activities necessary to meet such needs.	(c) EVALUATION.— The Secretary, after obtaining input from the affected Tribal Health Programs, shall submit to the President for inclusion in the report which is required to be submitted to Congress under section 801 an evaluation of— (1) the health promotion and disease prevention needs of Indians; (2) the health promotion and disease prevention activities which would best meet such needs; (3) the internal capacity of the Service and Tribal Health Programs to meet such needs; and (4) the resources which would be required to enable the Service and Tribal Health Programs to undertake the health promotion and disease prevention activities necessary to meet such needs.	"(c) Evaluation.— The Secretary, after obtaining input from the affected Tribal Health Programs, shall submit to the President for inclusion in the report which is required to be submitted to Congress under section 801 an evaluation of— "(1) the health promotion and disease prevention needs of Indians; "(2) the health promotion and disease prevention activities which would best meet such needs; "(3) the internal capacity of the Service and Tribal Health Programs to meet such needs; and "(4) the resources which would be required to enable the Service and Tribal Health Programs to undertake the health promotion and disease prevention activities necessary to meet such needs.	(d) ~~(b)~~ The Secretary, after obtaining input from the affected Indian Tribes and tribal organizations, shall submit to the President for inclusion in each statement which is required to be submitted to the Congress under section 801 an evaluation of– (1) the health promotion and disease prevention needs of Indians, (2) the health promotion and disease prevention activities which would best meet such needs, (3) the internal capacity of the Service to meet such needs, and (4) the resources which would be required to enable the Service to undertake the health promotion and disease prevention activities necessary to meet such needs.
x	S.1790 IS made only a conforming amendment to CL § 204(c)(1). RS Sec. 123 amended the entire §204, as noted.	SEC. 204. DIABETES PREVENTION, TREATMENT, AND CONTROL (a) DETERMINATIONS REGARDING DIABETES.– The Secretary, acting through the Service, and in consultation with the Indian tribes, shall determine-- (1) by Indian tribe and by Service unit, ~~of the Service,~~ the incidence of, and the types of complications resulting from, diabetes among Indians; and (2) based on determinations made pursuant to paragraph (1), the measures (including patient education and effective ongoing monitoring of disease indicators) each Service unit should take to reduce the incidence of, and prevent, treat, and control the complications resulting from, diabetes among Indian tribes within that Service unit.	SEC. 203. DIABETES PREVENTION, TREATMENT, AND CONTROL. (a) DETERMINATIONS REGARDING DIABETES.— The Secretary, acting through the Service, and in consultation with Indian Tribes and Tribal Organizations, shall determine— (1) by Indian Tribe and by Service Unit, the incidence of, and the types of complications resulting from, diabetes among Indians; and (2) based on the determinations made pursuant to paragraph (1), the measures (including patient education and effective ongoing monitoring of disease indicators) each Service Unit should take to reduce the incidence of, and prevent, treat, and control the complications resulting from, diabetes among Indian Tribes within that Service Unit.	"SEC. 204. DIABETES PREVENTION, TREATMENT, AND CONTROL. "(a) Determinations Regarding Diabetes.— The Secretary, acting through the Service, and in consultation with Indian Tribes and Tribal Organizations, shall determine— "(1) by Indian Tribe and by Service Unit, the incidence of, and the types of complications resulting from, diabetes among Indians; and "(2) based on the determinations made pursuant to paragraph (1), the measures (including patient education and effective ongoing monitoring of disease indicators) each Service Unit should take to reduce the incidence of, and prevent, treat, and control the complications resulting from, diabetes among Indian Tribes within that Service Unit.	DIABETES PREVENTION, TREATMENT, AND CONTROL SEC. 204. (a) The Secretary, in consultation with the Indian Tribes and tribal organizations, shall determine– (1) by Tribe, tribal organization, and by service unit of the Service, the incidence of, and the types of complications resulting from, diabetes among Indians; and (2) based on paragraph (1), the measures (including patient education) each Service unit should take to reduce the incidence of, and prevent, treat, and control the complications resulting from, diabetes among Indian Tribes within that service unit.
		(b) DIABETES SCREENING.– To the extent	(b) DIABETES SCREENING.— To the	"(b) Diabetes Screening.—	(b) The Secretary shall screen each

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		medically indicated and with informed consent, the Secretary shall screen each Indian who receives services from the Service for diabetes and for conditions which indicate a high risk that the individual will become diabetic and establish a cost-effective approach to ensure ongoing monitoring of disease indicators. Such screening and monitoring may be conducted ~~done~~ by a ~~tribe or~~ tribal health program and may be conducted through appropriate Internet-based health care management programs. ~~organization operating health care programs or facilities with funds from the Service under the Indian Self-Determination Act.~~	extent medically indicated and with informed consent, the Secretary shall screen each Indian who receives services from the Service for diabetes and for conditions which indicate a high risk that the individual will become diabetic and establish a cost-effective approach to ensure ongoing monitoring of disease indicators. Such screening and monitoring may be conducted by a Tribal Health Program and may be conducted through appropriate Internet-based health care management programs.	To the extent medically indicated and with informed consent, the Secretary shall screen each Indian who receives services from the Service for diabetes and for conditions which indicate a high risk that the individual will become diabetic and establish a cost-effective approach to ensure ongoing monitoring of disease indicators. Such screening and monitoring may be conducted by a Tribal Health Program and may be conducted through appropriate Internet-based health care management programs.	Indian who receives services from the Service for diabetes and for conditions which indicate a high risk that the individual will become diabetic. Such screening may be done by a Tribe or tribal organization operating health care programs or facilities with funds from the Service under the Indian Self-Determination and Education Assistance Act.
x	S. 1790 Sec. 101(c)(1) amended § 204(c)(1) by deleting the reference to the fiscal year. Other amendments made pursuant to RS Sec. 123. 1200 = R; 2708 =E	(c)~~(1)~~ DIABETES PROJECTS.— The Secretary shall continue to maintain ~~through fiscal year 2000~~ each model diabetes project in existence on the date of enactment of the Indian Health Care Improvement Reauthorization and Extension Act of 2009, any such other diabetes programs operated by the Service or tribal health programs, and any additional diabetes projects, such as the Medical Vanguard program provided for in title IV of Public Law 108-87, as implemented to serve Indian tribes, tribal health programs shall receive recurring funding for the diabetes projects that they operate pursuant to this section, both at the date of enactment of the Indian Health Care Improvement Reauthorization and Extension Act of 2009 and for projects which are added and funded thereafter. ~~Amendments of 1992 and located--~~ ~~(A) at the Claremore Indian Hospital in Oklahoma;~~ ~~(B) at the Fort Totten Health Center in North Dakota;~~ ~~(C) at the Sacaton Indian Hospital in Arizona;~~ ~~(D) at the Winnebago Indian Hospital in Nebraska;~~ ~~(E) at the Albuquerque Indian Hospital in New Mexico;~~ ~~(F) at the Perry, Princeton, and Old Town Health Centers in Maine; and~~ ~~(G) at the Bellingham Health Center in Washington. ;~~ ~~(2) The Secretary shall establish in fiscal year 1989, and maintain during fiscal years 1989 through 1991, a model diabetes project in each of the following locations:~~ ~~(A) Fort Berthold Reservation;~~ ~~(H) at the Fort Berthold Reservation;~~ ~~(I) at the Navajo Reservation;~~ ~~(J) at the Papago Reservation;~~	(c) DIABETES PROJECTS.— The Secretary shall continue to maintain each model diabetes project in existence on the date of enactment of the Indian Health Care Improvement Act Amendments of 2009.	"(c) Diabetes Projects.— The Secretary shall continue to maintain each model diabetes project in existence on the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, any such other diabetes programs operated by the Service or Tribal Health Programs, and any additional diabetes projects, such as the Medical Vanguard program provided for in title IV of Public Law 108–87, as implemented to serve Indian Tribes. Tribal Health Programs shall receive recurring funding for the diabetes projects that they operate pursuant to this section, both at the date of enactment of the Indian Health Care Improvement Act Amendments of 2008 and for projects which are added and funded thereafter.	(c)~~(1)~~ The Secretary shall continue to ~~maintain~~ fund through fiscal year ~~2000~~ 2012 each model diabetes project in existence on the date of enactment of the Indian Health Amendments of ~~1992~~ 2000 and any such other diabetes programs operated by the Secretary or Indian Tribes and tribal organizations and any additional programs added to meet existing needs. Indian Tribes and tribal organizations shall receive recurring funding for the diabetes programs which they operate pursuant to this section. ~~(A) at the Claremore Indian Hospital in Oklahoma;~~ ~~(B) at the Fort Totten Health Center in North Dakota;~~ ~~(C) at the Sacaton Indian Hospital in Arizona;~~ ~~(D) at the Winnebago Indian Hospital in Nebraska;~~ ~~(E) at the Albuquerque Indian Hospital in New Mexico;~~ ~~(F) at the Perry, Princeton, and Old Town Health Centers in Maine; and~~ ~~(G) at the Bellingham Health Center in Washington. ;~~ ~~(H) at the Fort Berthold Reservation;~~ ~~(I) at the Navajo Reservation;~~ ~~(J) at the Papago Reservation;~~ ~~(K) at the Zuni Reservation; or~~ ~~(L) in the States of Alaska, California, Minnesota, Montana, Oregon, or Utah.~~ ~~(2) The Secretary may establish new model diabetes projects under this section taking into consideration applications received under this section from all service areas, except that the Secretary may not establish a greater number of projects in one service area than in any other service area until there is an equal~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~(K) at the Zuni Reservation, or~~ ~~(L) in the States of Alaska, California, Minnesota, Montana, Oregon, or Utah.~~ ~~(2) The Secretary may establish new model diabetes projects under this section taking into consideration applications received under this section from all service areas, except that the Secretary may not establish a greater number of such projects in one service area than in any other service area until there is an equal number of such projects established with respect to all service areas from which the Secretary receives qualified applications during the application period (as determined by the Secretary).~~			~~number of such projects established with respect to all service areas from which the Secretary receives qualified applications during the application period (as determined by the Secretary).~~
		(d) DIALYSIS PROGRAMS.— The Secretary is authorized to provide, through the Service, Indian tribes, and tribal organizations, dialysis programs, including the purchase of dialysis equipment and the provision of necessary staffing.	(d) DIALYSIS PROGRAMS.— The Secretary is authorized to provide, through the Service, Indian Tribes, and Tribal Organizations, dialysis programs, including the purchase of dialysis equipment and the provision of necessary staffing.	"(d) Dialysis Programs.— The Secretary is authorized to provide, through the Service, Indian Tribes, and Tribal Organizations, dialysis programs, including the purchase of dialysis equipment and the provision of necessary staffing.	(d) The Secretary shall provide funding through the Service, Indian Tribes and tribal organizations to establish dialysis programs, including funding to purchase dialysis equipment and provide necessary staffing
		(e)~~(d)~~ OTHER DUTIES OF THE SECRETARY.– (1) IN GENERAL.– The Secretary shall, to the extent funding is available– (A)~~(1)~~ ~~employ~~ in each area office, ~~of the Service at least one diabetes control officer who shall coordinate and manage on a full-time basis activities within that area office~~ consult with Indian tribes and tribal organizations regarding programs for the prevention, treatment, and control of diabetes. (B)~~(2)~~ establish in each area office ~~of the Service~~ a registry of patients with diabetes to track the incidence of diabetes and the complications from diabetes in that area; and (C)~~(3)~~ ensure that data collected in each area office regarding diabetes and related complications among Indians are ~~is~~ disseminated to all other area offices, subject to applicable patient privacy laws.~~; and~~ ~~(4) evaluate the effectiveness of services provided through model diabetes projects established under this section.~~ ~~Funds appropriated under this section in any fiscal year shall be in addition to base resources appropriated to the Service for that year.~~	(e) OTHER DUTIES OF THE SECRETARY.— (1) IN GENERAL.— The Secretary shall, to the extent funding is available— (A) in each Area Office, consult with Indian Tribes and Tribal Organizations regarding programs for the prevention, treatment, and control of diabetes; (B) establish in each Area Office a registry of patients with diabetes to track the incidence of diabetes and the complications from diabetes in that area; and (C) ensure that data collected in each Area Office regarding diabetes and related complications among Indians are disseminated to all other Area Offices, subject to applicable patient privacy laws.	"(e) Other Duties of the Secretary.— "(1) IN GENERAL.— The Secretary shall, to the extent funding is available— "(A) in each Area Office, consult with Indian Tribes and Tribal Organizations regarding programs for the prevention, treatment, and control of diabetes; "(B) establish in each Area Office a registry of patients with diabetes to track the incidence of diabetes and the complications from diabetes in that area; and "(C) ensure that data collected in each Area Office regarding diabetes and related complications among Indians are disseminated to all other Area Offices, subject to applicable patient privacy laws.	(e~~d~~) The Secretary shall, to the extent funding is available, – (1) ~~employ~~ in each area office of the Service, consult with Indian Tribes and tribal organizations regarding programs ~~at least one diabetes control officer who shall coordinate and manage on a full-time basis activities within that area office~~ for the prevention, treatment, and control of diabetes. (2) establish in each area office of the Service a registry of patients with diabetes to track the incidence of diabetes and the complications from diabetes in that area; and (3) ensure that data collected in each area office regarding diabetes and related complications among Indians is disseminated to all other area offices~~; and~~. ~~(4) evaluate the effectiveness of services provided through model diabetes projects established under this section.~~
		(2) DIABETES CONTROL OFFICERS.— (A) IN GENERAL.— The Secretary may establish and maintain in each area office a position of diabetes control officer to coordinate and manage any activity of that	(2) DIABETES CONTROL OFFICERS.— (A) IN GENERAL.— The Secretary may establish and maintain in each Area Office a position of diabetes control officer to coordinate and manage any activity of that	"(2) DIABETES CONTROL OFFICERS.— "(A) IN GENERAL.— The Secretary may establish and maintain in each Area Office a position of diabetes control officer to coordinate and manage any activity of that	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		area office relating to the prevention, treatment, or control of diabetes to assist the Secretary in carrying out a program under this section or section 330C of the Public Health Service Act (42 U.S.C. 254c–3). (B) CERTAIN ACTIVITIES.— Any activity carried out by a diabetes control officer under subparagraph (A) that is the subject of a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), and any funds made available to carry out such an activity, shall not be divisible for purposes of that Act.	Area Office relating to the prevention, treatment, or control of diabetes to assist the Secretary in carrying out a program under this section or section 330C of the Public Health Service Act (42 U.S.C. 254c–3). (B) CERTAIN ACTIVITIES.— Any activity carried out by a diabetes control officer under subparagraph (A) that is the subject of a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), and any funds made available to carry out such an activity, shall not be divisible for purposes of that Act.	Area Office relating to the prevention, treatment, or control of diabetes to assist the Secretary in carrying out a program under this section or section 330C of the Public Health Service Act (42 U.S.C. 254c–3). "(B) CERTAIN ACTIVITIES.— Any activity carried out by a diabetes control officer under subparagraph (A) that is the subject of a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), and any funds made available to carry out such an activity, shall not be divisible for purposes of that Act.	
	See, S. 1790 RS Sec. 124(a)(1) amended §205 by striking original text and adding new.	SEC. 205. OTHER AUTHORITY FOR PROVISION OF SERVICES.	SEC. 212. OTHER AUTHORITY FOR PROVISION OF SERVICES.	AUTHORITY FOR PROVISION OF OTHER SERVICES Sec. 213.	
		"(a) Definitions.—In this section:	(c) DEFINITIONS.— For the purposes of this section, the following definitions shall apply:	"(c) Definitions.— For the purposes of this section, the following definitions shall apply:	
	R & E did not include this paragraph.	(1) ASSISTED LIVING SERVICE.—The term 'assisted living service' means any service provided by an assisted living facility (as defined in section 232(b) of the National Housing Act (12 U.S.C. 1715w(b))), except that such an assisted living facility— "(A) shall not be required to obtain a license; but "(B) shall meet all applicable standards for licensure.	(1) The term 'assisted living services' means any service provided by an assisted living facility (as defined in section 232(b) of the National Housing Act (12 U.S.C. 1715w(b))), except that such an assisted living facility— (A) shall not be required to obtain a license; but (B) shall meet all applicable standards for licensure.	"(1) The term 'assisted living services' means any service provided by an assisted living facility (as defined in section 232(b) of the National Housing Act (12 U.S.C. 1715w(b))), except that such an assisted living facility— "(A) shall not be required to obtain a license; but "(B) shall meet all applicable standards for licensure.	
	R & E use "with the standards described in subsection (b)" in lieu of "applicable standards".	(2) HOME- AND COMMUNITY-BASED SERVICE.—The term 'home- and community-based service' means 1 or more of the services specified in paragraphs (1) through (9) of section 1929(a) of the Social Security Act (42 U.S.C. 1396t(a)) (whether provided by the Service or by an Indian tribe or tribal organization pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) that are or will be provided in accordance with applicable standards.	(2) The term 'home- and community-based services' means 1 or more of the services specified in paragraphs (1) through (9) of section 1929(a) of the Social Security Act (42 U.S.C. 1396t(a)) (whether provided by the Service or by an Indian Tribe or Tribal Organization pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) that are or will be provided in accordance with applicable standards.	"(2) The term 'home- and community-based services' means 1 or more of the services specified in paragraphs (1) through (9) of section 1929(a) of the Social Security Act (42 U.S.C. 1396t(a)) (whether provided by the Service or by an Indian Tribe or Tribal Organization pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) that are or will be provided in accordance with applicable standards.	~~Sec. 821~~ (c) For the purposes of this Section, the following definitions shall apply: (2)The term home- and community-based services" means one or more of the following: (A) Homemaker/home health aide services; (B) Chore services; (C) Personal care services; (D) Nursing care services provided outside of a nursing facility by, or under the supervision of, a registered nurse; (E~~F~~) Training for family members ~~in managing a functionally disabled individual~~; (F~~G~~) Adult day care; and (G~~H~~) Such other home- and community-based services as the Secretary or a Tribe or tribal organization may approve.
		(3) HOSPICE CARE.—The term 'hospice care' means— "(A) the items and services specified in subparagraphs (A) through (H) of section 1861(dd)(1) of the Social Security Act (42	(3) The term 'hospice care' means the items and services specified in subparagraphs (A) through (H) of section 1861(dd)(1) of the Social Security Act (42 U.S.C. 1395x(dd)(1)), and such other	"(3) The term 'hospice care' means the items and services specified in subparagraphs (A) through (H) of section 1861(dd)(1) of the Social Security Act (42 U.S.C. 1395x(dd)(1)), and such other	(1) The term "hospice care" means the items and services specified in subparagraphs (A) through (H) of section 1861(dd)(1) of the Social Security Act (42 U.S.C. 1395x(dd)(1)), and such other

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		U.S.C. 1395x(dd)(1)); and "(B) such other services as an Indian tribe or tribal organization determines are necessary and appropriate to provide in furtherance of that care.	services which an Indian Tribe or Tribal Organization determines are necessary and appropriate to provide in furtherance of this care.	services which an Indian Tribe or Tribal Organization determines are necessary and appropriate to provide in furtherance of this care.	services which a Tribe or tribal organization determines are necessary and appropriate to provide in furtherance of this care.
	This subsection not in R & E..	(4) LONG-TERM CARE SERVICES.—The term 'long-term care services' has the meaning given the term 'qualified long-term care services' in section 7702B(c) of the Internal Revenue Code of 1986.	(4) The term 'long-term care services' has the meaning given the term 'qualified long-term care services' in section 7702B(c) of the Internal Revenue Code of 1986.	"(4) The term 'long-term care services' has the meaning given the term 'qualified long-term care services' in section 7702B(c) of the Internal Revenue Code of 1986.	
	Same as E & S. R did not include "Indian Tribes and Tribal Organizations" after "the Service".	(b) Funding Authorized.—The Secretary, acting through the Service, Indian tribes, and tribal organizations, may provide funding under this Act to meet the objectives set forth in section 3 through health care-related services and programs not otherwise described in this Act for the following services: "(1) Hospice care. "(2) Assisted living services. "(3) Long-term care services. "(4) Home- and community-based services.	(a) FUNDING AUTHORIZED.— The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, may provide funding under this Act to meet the objectives set forth in section 3 of this Act through health care-related services and programs not otherwise described in this Act for the following services: (1) Hospice care. (2) Assisted living services. (3) Long-term care services. (4) Home- and community-based services.	(a) Funding Authorized.— The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, may provide funding under this Act to meet the objectives set forth in section 3 of this Act through health care-related services and programs not otherwise described in this Act for the following services: "(1) Hospice care. "(2) Assisted living services. "(3) Long-term care services. "(4) Home- and community-based services.	Sec. 213 (a) The Secretary, acting through the Service, Tribes, and tribal organizations, may provide funding under this Act to meet the objectives set forth in Section 3 of this Act through health care related services and programs not otherwise described in this Act, which shall include, but not be limited to: (1) hospice care and assisted living; (2) long-term health care; (3) home- and community-based services;
					(4) public health functions; and (5) traditional health care practices.
		(c) Eligibility.—The following individuals shall be eligible to receive long-term care services under this section: "(1) Individuals who are unable to perform a certain number of activities of daily living without assistance. "(2) Individuals with a mental impairment, such as dementia, Alzheimer's disease, or another disabling mental illness, who may be able to perform activities of daily living under supervision. "(3) Such other individuals as an applicable tribal health program determines to be appropriate.	(b) ELIGIBILITY.— The following individuals shall be eligible to receive long-term care under this section: (1) Individuals who are unable to perform a certain number of activities of daily living without assistance. (2) Individuals with a mental impairment, such as dementia, Alzheimer's disease, or another disabling mental illness, who may be able to perform activities of daily living under supervision. (3) Such other individuals as an applicable Indian Health Program determines to be appropriate.	"(b) Eligibility.— The following individuals shall be eligible to receive long-term care under this section: "(1) Individuals who are unable to perform a certain number of activities of daily living without assistance. "(2) Individuals with a mental impairment, such as dementia, Alzheimer's disease, or another disabling mental illness, who may be able to perform activities of daily living under supervision. "(3) Such other individuals as an applicable Indian Health Program determines to be appropriate.	*Also see, Sec. 821(3): definition of "functionally diabled".* (b) At the discretion of the Service, Indian Tribes, or tribal organizations, services provided for hospice care, home health care (under Sec. 201 of this Act), home- and community- based care, assisted living, and long term care may be provided (on a cost basis) to persons otherwise ineligible for the health care benefits of the Service. Any funds received under this subsection shall not be used to offset or limit the funding allocated to a Tribe or tribal organization.
	R & E included a subsec. (b) "Terms and conditions," not found in any other version.				
			(b) TERMS AND CONDITIONS.— (1) IN GENERAL.— Any service provided under this section shall be in accordance with such terms and conditions as are consistent with accepted and appropriate standards relating to the service, including any licensing term or condition under this Act. (2) STANDARDS.— (A) IN GENERAL.— The Secretary may establish, by regulation, the standards for a service provided under this section, provided that such standards shall not be more stringent than the standards required		

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			by the State in which the service is provided. (B) USE OF STATE STANDARDS.— If the Secretary does not, by regulation, establish standards for a service provided under this section, the standards required by the State in which the service is or will be provided shall apply to such service. (C) INDIAN TRIBES.— If a service under this section is provided by an Indian Tribe or Tribal Organization pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), the verification by the Secretary that the service meets any standards required by the State in which the service is or will be provided shall be considered to meet the terms and conditions required under this subsection.		
	This subsection not in R & E.	(d) Authorization of Convenient Care Services.—The Secretary, acting through the Service, Indian tribes, and tribal organizations, may also provide funding under this Act to meet the objectives set forth in section 3 for convenient care services programs pursuant to section 307(c)(2)(A).”.	(d) AUTHORIZATION OF CONVENIENT CARE SERVICES.— The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, may also provide funding under this Act to meet the objectives set forth in section 3 of this Act for convenient care services programs pursuant to section 306(c)(2)(A).	“(d) Authorization of Convenient Care Services.— The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, may also provide funding under this Act to meet the objectives set forth in section 3 of this Act for convenient care services programs pursuant to section 306(c)(2)(A).	
					(3) The term “public health functions” means the provision of public health related programs, functions, and services including, but not limited to, assessment, assurance, and policy development which Indian Tribes and tribal organizations are authorized and encouraged, in those circumstances where it meets their needs, to do by forming collaborative relationships with all levels of local, state, and federal government.
	See, S. 1790 RS Sec. 124 struck; replaced by new §205, found above.	~~HOSPICE CARE FEASIBILITY STUDY SEC. 205. (a) The Secretary, acting through the Service and in consultation with representatives of Indian tribes, tribal organizations, Indian Health Service personnel, and hospice providers, shall conduct a study--~~ ~~(1) to assess the feasibility and desirability of furnishing hospice care to terminally ill Indians; and~~ ~~(2) to determine the most efficient and effective means of furnishing such care.~~ ~~(b) Such study shall--~~ ~~(1) assess the impact of Indian culture and beliefs concerning death and dying on the provision of hospice care to Indians;~~ ~~(2) estimate the number of Indians for~~			~~HOSPICE CARE FEASIBILITY STUDY~~ ~~SEC. 205. (a) The Secretary, acting through the Service and in consultation with representatives of Indian Tribes, tribal organizations, Indian Health Service personnel, and hospice providers, shall conduct a study—~~ ~~(1) to assess the feasibility and desirability of furnishing hospice care to terminally ill Indians; and~~ ~~(2) to determine the most efficient and effective means of furnishing such care.~~ ~~(b) Such study shall--~~ ~~(1) assess the impact of Indian culture and beliefs concerning death and dying on the provision of hospice care to Indians;~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~whom hospice care may be appropriate and determine the geographic distribution such individuals;~~ ~~(3) determine the most appropriate means to facilitate the participation of Indian tribes and tribal organizations in providing hospice care;~~ ~~(4) identify and evaluate various means for providing hospice care, including--~~ ~~(A) the provision of such care by the personnel of a Service hospital pursuant to a hospice established by the Secretary at such hospital; and~~ ~~(B) the provision of such care by a community-based hospice program under contract to the Service; and~~ ~~(5) identify and assess any difficulties in furnishing such care and the actions needed to resolve such difficulties.~~ ~~(c) Not later than the date which is 12 months after the date of the enactment of this section, the Secretary shall transmit to the Congress a report containing--~~ ~~(1) a detailed description of the study conducted pursuant to this section; and~~ ~~(2) a discussion of the findings and conclusions of such study.~~ ~~(d) For the purposes of this section--~~ ~~(1) the term "terminally ill" means any Indian who has a medical prognosis (as certified by a physician) of a life expectancy of six months or less; and~~ ~~(2) the term "hospice program" means any program which satisfies the requirements of section 1861(dd)(2) of the Social Security Act (42 U.S.C. 1395x(dd)(2)); and~~ ~~(3) the term "hospice care" means the items and services specified in subparagraphs (A) through (H) of section 1861(dd)(1) of the Social Security Act (42 U.S.C. 1395x(dd)(1)).~~			~~(2) estimate the number of Indians for whom hospice care may be appropriate and determine the geographic distribution such individuals;~~ ~~(3) determine the most appropriate means to facilitate the participation of Indian Tribes and tribal organizations in providing hospice care;~~ ~~(4) identify and evaluate various means for providing hospice care, including--~~ ~~(A) the provision of such care by the personnel of a Service hospital pursuant to a hospice established by the Secretary at such hospital; and~~ ~~(B) the provision of such care by a community-based hospice program under contract to the Service; and~~ ~~(5) identify and assess any difficulties in furnishing such care and the actions needed to resolve such difficulties.~~ ~~(c) Not later than the date which is 12 months after the date of the enactment of this section, the Secretary shall transmit to the Congress a report containing--~~ ~~(1) a detailed description of the study conducted pursuant to this section; and~~ ~~(2) a discussion of the findings and conclusions of such study.~~ ~~(d~~ b ~~) For the purposes of this section--~~ ~~(1) the term "terminally ill" means any Indian who has a medical prognosis (as certified by a physician) of a life expectancy of six months or less; and~~ ~~(2) the term "hospice program" means any program which satisfies the requirements of section 1861(dd)(2) of the Social Security Act (42 U.S.C. 1395x(dd)(2)); and~~ ~~(3) the term "hospice care" means the items and services specified in subparagraphs (A) through (H) of section 1861(dd)(1) of the Social Security Act (42 U.S.C. 1395x(dd)(1)).~~
					Sec. 821 ~~(3) The term functionally disabled" means an individual who is determined to required home- and community-based services based on an assessment that uses criteria (including, at the discretion of the Tribe or tribal organization, activities of daily living) developed by the Tribe or tribal organization.~~
	See, S. 1790 RS Sec. 125 amends §206.	SEC. 206. REIMBURSEMENT FROM CERTAIN THIRD PARTIES OF COSTS OF HEALTH SERVICES (a) RIGHT OF RECOVERY.– Except as	SEC. 403. REIMBURSEMENT FROM CERTAIN THIRD PAR TIES OF COSTS OF HEALTH SERVICES. (a) RIGHT OF RECOVERY.— Except as	"SEC. 403. REIMBURSEMENT FROM CERTAIN THIRD PARTIES OF COSTS OF HEALTH SERVICES. "(a) Right of Recovery.— Except as	REIMBURSEMENT FROM CERTAIN THIRD PARTIES OF COSTS OF HEALTH SERVICES SEC. 406 ~~206.~~ (a) Except as

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		provided in subsection (f), the United States, an Indian tribe, or a tribal organization shall have the right to recover	provided in subsection (f), the United States, an Indian Tribe, or Tribal Organization shall have the right to recover	provided in subsection (f), the United States, an Indian Tribe, or Tribal Organization shall have the right to recover	provided in subsection (g) ~~(f)~~, the United States, an Indian Tribe or tribal organization shall have the right to recover
		from an insurance company, health maintenance organization, employee benefit plan, third-party tortfeasor, or any other responsible or liable third party (including a political subdivision of a State)	from an insurance company, health maintenance organization, employee benefit plan, third-party tortfeasor, or any other responsible or liable third party (including a political sub division or local governmental entity of a State)	from an insurance company, health maintenance organization, employee benefit plan, third-party tortfeasor, or any other responsible or liable third party (including a political subdivision or local governmental entity of a State)	
		the reasonable ~~expenses~~ charges billed ~~incurred~~ by the Secretary, an Indian tribe, or a tribal organization	the reasonable charges incurred by the Secretary, an Indian Tribe, or Tribal Organization,	the reasonable charges billed by the Secretary, an Indian Tribe, or Tribal Organization	the reasonable charges billed or expenses incurred by the Secretary, an Indian Tribe or tribal organization
		in providing health services, through the Service, an Indian tribe, or tribal organization	in providing health services through the Service, an Indian Tribe, or Tribal Organization	in providing health services through the Service, an Indian Tribe, or Tribal Organization	in providing health services, through the Service, an Indian Tribe or tribal organization
	R=S.1200	or if higher, the highest amount the third party would pay for care and services furnished by providers other than governmental entities,	or, if higher, the highest amount the third party would pay for care and services furnished by providers other than governmental entities,		
		to any individual to the same extent that such individual, or any nongovernmental provider of such services, would be eligible to receive reimbursement or indemnification for such charges or expenses if– (1) such services had been provided by a nongovernmental provider, and (2) such individual had been required to pay such charges or expenses and did pay such charges or expenses.	to any individual to the same extent that such individual, or any nongovernmental provider ofsuch services, would be eligible to receive damages, reimbursement, or indemnification for such charges if— (1) such services had been provided by a nongovernmental provider; and (2) such individual had been required to pay such charges or expenses and did pay such charges or expenses.	to any individual to the same extent that such individual, or any nongovernmental provider of such services, would be eligible to receive damages, reimbursement, or indemnification for such charges or expenses if— "(1) such services had been provided by a nongovernmental provider; and "(2) such individual had been required to pay such charges or expenses and did pay such charges or expenses.	to any individual to the same extent that such individual, or any nongovernmental provider of such services, would be eligible to receive reimbursement or indemnification for such charges or expenses if– (1) such services had been provided by a nongovernmental provider, and (2) such individual had been required to pay such charges or expenses and did pay such expenses.
		(b) LIMITATIONS ON RECOVERIES FROM STATES.— Subsection (a) shall provide a right of recovery against any State, only if the injury, illness, or disability for which health services were provided is covered under-- (1) workers' compensation laws, or (2) a no-fault automobile accident insurance plan or program.	(b) LIMITATIONS ON RECOVERIES FROM STATES.— Subsection (a) shall provide a right of recovery against any State, only if the injury, illness, or disability for which health services were provided is covered under— (1) workers' compensation laws; or (2) a no-fault automobile accident insurance plan or program.	"(b) Limitations on Recoveries From States.— Subsection (a) shall provide a right of recovery against any State, only if the injury, illness, or disability for which health services were provided is covered under— "(1) workers' compensation laws; or "(2) a no-fault automobile accident insurance plan or program.	(c) ~~(b)~~ Subsections (a) and (b) shall provide a right of recovery against any State, only if the injury, illness, or disability for which health services were provided is covered under– (1) workers' compensation laws, or (2) a no-fault automobile accident insurance plan or program.
		(c) NONAPPLICABILITY OF OTHER LAWS.—No law of any State, or of any political subdivision of a State and no provision of any contract, insurance or health maintenance organization policy, employee benefit plan, self-insurance plan, managed care plan, or other health care plan or program entered into or renewed after the date of enactment of the Indian Health Care Amendments of 1988, shall prevent or hinder the right of recovery of the United States, an Indian tribe, or tribal organization under subsection (a).	(c) NONAPPLICATION OF OTHER LAWS.— No law of any State, or of any political subdivision of a State and no provision of any contract, insurance or health maintenance organization policy, employee benefit plan, self-insurance plan, managed care plan, or other health care plan or program entered into or renewed after the date of the enactment of the Indian Health Care Amendments of 1988, shall prevent or hinder the right of recovery of the United States, an Indian Tribe, or Tribal Organization under subsection (a).	"(c) Nonapplication of Other Laws.— No law of any State, or of any political subdivision of a State and no provision of any contract, insurance or health maintenance organization policy, employee benefit plan, self-insurance plan, managed care plan, or other health care plan or program entered into or renewed after the date of the enactment of the Indian Health Care Amendments of 1988, shall prevent or hinder the right of recovery of the United States, an Indian Tribe, or Tribal Organization under subsection (a).	(d) ~~(c)~~ No law of any State, or of any political subdivision of a State and no provision of any contract entered into or renewed after the date of enactment of the Indian Health Care Amendments of 1988, shall prevent or hinder the right of recovery of the United States, an Indian Tribe, or tribal organization under subsection (a) or an urban Indian organization under section (b).
		(d) NO EFFECT ON PRIVATE RIGHTS OF ACTION.— No action taken by the United	(d) NO EFFECT ON PRIVATE RIGHTS OF ACTION.— No action taken by the	"(d) No Effect on Private Rights of Action.— No action taken by the United	(e) ~~(d)~~ No action taken by the United States, an Indian Tribe, or tribal

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		States, an Indian tribe, or tribal organization to enforce the right of recovery provided under this ~~sub~~section ~~(a)~~ shall ~~affect the right of any~~ operate to deny to the injured person the recovery for that portion of the person's ~~to any~~ damages not covered hereunder. ~~(other than damages for the cost of health services provided by the Secretary through the Service).~~	United States, an Indian Tribe, or Tribal Organization to enforce the right of recovery provided under this section shall operate to deny to the injured person the recovery for that portion of the person's damage not covered hereunder.	States, an Indian Tribe, or Tribal Organization to enforce the right of recovery provided under this section shall operate to deny to the injured person the recovery for that portion of the person's damage not covered hereunder.	organization to enforce the right of recovery provided under subsection (a), or by an urban Indian organization to enforce the right of recovery provided under subsection (b), shall affect the right of any person to any damages (other than damages for the cost of health services provided by the Secretary through the Service).
		(e) ENFORCEMENT.– (1) IN GENERAL. The United States, an Indian tribe, or tribal organization~~,~~ may enforce the right of recovery provided under subsection (a) by– (A)~~(1)~~ intervening or joining in any civil action or proceeding brought-- (i)~~(A)~~ by the individual for whom health services were provided by the Secretary, an Indian tribe, or tribal organization; or (ii)~~(B)~~ by any representative or heirs of such individual, or (B)~~(2)~~ instituting a separate civil action, including a civil action for injunctive relief and other relief and including, with respect to a political subdivision or local governmental entity of a State, such an action against an official thereof. (2) NOTICE.– All reasonable efforts shall be made to provide notice of action instituted under paragraph (1)(B) to the individual to whom health services were provided, either before or during the pendency of such action. ~~after providing such individual, or to the representative or heirs of such individual, notice of the intention of the United States, an Indian tribe, or tribal organization to institute a separate civil action.~~	(e) ENFORCEMENT.— (1) IN GENERAL.— The United States, an Indian Tribe, or Tribal Organization may enforce the right of recovery provided under subsection (a) by— (A) intervening or joining in any civil action or proceeding brought— (i) by the individual for whom health services were provided by the Secretary, an Indian Tribe, or Tribal Organization; or (ii) by any representative or heirs of such individual, or (B) instituting a civil action, including a civil action for injunctive relief and other relief and including, with respect to a political sub division or local governmental entity of a State, such an action against an official thereof. (2) NOTICE.— All reasonable efforts shall be made to provide notice of action instituted under paragraph (1)(B) to the individual to whom health services were provided, either before or during the pendency of such action.	"(e) Enforcement.— "(1) IN GENERAL.— The United States, an Indian Tribe, or Tribal Organization may enforce the right of recovery provided under subsection (a) by— "(A) intervening or joining in any civil action or proceeding brought— "(i) by the individual for whom health services were provided by the Secretary, an Indian Tribe, or Tribal Organization; or "(ii) by any representative or heirs of such individual, or "(B) instituting a civil action, including a civil action for injunctive relief and other relief and including, with respect to a political subdivision or local governmental entity of a State, such an action against an official thereof. "(2) NOTICE.— All reasonable efforts shall be made to provide notice of action instituted under paragraph (1)(B) to the individual to whom health services were provided, either before or during the pendency of such action.	(f) ~~(e)~~ The United States, an Indian Tribe, or tribal organization, may enforce the right of recovery provided under subsection (a), and an urban Indian organization may enforce the right of recovery provided under subsection (b), by– (1) intervening or joining in any civil action or proceeding brought– (A) by the individual for whom health services were provided by the Secretary, an Indian Tribe, ~~or~~ tribal organization, or urban Indian organization or (B) by any representative or heirs of such individual, or (2) instituting a ~~separate~~ civil action. All reasonable efforts shall be made to provide notice of such action to the individual to whom health services were provided, either before or during the pendency of such action. ~~, after providing such individual, or to the representative or heirs of such individual, notice of the intention of the United States, an Indian Tribe, or tribal organization to institute a separate civil action.~~
		(3) RECOVERY FROM TORTFEASORS.— "(A) IN GENERAL.— In any case in which an Indian tribe or tribal organization that is authorized or required under a compact or contract issued pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) to furnish or pay for health services to a person who is injured or suffers a disease on or after the date of enactment of the Indian Health Care Improvement Reauthorization and Extension Act of 2009 under circumstances that establish grounds for a claim of liability against the tortfeasor with respect to the injury or disease, the Indian tribe or tribal organization shall have a right to recover from the tortfeasor (or an insurer of the tortfeasor) the reasonable value of the health services so	(3) RECOVERY FROM TORTFEASORS.— (A) IN GENERAL.— In any case in which an Indian Tribe or Tribal Organization that is authorized or required under a compact or con0 tract issued pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) to furnish or pay for health services to a person who is injured or suffers a disease on or after the date of enactment of the Indian Health Care Improvement Act Amendments of 2009 under circumstances that establish grounds for a claim of liability against the tortfeasor with respect to the injury or disease, the Indian Tribe or Tribal Organization shall have a right to recover from the tortfeasor (or an insurer of the	"(3) RECOVERY FROM TORTFEASORS.— "(A) IN GENERAL.— In any case in which an Indian Tribe or Tribal Organization that is authorized or required under a compact or contract issued pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) to furnish or pay for health services to a person who is injured or suffers a disease on or after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008 under circumstances that establish grounds for a claim of liability against the tortfeasor with respect to the injury or disease, the Indian Tribe or Tribal Organization shall have a right to recover from the tortfeasor (or an insurer of the tortfeasor) the reasonable value of the health services so furnished, paid for,	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		furnished, paid for, or to be paid for, in accordance with the Federal Medical Care Recovery Act (42 U.S.C. 2651 et seq.), to the same extent and under the same circumstances as the United States may recover under that Act. "(B) TREATMENT.—The right of an Indian tribe or tribal organization to recover under subparagraph (A) shall be independent of the rights of the injured or diseased person served by the Indian tribe or tribal organization.	tortfeasor) the reasonable value of the health services so furnished, paid for, or to be paid for, in accordance with the Federal Medical Care Recovery Act (42 U.S.C.2651 et seq.), to the same extent and under the same circumstances as the United States may recover under that Act. (B) TREATMENT.— The right of an Indian Tribe or Tribal Organization to recover under subparagraph (A) shall be independent of the rights of the injured or diseased person served by the Indian Tribe or Tribal Organization.	or to be paid for, in accordance with the Federal Medical Care Recovery Act (42 U.S.C. 2651 et seq.), to the same extent and under the same circumstances as the United States may recover under that Act. "(B) TREATMENT.— The right of an Indian Tribe or Tribal Organization to recover under subparagraph (A) shall be independent of the rights of the injured or diseased person served by the Indian Tribe or Tribal Organization.	
		(f) LIMITATION.—Absent specific written authorization by the governing body of an Indian tribe for the period of such authorization (which may not be for a period of more than 1 year and which may be revoked at any time upon written notice by the governing body to the Service), the ~~The~~ United States shall not have a right of recovery under this section if the injury, illness, or disability for which health services were provided is covered under a self-insurance plan funded by an Indian tribe or tribal organization, or urban Indian organization. Where such authorization is provided, the Service may receive and expend such amounts for the provision of additional health services consistent with such authorization..	(f) LIMITATION.— Absent specific written authorization by the governing body of an Indian Tribe for the period of such authorization (which may not be for a period of more than 1 year and which may be revoked at any time upon written notice by the governing body to the Service), the United States shall not have a right of recovery under this section if the injury, illness, or disability for which health services were provided is covered under a self-insurance plan funded by an Indian Tribe, Tribal Organization, or urban Indian organization. Where such authorization is provided, the Service may receive and expend such amounts for the provision of additional health services consistent with such authorization.	"(f) Limitation.— Absent specific written authorization by the governing body of an Indian Tribe for the period of such authorization (which may not be for a period of more than 1 year and which may be revoked at any time upon written notice by the governing body to the Service), the United States shall not have a right of recovery under this section if the injury, illness, or disability for which health services were provided is covered under a self-insurance plan funded by an Indian Tribe, Tribal Organization, or urban Indian organization. Where such authorization is provided, the Service may receive and expend such amounts for the provision of additional health services consistent with such authorization.	(g) ~~(f)~~ Absent specific written authorization by the governing body of an Indian Tribe for the period of such authorization which may not be for a period of more than one year, and which may be revoked at any time upon written notice by the governing body to the Service, ~~T~~ the United States shall not have a right of recovery under this section if the injury, illness, or disability for which health services were provided is covered under a self-insurance plan funded by an Indian Tribe, ~~or~~ tribal organization or urban Indian organization. However, where such tribal authorization is provided, the Service may receive and expend such funds for the provision of additional health services.
		(g) COSTS AND ATTORNEY'S FEES.—In any action brought to enforce the provisions of this section, a prevailing plaintiff shall be awarded its reasonable attorney's fees and costs of litigation.	(g) COSTS AND ATTORNEYS' FEES.— In any action brought to enforce the provisions of this section, a prevailing plaintiff shall be awarded its reasonable attorneys' fees and costs of litigation.	"(g) Costs and Attorneys' Fees.— In any action brought to enforce the provisions of this section, a prevailing plaintiff shall be awarded its reasonable attorneys' fees and costs of litigation.	(h) In any action brought to enforce the provisions of this section, a prevailing plaintiff shall be awarded its reasonable attorneys fees and costs of litigation.
		(h) NONAPPLICABILITY OF CLAIMS FILING REQUIREMENTS.—An insurance company, health maintenance organization, self-insurance plan, managed care plan, or other health care plan or program (under the Social Security Act or otherwise) may not deny a claim for benefits submitted by the Service or by an Indian tribe or tribal organization based on the format in which the claim is submitted if such format complies with the format required for submission of claims under title XVIII of the Social Security Act or recognized under section 1175 of such Act.	(h) NONAPPLICATION OF CLAIMS FILING REQUIREMENTS.— An insurance company, health maintenance organization, self-insurance plan, managed care plan, or other health care plan or program (Under the Social Security Act or otherwise) may not deny a claim for benefits submitted by the Service or by an Indian Tribe or Tribal Organization based on the format in which the claim is submitted if such format complies with the format required for submission of claims under title XVIII of the Social Security Act or recognized under section 1175 of such Act.	"(h) Nonapplication of Claims Filing Requirements.— An insurance company, health maintenance organization, self-insurance plan, managed care plan, or other health care plan or program (under the Social Security Act or otherwise) may not deny a claim for benefits submitted by the Service or by an Indian Tribe or Tribal Organization based on the format in which the claim is submitted if such format complies with the format required for submission of claims under title XVIII of the Social Security Act or recognized under section 1175 of such Act.	(k) Notwithstanding any other provision in law, the Service, an Indian Tribe, tribal organization or an urban Indian organization shall have a right of recovery for any otherwise reimbursable claim filed on a current HCFA-1500 or UB-92 form, or the current NSF electronic format, or their successors. No health plan shall deny payment because a claim has not been submitted in a unique format that differs from such forms.
		(i) APPLICATION TO URBAN INDIAN ORGANIZATIONS.— The previous provisions of this section shall apply to urban Indian organizations with respect to populations served by such Organizations in the same manner they apply to Indian	(i) APPLICATION TO URBAN INDIAN ORGANIZATIONS.— The previous provisions of this section shall apply to urban Indian organizations with respect to populations served by such Organizations in the same manner they apply to Indian	"(i) Application to urban Indian organizations.— The previous provisions of this section shall apply to urban Indian organizations with respect to populations served by such Organizations in the same manner they apply to Indian Tribes and	(b) Except as provided in subsection (g), an urban Indian organization shall have the right to recover the reasonable charges billed or expenses incurred by the organization in providing health services to any individual to the same extent that

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		tribes and tribal organizations with respect to populations served by such Indian tribes and tribal organizations.	Tribes and Tribal Organizations with respect to populations served by such Indian Tribes and Tribal Organizations.	Tribal Organizations with respect to populations served by such Indian Tribes and Tribal Organizations.	such individual, or any other nongovernmental provider of such services, would be eligible to receive reimbursement or indemnification for such charges or expenses if such individual had been required to pay such charges or expenses and did pay such charges or expenses.
		(j) STATUTE OF LIMITATIONS.— The provisions of section 2415 of title 28, United States Code, shall apply to all actions commenced under this section, and the references therein to the United States are deemed to include Indian tribes, tribal organizations, and urban Indian organizations.	(j) STATUTE OF LIMITATIONS.— The provisions of section 2415 of title 28, United States Code, shall apply to all actions commenced under this section, and the references therein to the United States are deemed to include Indian Tribes, Tribal Organizations, and urban Indian organizations.	"(j) Statute of Limitations.— The provisions of section 2415 of title 28, United States Code, shall apply to all actions commenced under this section, and the references therein to the United States are deemed to include Indian Tribes, Tribal Organizations, and urban Indian organizations.	
		(k) SAVINGS.— Nothing in this section shall be construed to limit any right of recovery available to the United States, an Indian tribe, or tribal organization under the provisions of any applicable, Federal, State, or tribal law, including medical lien laws.	(k) SAVINGS.— Nothing in this section shall be construed to limit any right of recovery available to the United States, an Indian Tribe, or Tribal Organization under the provisions of any applicable, Federal, State, or Tribal law, including medical lien laws.	"(k) Savings.— Nothing in this section shall be construed to limit any right of recovery available to the United States, an Indian Tribe, or Tribal Organization under the provisions of any applicable, Federal, State, or Tribal law, including medical lien laws.	
					(i) Where an insurance company or employee benefit plan fails or refuses to pay the amount due under (a) of this section for services provided to an individual who is a beneficiary, participant, or insured of such company or plan, the United States, Indian Tribe, or tribal organization shall have a right to assert and pursue all the claims and remedieis against such company or plan, and against the fiduciaries of such company or plan, that the individual could assert or pursue under applicable federal, State or tribal law. (j) Where an insurance company or employee benefit plan fails or refuses to pay the amounts due under subsection (b) for health services provided to an individual who is a beneficiary, participant, or insured of such company or plan, the urban Indian organization shall have a right to assert and pursue all the claims and remedies against such company or plan, and against the fiduciaries of such company or plan, that the individual could assert or pursue under applicable federal or State law.
	See, S. 1790 RS Sec. 126 amended §207.	SEC. 207. CREDITING OF REIMBURSEMENTS (a) USE OF AMOUNTS.— (1) RETENTION BY PROGRAM.— Except as provided in sections ~~202(d), title IV,~~ and section 813, ~~of this Act,~~ all	SEC. 404. CREDITING OF REIMBURSEMENTS. (a) RETENTION OF AMOUNTS FOR USE BY PROGRAM.— Except as provided in section 202(f) (relating to the Catastrophic Health Emergency Fund) and	purposes.SEC. 404. CREDITING OF REIMBURSEMENTS. (a) USE OF AMOUNTS.— (1) RETENTION BY PROGRAM.— Except as provided in section 202(f) (relating to the Catastrophic Health	SEC. 207. CREDITING OF REIMBURSEMENTS (a) Except as provided in sections 202(d), title IV, and section 813 of this Act, all reimbursements received or recovered, under authority of this Act, Public law 87-

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		reimbursements received or recovered, under under any of the programs described in paragraph (2), including under section 813, ~~authority of this Act, Public law 87-693 (42 U.S.C. 2651, et seq.), or any other provision of law,~~ by reason of the provision of health services by the Service, ~~or~~ by an Indian tribe or tribal organization or by an urban Indian organization, ~~under a contract pursuant to the Indian Self-Determination Act~~ shall be ~~retained by~~ credited to the Service, ~~or that~~ such Indian tribe or tribal organization, or such urban Indian organization, respectively, and may be used as provided in section 401. In the case of such a service provided by or through a Service Unit, such amounts shall be credited to such unit and used for such purposes. ~~shall be available for the facilities, and to carry out the programs, of the Service or that tribe or tribal organization to provide health care services to Indians.~~	section 806 (relating to health services for ineligible persons), all reimbursements received or recovered, including under section 806, by reason of the provision of health services by the Service, by an Indian Tribe or Tribal Organization, or by an urban Indian organization, shall be credited to the Service, such Indian Tribe or Tribal Organization, or such urban Indian organization, respectively, and may be used as provided in section 401. In the case of such a service provided by or through a Service Unit, such amounts shall be credited to such unit and used for such purposes.	Emergency Fund) and section 807 (relating to health services for ineligible persons), all reimbursements received or recovered under any of the programs described in paragraph (2), including under section 807, by reason of the provision of health services by the Service, by an Indian Tribe or Tribal Organization, or by an Urban Indian Organization, shall be credited to the Service, such Indian Tribe or Tribal Organization, or such Urban Indian Organization, respectively, and may be used as provided in section 401. In the case of such a service provided by or through a Service Unit, such amounts shall be credited to such unit and used for such purposes.	693 (42 U.S.C. 2651, et seq.), or any other provision of law, by reason of the provision of health services by the Service or by a tribe or tribal organization under a contract pursuant to the Indian Self-Determination Act shall be retained by the Service or that tribe or tribal organization shall be available for the facilities, and to carry out the programs, of the Service or that tribe or tribal organization to provide health care services to Indians.
	R = S. 1200	(2) PROGRAMS COVERED.— The programs referred to in paragraph (1) are the following: (A) Titles XVIII, XIX, and XXI of the Social Security Act. (B) This Act, including section 813. (C) Public Law 87–693. (D) Any other provision of law.		"(2) PROGRAMS COVERED.— The programs referred to in paragraph (1) are the following: "(A) Titles XVIII, XIX, and XXI of the Social Security Act. "(B) This Act, including section 807. "(C) Public Law 87–693. "(D) Any other provision of law.	
		(b) NO OFFSET OF AMOUNTS.– The Service may not offset or limit any ~~the~~ amount ~~of funds~~ obligated to any Service Unit or entity ~~under contract with~~ receiving funding from the Service because of the receipt of reimbursements under subsection (a).	(b) NO OFFSET OF AMOUNTS.— The Service may not offset or limit any amount obligated to any Service Unit or entity receiving funding from the Service because of the receipt of reimbursements under subsection (a).	"(b) No Offset of Amounts.— The Service may not offset or limit any amount obligated to any Service Unit or entity receiving funding from the Service because of the receipt of reimbursements under subsection (a).	(b) The Service may not offset or limit the amount of funds obligated to any service unit or entity receiving funding from ~~under contract with~~ the Service because of the receipt of reimbursements under subsection (a).
	S.1790 did not change CL § 208.	SEC. 208. HEALTH SERVICES RESEARCH Of the amounts appropriated for the Service in any fiscal year, other than amounts made available for the Indian Health Care Improvement Fund, not less than $200,000 shall be available only for research to further the performance of the health service responsibilities of the Service. Indian tribes and tribal organizations contracting with the Service under the authority of the Indian Self-Determination Act shall be given under an equal opportunity to compete for, and receive, research funds under this section.	SEC. 205. HEALTH SERVICES RESEARCH. (a) IN GENERAL.— The Secretary, acting through the Service, shall make funding available for research to further the performance of the health service responsibilities of Indian Health Programs. (b) COORDINATION OF RESOURCES AND ACTIVITIES.— The Secretary shall also, to the maximum extent practicable, coordinate departmental research resources and activities to address relevant Indian Health Program research needs. (c) AVAILABILITY.— Tribal Health Programs shall be given an equal opportunity to compete for, and receive, research funds under this section. (d) USE OF FUNDS.— This funding may be used for both clinical and nonclinical	"SEC. 206. HEALTH SERVICES RESEARCH. "(a) In General.— The Secretary, acting through the Service, shall make funding available for research to further the performance of the health service responsibilities of Indian Health Programs. "(b) Coordination of Resources and Activities.— The Secretary shall also, to the maximum extent practicable, coordinate departmental research resources and activities to address relevant Indian Health Program research needs. "(c) Availability.— Tribal Health Programs shall be given an equal opportunity to compete for, and receive, research funds under this section. "(d) Use of Funds.— This funding may be	HEALTH SERVICES RESEARCH SEC. 206 ~~208~~. The Secretary shall make funding available ~~Of the amounts appropriated for the Service in any fiscal year, other than amounts made available for the Indian Health Care Improvement Fund, not less than $200,000 shall be available only~~ for research to further the performance of the health service responsibilities of the Service, Indian Tribes, and tribal organizations and shall coordinate the activities of other Agencies within DHHS to address these research needs. The funding shall be divided equitably among the Area Offices and then each Area Office shall award the funds competitively within that Area. Indian Tribes and tribal organizations ~~contracting with~~ receiving funding from the Service under the authority of the

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			research. (e) EVALUATION AND DISSEMINATION.— The Secretary shall periodically— (1) evaluate the impact of research conducted under this section; and (2) disseminate to Tribal Health Programs information regarding that research as the Secretary determines to be appropriate.	used for both clinical and nonclinical research. "(e) Evaluation and Dissemination.— The Secretary shall periodically— "(1) evaluate the impact of research conducted under this section; and "(2) disseminate to Tribal Health Programs information regarding that research as the Secretary determines to be appropriate.	Indian Self-Determination and Education Assistance Act shall be given ~~under~~ an equal opportunity to compete for, and receive, research funds under this section. This funding may be used for both clinical and non-clinical research by Indian Tribes and tribal organizations and shall be distributed to the Area Offices which may make grants from these funds within each Area.
	S.1790 did not change CL § 209 (except for subsec. (d)).	Sec. 209 – MENTAL HEALTH PREVENTION AND TREATMENT SERVICES	*NOTE: S. 1790 left CL §209 largely intact, but also completely rewrote Title VII, in which much of what is in §209 appears, as amended. Information is provided with regard to each of the subsections in the Notes column. In such case the provision of CL §209 should be stricken to eliminate the redundancy (and ambiguity about what was intended should both provisions become law.*		
	See, S. 1790 Sec. 181 which amended §209(a) as new §702(b). *NOTE: The latter should be retained and the former deleted, as duplicative.*	(a) NATIONAL PLAN FOR INDIAN MENTAL HEALTH SERVICES. [*See, §702(b) for text.*]			
	See, S. 1790 Sec. 181 which amended §209(b) as new §703. *NOTE: The latter should be retained and the former deleted, as duplicative.*	(b) MEMORANDUM OF AGREEMENT. [*See, §703 for text.*]			
	See, S. 1790 Sec. 181 which amended §209(c) as new §702(d). *NOTE: The latter should be retained and the former deleted, as duplicative.*	(c) COMMUNITY MENTAL HEALTH PLAN. [*See, §702(d) for text.*]			
	See, S. 1790 RS Sec. 127, which amends §209(d).	Sec. 209(d) ~~MENTAL~~ BEHAVIORAL HEALTH TRAINING AND COMMUNITY EDUCATION PROGRAMS.– (1) STUDY; LIST.– The Secretary acting through the Service, and the Secretary of the Interior, in consultation with ~~representatives of~~ Indian tribes and tribal organizations, shall conduct a study and compile a list of the types of staff positions specified in paragraph (2) whose qualifications include, or should include, training in the identification, prevention, education, referral, or treatment of mental illness, or dysfunctional and self-destructive behavior.	SEC. 126. BEHAVIORAL HEALTH TRAINING AND COMMUNITY EDUCATION PROGRAMS. (a) STUDY; LIST.— The Secretary, acting through the Service, and the Secretary of the Interior, in consultation with Indian Tribes and Tribal Organizations, shall conduct a study and compile a list of the types of staff positions specified in subsection (b) whose qualifications include, or should include, training in the identification, prevention, education, referral, or treatment of mental illness, or dysfunctional and self-destructive behavior.	"SEC. 126. BEHAVIORAL HEALTH TRAINING AND COMMUNITY EDUCATION PROGRAMS. "(a) Study; List.— The Secretary, acting through the Service, and the Secretary of the Interior, in consultation with Indian Tribes and Tribal Organizations, shall conduct a study and compile a list of the types of staff positions specified in subsection (b) whose qualifications include, or should include, training in the identification, prevention, education, referral, or treatment of mental illness, or dysfunctional and self destructive behavior.	MENTAL HEALTH Sec 127 ~~209(d)~~ (a) TRAINING AND COMMUNITY EDUCATION PROGRAMS (1) The Secretary and the Secretary of the Interior in consultation with ~~representatives of~~ Indian Tribes and tribal organizations shall conduct a study and compile a list of the types of staff positions specified in subsection (b) whose qualifications include or should include, training in the identification, prevention, education, referral or treatment of mental illness, dysfunctional or self-destructive behavior.
		(2) POSITIONS.– The positions referred to in paragraph (1) are– (A) staff positions within the Bureau of Indian Affairs, including existing positions, in the fields of– (i) elementary and secondary education;	(b) POSITIONS.— The positions referred to in subsection (a) are— (1) staff positions within the Bureau of Indian Affairs, including existing positions, in the field of— (A) elementary and secondary education;	"(b) Positions.— The positions referred to in subsection (a) are— "(1) staff positions within the Bureau of Indian Affairs, including existing positions, in the fields of— "(A) elementary and secondary education;	(2) The positions referred to in subsection (a) ~~paragraph (1)~~ are— (A) staff positions within the Bureau of Indian Affairs, including existing positions , in the fields of – (i)elementary and secondary

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		(ii) social services and family and child welfare; (iii) law enforcement and judicial services; and (iv) alcohol and substance abuse; (B) staff positions within the Service; and (C) staff positions similar to those identified in subparagraphs (A) and (B) established and maintained by Indian tribes and tribal organizations (without regard to funding source)~~, including positions established in contracts entered into under the Indian Self-Determination Act.~~	(B) social services and family and child welfare; (C) law enforcement and judicial services; and (D) alcohol and substance abuse; (2) staff positions within the Service; and (3) staff positions similar to those identified in paragraphs (1) and (2) established and maintained by Indian Tribes, Tribal Organizations (without regard to the funding source), and urban Indian organizations.	"(B) social services and family and child welfare; "(C) law enforcement and judicial services; and "(D) alcohol and substance abuse; "(2) staff positions within the Service; and "(3) staff positions similar to those identified in paragraphs (1) and (2) established and maintained by Indian Tribes and Tribal Organizations (without regard to the funding source).	education; (ii) social services, family and child welfare; (iii) law enforcement and judicial services; and (iv) alcohol and substance abuse. (B) staff positions within the Service; and (C)staff positions similar to those identified in paragraph (b) and established and maintained by Indian Tribes, tribal organizations, and urban Indian organizations, including positions established pursuant to funding agreements pursuant to the Indian Self-determination and Education Assistance Act, and this Act.
		(3) TRAINING CRITERIA.– (A) IN GENERAL.– The appropriate Secretary shall provide training criteria appropriate to each type of position identified in paragraph (2)(A) and (2)(B) and ensure that appropriate training has been, or shall ~~will~~ be~~,~~ provided to any individual in ~~any~~ such position. With respect to any such individual in a position identified pursuant to paragraph (2)(C), the respective Secretaries shall provide appropriate training to, or provide funds to, an Indian tribe or tribal organization for ~~the~~ training of~~, such~~ appropriate individuals. In the case of positions funded under a contract or compact ~~entered into~~ under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), the appropriate Secretary shall ensure that such training costs are included in the contract or compact, as the Secretary determines ~~if~~ necessary.	(c) TRAINING CRITERIA.— (1) IN GENERAL.— The appropriate Secretary shall provide training criteria appropriate to each type of position identified in subsection (b)(1) and (b)(2) and ensure that appropriate training has been, or shall be provided to any individual in any such position. With respect to any such individual in a position identified pursuant to subsection (b)(3), the respective Secretaries shall provide appropriate training to, or provide funds to, an Indian Tribe, Tribal Organization, or urban Indian organization for training of appropriate individuals. In the case of positions funded under a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), the appropriate Secretary shall ensure that such training costs are included in the contract or compact, as the Secretary determines necessary.	"(c) Training Criteria.— "(1) IN GENERAL.— The appropriate Secretary shall provide training criteria appropriate to each type of position identified in subsection (b)(1) and (b)(2) and ensure that appropriate training has been, or shall be provided to any individual in any such position. With respect to any such individual in a position identified pursuant to subsection (b)(3), the respective Secretaries shall provide appropriate training to, or provide funds to, an Indian Tribe or Tribal Organization for training of appropriate individuals. In the case of positions funded under a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), the appropriate Secretary shall ensure that such training costs are included in the contract or compact, as the Secretary determines necessary.	(3)(A) The appropriate Secretary shall provide training criteria appropriate to each type of position identified in subsection (b)(1) ~~paragraph (2)(A)~~ and ensure that appropriate training has been or shall be provided to any individual in any such position. With respect to any such individual in a position identified pursuant to subsection (b)(3) ~~paragraph (2)(C)~~, the respective Secretaries shall provide appropriate training or provide funds to an Indian Tribe, tribal organization, or urban Indian organization for training of appropriate ~~such~~ individuals. In the case of ~~positions funded under~~ a funding agreement, the appropriate Secretary shall ensure that such training costs are included in the ~~contract~~ funding agreement, if necessary.
		~~(B) Funds authorized to be appropriated pursuant to this section may be used to provide training authorized by this paragraph for community education programs described in paragraph (5) if a plan adopted pursuant to subsection (d) identifies individuals or employment categories, other than those identified pursuant to paragraph (1), for which such training or community education is deemed necessary or desirable.~~			~~(B) Funds authorized to be appropriated pursuant to this section may be used to provide training authorized by this paragraph for community education programs described in paragraph (5) if a plan adopted pursuant to subsection (d) identifies individuals in employment categories other than those identified pursuant to paragraph (1), for which such training or community education is deemed necessary or desirable~~,
		(B)~~(4)~~ POSITION SPECIFIC TRAINING CRITERIA.– Position-specific training criteria ~~described in paragraph (3)~~ shall be culturally relevant to Indians and Indian tribes and shall ensure that appropriate information regarding traditional ~~Indian healing and treatment~~ health care practices	(2) POSITION SPECIFIC TRAINING CRITERIA.— Position specific training criteria shall be culturally relevant to Indians and Indian Tribes and shall ensure that appropriate information regarding traditional health care practices is provided.	"(2) POSITION SPECIFIC TRAINING CRITERIA.— Position specific training criteria shall be culturally relevant to Indians and Indian Tribes and shall ensure that appropriate information regarding traditional health care practices is provided.	(4) Position specific training criteria shall be culturally relevant to Indian and Indian Tribes and shall ensure that appropriate information regarding ~~Indian healing and~~ traditional health care practices is provided.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		is provided.			
		(4)~~(5)~~ COMMUNITY EDUCATION ON MENTAL ILLNESS.– The Service shall develop and implement, ~~or, up~~on the request of ~~the~~ an Indian tribe, tribal organization or urban Indian organization, or assist ~~such~~ Indian tribe, tribal organization, or urban Indian organization, to develop and implement, a program of community education on mental illness. ~~and dysfunctional and self-destructive behavior for individuals, as determined in a plan adopted pursuant to subsection (d).~~ In carrying out this paragraph, the Service shall, ~~provide,~~ upon the request of an Indian tribe, tribal organization, or urban Indian organization, provide technical assistance to the Indian tribe, tribal organization, or urban Indian organization to obtain ~~or~~ and develop community educational ~~and training~~ materials on the identification, prevention, referral, and treatment of mental illness and dysfunctional and self-destructive behavior.	(d) COMMUNITY EDUCATION ON MENTAL ILLNESS.— The Service shall develop and implement, on request of an Indian Tribe, Tribal Organization, or urban Indian organization, or assist the Indian Tribe, Tribal Organization, or urban Indian organization to develop and implement, a program of community education on mental illness. In carrying out this subsection, the Service shall, upon request of an Indian Tribe, Tribal Organization, or urban Indian organization, provide technical assistance to the Indian Tribe, Tribal Organization, or urban Indian organization to obtain and develop community educational materials on the identification, prevention, referral, and treatment of mental illness and dysfunctional and self-destructive behavior.	"(d) Community Education on Mental Illness.— The Service shall develop and implement, on request of an Indian Tribe, Tribal Organization, or urban Indian organization, or assist the Indian Tribe, Tribal Organization, or urban Indian organization to develop and implement, a program of community education on mental illness. In carrying out this subsection, the Service shall, upon request of an Indian Tribe, Tribal Organization, or urban Indian organization, provide technical assistance to the Indian Tribe, Tribal Organization, or urban Indian organization to obtain and develop community educational materials on the identification, prevention, referral, and treatment of mental illness and dysfunctional and self-destructive behavior.	(5) The Service shall develop and implement, or on request of an Indian Tribe or tribal organization, assist an Indian Tribe or tribal organization, to develop and implement, a program of community education on mental illness. ~~and as determined in a plan adopted pursuant to subsection (d).~~ In carrying out this subsection, the Service shall, upon request of an Indian Tribe or tribal organization, provide technical assistance to an Indian Tribe or tribal organization to obtain and develop community educational materials on the identification, technical assistance to the Indian Tribe or tribal organization to obtain or develop materials on the identification ,prevention, referral and treatment of mental illness, dysfunctional and self-destructive behavior.
	See, S. 1790 RS Sec. 127 which amended §209(e) as new §209(d)(5). *NOTE: The latter should be retained and the former deleted, as duplicative.*	Sec. (5) PLAN.~~209(e)~~ ~~STAFFING.–(1)~~ ~~Within~~ Not later than 90 days after the date of enactment of ~~this section~~ the Indian Health Care Improvement Reauthorization and Extension Act of 2009, the Secretary shall develop a plan under which the Service will increase the health care staff providing ~~mental~~ behavioral health services by at least 500 positions within ~~five~~ 5 years after the date of enactment of ~~this section~~ that Act, with at least 200 of such positions devoted to child, adolescent, and family services. ~~Such additional staff shall be primarily assigned to the service unit level for services which shall include outpatient, emergency, aftercare and follow-up, and prevention and education services. (2)~~ The plan developed under paragraph (1) shall be implemented under the Act of November 2, 1921 (25 U.S.C. 13) (commonly ~~popularly~~ known as the 'Snyder Act').	(e) PLAN.— Not later than 90 days after the date of enactment of the Indian Health Care Improvement Act Amendments of 2009, the Secretary shall develop a plan under which the Service will increase the health care staff providing behavioral health services by at least 500 positions within 5 years after the date of enactment of this section, with at least 200 of such positions devoted to child, adolescent, and family services. The plan developed under this subsection shall be implemented under the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act').	"(e) Plan.— Not later than 90 days after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall develop a plan under which the Service will increase the health care staff providing behavioral health services by at least 500 positions within 5 years after the date of enactment of this section, with at least 200 of such positions devoted to child, adolescent, and family services. The plan developed under this subsection shall be implemented under the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act').	(b)(1) STAFFING. ~~(e)~~ Within 90 days after the enactment of the Act, the Director shall develop a plan to increase under which the Service will increase the health care staff providing mental health services by at least 500 positions within five years after the enactment of this Act, with at least 200 of such positions devoted to child, adolescent, and family services. ~~Such additional staff shall be primarily assigned to the Service until unit level for services shall include outpatient, emergency, aftercare and follow-up, and prevention and educational services.~~ The allocation of such positions shall be subject to the provisions of section 102(a). (2) The plan developed under paragraph (1) shall be implemented under the Act of November 2, 1921, (25 U.S.C. 13) popularly know as the Snyder Act".
	S.1790 did not change CL § 209(f), which was deleted in all other versions of this bill. If it is going to be retained, the internal references will need to be updated.	Sec. 209 (f) STAFF RECRUITMENT AND RETENTION.–(1) The Secretary shall provide for the recruitment of the additional personnel required by subsection (f) and the retention of all Service personnel providing mental health services. In carrying out this subsection, the Secretary shall give priority to practitioners providing mental health services to children and adolescents with			~~Sec. 209(f) STAFF RECRUITMENT AND RETENTION.–(1) The Secretary shall provide for the recruitment of the additional personnel required by subsection (f) and the retention of all Service personnel providing mental health services. In carrying out this subsection, the Secretary shall give priority to practitioners providing mental health services to children and adolescents with~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		mental health problems. (2) In carrying out paragraph (1), the Secretary shall develop a program providing for— (A) the payment of bonuses (which shall not be more favorable than those provided for under sections 116 and 117) for service in hardship posts; (B) the repayment of loans (for which the provisions of repayment contracts shall not be more favorable than the repayment contracts under section 108) for health professions education as a recruitment incentive; and (C) a system of postgraduate rotations as a retention incentive. (3) This subsection shall be carried out in coordination with the recruitment and retention programs under title I.			~~mental health problems.~~ ~~(2) In carrying out paragraph (1), the Secretary shall develop a program providing for—~~ ~~(A) the payment of bonuses (which shall not be more favorable than those provided for under sections 116 and 117) for service in hardship posts;~~ ~~(B) the repayment of loans (for which the provisions of repayment contracts shall not be more favorable than the repayment contracts under section 108) for health professions education as a recruitment incentive; and~~ ~~(C) a system of postgraduate rotations as a retention incentive.~~ ~~(3) This subsection shall be carried out in coordination with the recruitment and retention programs under title I.~~
	See, S. 1790 Sec. 181 which amended §209(g) as new §705. *NOTE: The latter should be retained and the former deleted, as duplicative.*	Sec. 209(g) MENTAL HEALTH TECHNICIAN PROGRAM. [*See, §705 for text]*.			
	See, S. 1790 Sec. 181 which amended §209(h) as new §715. *NOTE: The latter should be retained and the former deleted, as duplicative.*	Sec. 209(h) MENTAL HEALTH RESEARCH. [*See, §715 for text*].			
	See, S. 1790 Sec. 181 which amended §209(i) as new §702(f). *NOTE: The latter should be retained and the former deleted, as duplicative.*	Sec. 209(i) FACILITIES ASSESSMENT.– [*See, §702(f) for text*].			
	S.1790 did not change CL § 209(j), although it was deleted in other versions.	Sec. 209 (j) ANNUAL REPORT.-- The Service shall develop methods for analyzing and evaluating the overall status of mental health programs and services for Indians and shall submit to the President, for inclusion in each report required to be transmitted to the Congress under section 801, a report on the mental health status of Indians which shall describe the progress being made to address mental health problems of Indian communities.			~~(d) (j) ANNUAL REPORT.– The Service shall develop methods for analyzing and evaluating the overall status of mental health programs and services for Indians and shall submit to the President, for inclusion in each report required to be transmitted to the Congress under section 801, a report on the mental health status of Indians which shall describe the progress being made to address mental behavioral health problems of Indian communities.~~
	See, S. 1790 Sec. 181 which amended §209(k) as new §711.	Sec. 209(k) MENTAL HEALTH DEMONSTRATION GRANT PROGRAM.-- [*See, §711 for text*].			

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	See, S. 1790 Sec. 181 which amended §209(*l*) as new §706.	Sec. 209(*l*) LICENSING REQUIREMENT FOR MENTAL HEALTH WORKER [*See, §706 for text*].			
	See, S. 1790 Sec. 181 which amended §209(m) as new §708(c).	Sec. 209(m) INTERMEDIATE ADOLESCENT MENTAL HEALTH SERVICES. [*See, §708(c) for text.*]			
	S.1790 did not change CL § 210, although it was recommended for deletion by the NSC and did not appear in other bills. See, §402, as amended by Sec. 152.	MANAGED CARE FEASIBILITY STUDY SEC. 210. (a) The Secretary, acting through the Service, shall conduct a study to assess the feasibility of allowing an Indian tribe to purchase, directly or through the Service, managed care coverage for all members of the tribe from– (1) a tribally owned and operated managed care plan; or (2) a State licensed managed care plan. (b) Not later than the date which is 12 months after the date of the enactment of this section, the Secretary shall transmit to the Congress a report containing– (1) a detailed description of the study conducted pursuant to this section; and (2) a discussion of the findings and conclusions of such study.			
	S.1790 did not change CL § 211. *NOTE: 2708 increased amount in subsection (c), to "12 percent" instead of "5 percent".* H.R. 3962 amended §217 of H.R. 2708. R&E = S. 1200.	CALIFORNIA CONTRACT HEALTH SERVICES DEMONSTRATION PROGRAM SEC. 211. (a) The Secretary shall establish a demonstration program to evaluate the use of a contract care intermediary to improve the accessibility of health services to California Indians. (b) (1) In establishing such program, the Secretary shall enter into an agreement with the California Rural Indian Health Board to reimburse the Board for costs (including reasonable administrative costs) incurred, during the period of the demonstration program, in providing medical treatment under contract to California Indians described in section 809(b) throughout the California contract health services delivery area described in section 810 with respect to high-cost contract care cases. (2) Not more than 5 percent of the amounts provided to the Board under this section for any fiscal year may be for reimbursement for administrative expenses incurred by the Board during such fiscal year. (3) No payment may be made for treatment provided under the	SEC. 217. CALIFORNIA CONTRACT HEALTH SERVICES PROGRAM. (a) FUNDING AUTHORIZED.— The Secretary is authorized to fund a program using an intertribal consortium ~~the California Rural Indian Health Board (hereafter in this section referred to as the 'CRIHB')~~ as a contract care intermediary to improve the accessibility of health services to California Indians. (b) REIMBURSEMENT CONTRACT.— The Secretary shall enter into an agreement with an intertribal consortium ~~the CRIHB~~ to reimburse an intertribal consortium ~~the CRIHB~~ for costs (including reasonable administrative costs) incurred pursuant to this section, in providing medical treatment under contract to California Indians described in section 805(a) throughout the California contract health services delivery area described in section 219 with respect to high cost contract care cases. (c) ADMINISTRATIVE EXPENSES.— Not more than 12 percent of the amounts provided to an intertribal consortium ~~the CRIHB~~ under this section for any fiscal year may be for reimbursement for administrative expenses incurred by an	SEC. 217. CALIFORNIA CONTRACT HEALTH SERVICES PROGRAM. "(a) Funding Authorized.— The Secretary is authorized to fund a program using the California Rural Indian Health Board (hereafter in this section referred to as the 'CRIHB') as a contract care intermediary to improve the accessibility of health services to California Indians. "(b) Reimbursement Contract.— The Secretary shall enter into an agreement with the CRIHB to reimburse the CRIHB for costs (including reasonable administrative costs) incurred pursuant to this section, in providing medical treatment under contract to California Indians described in section 806(a) throughout the California contract health services delivery area described in section 218 with respect to high cost contract care cases. "(c) Administrative Expenses.— Not more than 5 percent of the amounts provided to the CRIHB under this section for any fiscal year may be for reimbursement for administrative expenses incurred by the CRIHB during such fiscal year. "(d) Limitation on Payment.— No payment may be made for treatment	CALIFORNIA CONTRACT HEALTH SERVIC~~ES DEMONSTRATION~~ PROGRAM SEC. 217 ~~211~~. (a) The Secretary ~~shall establish a demonstration~~ is authorized to fund a program ~~to evaluate the use of~~ utilizing California Rural Indian Health Board as a contract care intermediary to improve the accessibility of health services to California Indians. (b)(1) ~~In establishing such program, t~~The Secretary shall enter into an agreement with the California Rural Indian Health Board to reimburse the Board for costs (including reasonable administrative costs) incurred pursuant to this section, ~~during the period of the demonstration program,~~ in providing medical treatment under contract to California Indians described in section 809(b) throughout the California contract health services delivery area described in section 218 ~~810~~ with respect to high-cost contract care cases. (2) Not more than 5 percent of the amounts provided to the Board under this section for any fiscal year may be for reimbursement for administrative expenses incurred by the Board during such fiscal year. (3) No payment may be made for

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		demonstration program to the extent payment may be made for such treatment under the Catastrophic Health Emergency Fund described in section 202 or from amounts appropriated or otherwise made available to the California contract health service delivery area for a fiscal year. (c) There is hereby established an advisory board which shall advise the California Rural Indian Health Board in carrying out the demonstration pursuant to this section. The advisory board shall be composed of representatives, selected by the California Rural Indian Health Board, from not less than 8 tribal health programs serving California Indians covered under such demonstration, s least one half of whom are not affiliated with the California Rural Indian Health Board. (d) The demonstration program described in this section shall begin on January 1, 1993, and shall terminate on September 30, 1997. (e) Not later than July 1, 1998, the California Rural Indian Health Board shall submit to the Secretary a report on the demonstration program carried out under this section, including a statement of its findings regarding the impact of using a contract care intermediary on– (1) access to needed health services; (2) waiting periods for receiving such services; and (3) the efficient management of high-cost contract care cases. (f) For the purposes of this section, the term "high-cost contract care cases" means those cases in which the cost of the medical treatment provided to an individual– (1) would otherwise be eligible for reimbursement from the Catastrophic Health Emergency Fund established under section 202, except that the cost of such treatment does not meet the threshold cost requirement established pursuant to section 202(b)(2); and (2) exceeds $1,000.	intertribal consortium ~~the CRIHB~~ during such fiscal year. " (d) LIMITATION ON PAYMENT.— No payment may be made for treatment provided hereunder to the extent payment may be made for such treatment under the Indian Catastrophic Health Emergency Fund described in section 202 or from amounts appropriated or otherwise made available to the California contract health service delivery area for a fiscal year. (e) ADVISORY BOARD.— There is established an advisory board which shall advise an intertribal consortium ~~the CRIHB~~ in carrying out this section. The advisory board shall be composed of representatives, selected by an intertribal consortium ~~the CRIHB~~, from not less than 8 Tribal Health Programs serving California Indians covered under this section at least 1/2 of whom of whom are not affiliated with an intertribal consortium ~~the CRIHB~~.	provided hereunder to the extent payment may be made for such treatment under the Indian Catastrophic Health Emergency Fund described in section 202 or from amounts appropriated or otherwise made available to the California contract health service delivery area for a fiscal year. "(e) Advisory Board.— There is established an advisory board which shall advise the CRIHB in carrying out this section. The advisory board shall be composed of representatives, selected by the CRIHB, from not less than 8 Tribal Health Programs serving California Indians covered under this section at least ½ of whom of whom are not affiliated with the CRIHB.	treatment provided ~~under the demonstration program~~ hereunder to the extent payment may be made for such treatment under the Catastrophic Health Emergency Fund described in section 202 or from amounts appropriated or otherwise made available to the California contract health service delivery area for a fiscal year. (c) There is hereby established an advisory board which shall advise the California Rural Indian Health Board in carrying out the demonstration pursuant to this section. The advisory board shall be composed of representatives, selected by the California Rural Indian Health Board, from not less than 8 tribal health programs serving California Indians covered under such demonstration, s least one half of whom are not affiliated with the California Rural Indian Health Board. ~~(d) The demonstration program described in this section shall begin on January 1, 1993, and shall terminate on September 30, 1997.~~ ~~(e) Not later than July 1, 1998, the California Rural Indian Health Board shall submit to the Secretary a report on the demonstration program carried out under this section, including a statement of its findings regarding the impact of using a contract care intermediary on–~~ ~~(1) access to needed health services;~~ ~~(2) waiting periods for receiving such services;~~ ~~(3) the efficient management of high-cost contract care cases.~~ ~~(f) For the purposes of this section, the term high-cost contract care cases" means those cases in which the cost of the medical treatment provided to an individual–~~ ~~(1) would otherwise be eligible for reimbursement from the Catastrophic Health Emergency Fund established under section 202, except that the cost of such treatment does not meet the threshold cost requirement established pursuant to section 202(b)(2); and~~ ~~(2) exceeds $1,000.~~
	See, S. 1790 Sec. 101(b)(3), which repealed §211(g).	~~(g) There are authorized to be appropriated for each of the fiscal years 1996 through 2000 such sums as be necessary to carry out the purposes of this section.~~			~~(g) There are authorized to be appropriated for each of the fiscal years 1996 through 2000 such sums as be necessary to carry out the purposes of this section.~~
x	S. 1790 IS Sec. 125 amended § 212. That amendment was struck in RS and a new Sec.	SEC. 212. COVERAGE OF SCREENING MAMMOGRAPHY. The Secretary, through the Service,	SEC. 206. MAMMOGRAPHY AND OTHER CANCER SCREENING. ''The Secretary, acting through the Service,	"SEC. 207. MAMMOGRAPHY AND OTHER CANCER SCREENING. "The Secretary, acting through the Service	~~COVERAGE OF SCREENING~~ MAMMOGRAPHY AND OTHER CANCER SCREENING

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	128, largely resored CL with a single amendment as noted.				SEC. 207 ~~212~~. The Secretary, through the Service
	E = 2708; R=S.			or Tribal Health Programs,	or through Indian Tribes or tribal organizations,
x		shall provide for screening mammography (as defined in section 1861(jj) of the Social Security Act) for Indian and urban Indian women 35 years of age or older at a frequency, determined by the Secretary (in consultation with the Director of the National Cancer Institute), appropriate to such women, and under such terms and conditions as are consistent with standards established by the Secretary to assure the safety and accuracy of screening mammography under part B of title XVIII of the Social Security Act and other cancer screenings.	shall provide for screening as follows: (1) Screening mammography (as defined in section 1861 (jj) of the Social Security Act) for Indian women at a frequency appropriate to such women under accepted and appropriate national standards, and under such terms and conditions as are consistent with standards established by the Secretary to ensure the safety and accuracy of screening mammography under part B of title XVIII of such Act. (2) Other cancer screening that receives an A or B rating as recommended by the United States Preventive Services Task Force established under section 915(a)(1) of the Public Health Service Act (42 U.S.C. 299b–4 (a)(1)). The Secretary shall ensure that screening provided for under this paragraph complies with the recommendations of the Task Force with respect to— (A) frequency; (B) the population to be served; (C) the procedure or technology to be used; (D) evidence of effectiveness; and (E) other matters that the Secretary determines appropriate.	shall provide for screening as follows: "(1) Screening mammography (as defined in section 1861(jj) of the Social Security Act) for Indian women at a frequency appropriate to such women under accepted and appropriate national standards, and under such terms and conditions as are consistent with standards established by the Secretary to ensure the safety and accuracy of screening mammography under part B of title XVIII of such Act. "(2) Other cancer screening that receives an A or B rating as recommended by the United States Preventive Services Task Force established under section 915(a)(1) of the Public Health Service Act (42 U.S.C. 299b–4(a)(1)). The Secretary shall ensure that screening provided for under this paragraph complies with the recommendations of the Task Force with respect to— "(A) frequency; "(B) the population to be served; "(C) the procedure or technology to be used; "(D) evidence of effectiveness; and "(E) other matters that the Secretary determines appropriate.	shall provide for screening, as follows: (a) mammography (as defined in section 1861(jj) of the Social Security Act) for Indian ~~and urban Indian~~ women ~~35 years of age or older~~ at a frequency, ~~determined by the Secretary (in consultation with the Director of the National Cancer Institute),~~ appropriate to such women under national standards, and under such terms and conditions as are consistent with standards established by the Secretary to assure the safety and accuracy of screening mammography under part B of title XVIII of the Social Security Act; and. (b) other cancer screening meeting national standards. ~~There is authorized to carry out these functions such funds as are required each year.~~
	See, S. 1790 Sec. 101(c)(2), which deleted the appropriations language in CL (b). Also see, S. 1790 Sec. 129, which amended §213.	PATIENT TRAVEL COSTS SEC. 213. (a) DEFINITION OF QUALIFIED ESCORT.—In this section, the term 'qualified escort' means— "(1) an adult escort (including a parent, guardian, or other family member) who is required because of the physical or mental condition, or age, of the applicable patient; "(2) a health professional for the purpose of providing necessary medical care during travel by the applicable patient; or "(3) other escorts, as the Secretary or applicable Indian Health Program determines to be appropriate.	SEC. 207. PATIENT TRAVEL COSTS. (a) DEFINITION OF QUALIFIED ESCORT.— In this section, the term 'qualified escort' means— (1) an adult escort (including a parent, guardian, or other family member) who is required be- cause of the physical or mental condition, or age, of the applicable patient; (2) a health professional for the purpose of providing necessary medical care during travel by the applicable patient; or (3) other escorts, as the Secretary or applicable Indian Health Program determines to be appropriate.	"SEC. 208. PATIENT TRAVEL COSTS. "(a) Definition of Qualified Escort.— In this section, the term 'qualified escort' means— "(1) an adult escort (including a parent, guardian, or other family member) who is required because of the physical or mental condition, or age, of the applicable patient; "(2) a health professional for the purpose of providing necessary medical care during travel by the applicable patient; or "(3) other escorts, as the Secretary or applicable Indian Health Program determines to be appropriate.	
		(b)~~(a)~~ PROVISION OF FUNDS.– The Secretary, acting through the Service,	(b) PROVISION OF FUNDS.— The Secretary, acting through the Service,		PATIENT TRAVEL COSTS SEC. 208 ~~213~~. (a) The Secretary, acting through the Service,
	Same as E. R & S.1200inserted "and Tribal Health Programs" after "Service".	and Tribal Health Programs,		and Tribal Health Programs,	Indian Tribes and tribal organizations

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	Commentary. Current law ("shall provide funds") requires that funds be made available, while the bills merely authorize the funding (is authorized to provide funds"). E included an additional subsection (c), which did not appear in any other version. It can be found in earlier versions of the side-by-side.	is authorized to ~~shall~~ provide funds for the following patient travel costs, including qualified escorts, associated with receiving health care services provided (either through direct or contract care or through a contract~~s~~ or compact entered into pursuant to the Indian Self-Determination Education Assistance Act (25 U.S.C. 450 et seq.)) under this Act– (1) emergency air transportation~~;~~ and ~~(2)~~ nonemergency air transportation where ground transportation is infeasible; (2) transportation by private vehicle (where no other means of transportation is available), specially equipped vehicle, and ambulance; and (3) transportation by such other means as may be available and required when air or motor vehicle transportation is not available.. ~~(b) There are authorized to be appropriated to carry out this section $15,000,000 for fiscal year 1993 and such sums as may be necessary for each of the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and 2000.~~	is authorized to provide funds for the following patient travel costs, including qualified escorts, associated with receiving health care services provided (either through direct or contract care or through a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) under this Act— (1) emergency air transportation and nonemergency air transportation where ground transportation is infeasible; (2) transportation by private vehicle (where no other means of transportation is available), specially equipped vehicle, and ambulance; and (3) transportation by such other means as may be available and required when air or motor vehicle transportation is not available.	is authorized to provide funds for the following patient travel costs, including qualified escorts, associated with receiving health care services provided (either through direct or contract care or through a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) under this Act— "(1) emergency air transportation and non-emergency air transportation where ground transportation is infeasible; "(2) transportation by private vehicle (where no other means of transportation is available), specially equipped vehicle, and ambulance; and "(3) transportation by such other means as may be available and required when air or motor vehicle transportation is not available.	shall provide funds for the following patient travel costs, including appropriate and necessary qualified escorts, associated with receiving health care services provided (either through direct or contract care or through funding agreements ~~contracts~~ entered into pursuant to the Indian Self-Determination and Education Assistance Act) under this Act– (1) emergency air transportation; and ~~(2)~~ non-emergency air transportation where ground transportation is infeasible; (2) transportation by private vehicle, specially equipped vehicle and ambulance; and (3) transportation by such other means as may be available and required when air or motor vehicle transportation is not available ~~(i.e., boat).~~ ~~(b) There are authorized to be appropriated to carry out this section $15,000,000 for fiscal year 1993 and such sums as may be necessary for each of the fiscal years 1994, 1995, 1996, 1997, 1998, 1999 and 2000.~~
	See, S. 1790 RS Sec. 130, which amends §214. In E, subsection (a) has a different title and added an introductory clause at the beginning, provided for the Secretary to act "through the Service," and changed the ending. It read: "(a) ADDITIONAL CENTERS– In addition to those epidemiology centers already established as of the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, and without reducing the funding levels for such centers, not later than 180 days after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007,	EPIDEMIOLOGY CENTERS SEC. 214.	SEC. 208. EPIDEMIOLOGY CENTERS.	"SEC. 209. EPIDEMIOLOGY CENTERS.	EPIDEMIOLOGY CENTERS SEC. 209 ~~214~~.
					(a)(1) In addition to those centers already established at the time of enactment of this Act (including those for which funding is currently being provided in funding agreements under the Indian Self-Determination and Education Assistance Act), within 180 days of enactment of this Act,
		(a) ESTABLISHMENT OF CENTERS.– (1) IN GENERAL.– The Secretary shall establish an epidemiology center in each Service area to carry out the functions described in ~~paragraph (3)~~ subsection (b).	(a) ESTABLISHMENT OF CENTERS.— The Secretary shall establish an epidemiology center in each Service Area to carry out the functions described in subsection (b). Any new center established	"(a) Establishment of Centers.— The Secretary shall establish an epidemiology center in each Service Area to carry out the functions described in subsection (b). Any new center established after the date	the Secretary shall establish and fund an epidemiology center in each Service Area which does not yet have one to carry out the functions described in paragraph (~~3~~2). Any new centers so established may be

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		(2) NEW CENTERS.— (A) IN GENERAL.—Subject to subparagraph (B), any new center established after the date of enactment of the Indian Health Care Improvement Reauthorization and Extension Act of 2009 may be operated under a grant authorized by subsection (d). "(B) REQUIREMENT.—Funding provided in a grant described in subparagraph (A) shall not be divisible.	after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008 may be operated under a grant authorized by subsection (d), but funding under such a grant shall not be divisible.	of enactment of the Indian Health Care Improvement Act Amendments of 2008 may be operated under a grant authorized by subsection (d), but funding under such a grant shall not be divisible.	operated by Indian Tribes or tribal organizations pursuant to funding agreements under the Indian Self-Determination and Education Assistance Act, but such funding may not be divisible.
x	RS added a new paragraph (3) to subsection (a). This paragraph was (f) in 1790 IS.	(3) FUNDS NOT DIVISIBLE.– An epidemiology center established under this subsection shall be subject to the Indian Self-Detemination and Education Assistance Act (25 U.S.C. 450 et seq.), but the funds for the center shall not be divisible.	(f) FUNDS NOT DIVISIBLE.— An epidemiology center established under this section shall be subject to the provisions of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), but the funds for such center shall not be divisible.		
		~~(2) To assist such centers in carrying out such functions, the Secretary shall perform the following:~~ ~~(A) In consultation with the Centers for Disease and Indian tribes, develop sets of data (which to the extent practicable, shall be consistent with the uniform data sets used by the States with respect to the year 2000 health objectives) for uniformly defining health status for purposes of the objectives specified in section 3(b). Such sets shall consist of one or more categories of information. The Secretary shall develop formats for the uniform collecting and reporting of information on such categories.~~ ~~(B) Establish and maintain a system for monitoring the progress made toward meeting each of the health status objectives described in section 3(b).~~			~~(2) To assist such centers in carrying out such functions, the Secretary shall preform the following:~~ ~~(A) In consultation with the Centers for Disease and Indian Tribes, develop sets of data (which to the extent practicable, shall be consistent with the uniform data sets used by the States with respect to the year 2000 health objectives) for uniformly defining health status for purposes of the objectives specified in section 3(b). Such sets shall consist of one or more categories of information. The Secretary shall develop formats for the uniform collecting and reporting of information on such categories.~~ ~~(B) Establish and maintain a system for monitoring the progress made toward meeting each of the health status objectives described in section 3(b)~~
		(b)~~(3)~~ FUNCTIONS OF CENTERS.– In consultation with and on the request of Indian tribes, tribal organizations, and urban Indian ~~communities~~ organizations, each Service area epidemiology center established under this ~~sub~~section shall, with respect to ~~such~~ the applicable Service area– (1)~~(A)~~ collect data relating to, and monitor progress made toward meeting, each of the health status objectives of the Service, the Indian tribes, tribal organizations, and urban Indian organizations in the Service area;~~described in section 3(b) using the data sets and monitoring system developed by the Secretary pursuant to paragraph (2);~~ (2)~~(B)~~ evaluate existing delivery systems, data systems, and other systems that impact the improvement of Indian health; (3)~~(C)~~ assist Indian tribes, tribal	(b) FUNCTIONS OF CENTERS.— In consultation with and upon the request of Indian Tribes, Tribal Organizations, and Urban Indian communities, each Service Area epidemiology center established under this section shall, with respect to such Service Area— (1) collect data relating to, and monitor progress made toward meeting, each of the health status objectives of the Service, the Indian Tribes, Tribal Organizations, and Urban Indian communities in the Service Area; (2) evaluate existing delivery systems, data systems, and other systems that impact the improvement of Indian health; (3) assist Indian Tribes, Tribal Organizations, and Urban Indian Organizations in identifying their highest	"(b) Functions of Centers.— In consultation with and upon the request of Indian Tribes, Tribal Organizations, and urban Indian communities, each Service Area epidemiology center established under this section shall, with respect to such Service Area— "(1) collect data relating to, and monitor progress made toward meeting, each of the health status objectives of the Service, the Indian Tribes, Tribal Organizations, and urban Indian communities in the Service Area; "(2) evaluate existing delivery systems, data systems, and other systems that impact the improvement of Indian health; "(3) assist Indian Tribes, Tribal	(~~3~~2) In consultation with and upon the request of Indian Tribes, tribal organizations and urban Indian organizations ~~communities~~, each area epidemiology center established under this subsection shall, with respect to such area carry out– (A) collect data relating to, and monitor progress made toward meeting, each of the health status objectives ~~described in section 3(b) using the data sets and monitoring system developed by the Secretary pursuant to paragraph (2)~~ of IHS, the Indian Tribes, tribal organizations, and urban Indian organizations in the Area; (B) evaluate existing delivery systems, data systems, and other systems that impact the improvement of Indian health;

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		organizations, and urban Indian ~~communities~~ organizations in identifying ~~their~~ highest-priority health status objectives and the services needed to achieve those ~~such~~ objectives, based on epidemiological data; (4)~~(D)~~ make recommendations for the targeting of services needed by the populations served; ~~tribal, urban, and other Indian communities;~~ (5)~~(E)~~ make recommendations to improve health care delivery systems for Indians and urban Indians; ~~(F) work cooperatively with tribal providers of health and social services in order to avoid duplication of existing services; and~~ (6)~~(G)~~ provide technical assistance to Indian tribes, tribal organizations, and urban Indian organizations in the development of local health service priorities and incidence and prevalence rates of disease and other illness in the community; and (7) provide disease surveillance and assist Indian tribes, tribal organizations, and urban Indian communities to promote public health. ~~(4) Epidemiology centers established under this subsection shall be subject to the provisions of the Indian Self-Determination Act (25 U.S.C. 450f et seq.).~~ ~~(6) The Service shall assign one epidemiologist from each of its area offices to each area epidemiology center to provide such center with technical assistance necessary to carry out this subsection.~~	priority health status objectives and the services needed to achieve such objectives, based on epidemiological data; (4) make recommendations for the targeting of services needed by the populations served; (5) make recommendations to improve health care delivery systems for Indians and Urban Indians; (6) provide requested technical assistance to Indian Tribes, Tribal Organizations, and Urban Indian Organizations in the development of local health service priorities and incidence and prevalence rates of disease and other illness in the community; and (7) provide disease surveillance and assist Indian Tribes, Tribal Organizations, and Urban Indian communities to promote public health.	Organizations, and urban Indian organizations in identifying their highest priority health status objectives and the services needed to achieve such objectives, based on epidemiological data; "(4) make recommendations for the targeting of services needed by the populations served; "(5) make recommendations to improve health care delivery systems for Indians and urban Indians; "(6) provide requested technical assistance to Indian Tribes, Tribal Organizations, and urban Indian organizations in the development of local health service priorities and incidence and prevalence rates of disease and other illness in the community; and "(7) provide disease surveillance and assist Indian Tribes, Tribal Organizations, and urban Indian communities to promote public health.	(C) assist Indian Tribes, tribal organizations, and urban Indian organizations ~~communities~~ in identifying their highest priority health status objectives and the services needed to achieve such objectives, based on epidemiological data; (D) make recommendations for the targeting of services needed by tribal, urban, and other Indian communities; (E) make recommendations to improve health care delivery systems for Indians and urban Indians; ~~(F) work cooperatively with tribal providers of health and social services in order to avoid duplication of existing services; and~~ (F~~G~~) provide requested technical assistance to Indian Tribes and urban Indian organizations in the development of local health service priorities and incidence and prevalence rates of disease and other illness in the community; and (G) provide disease surveillance and assist Indian Tribes, tribal organizations, and urban Indian organizations to promote public health., ~~(4) Epidemiology centers established under this subsection shall be subject to the provisions of the Indian Self-Determination (25 U.S.C. 450f at seq.)~~. ~~(6) The Service shall assign one epidemiologist from each of its area offices to each area epidemiology center to provide such center with technical assistance necessary to carry out this subsection.~~
		(c)~~(a)(5)~~ TECHNICAL ASSISTANCE.– The director of the Centers for Disease Control and Prevention shall provide technical assistance to the centers in carrying out ~~the requirements of~~ this ~~sub~~section.	(c) TECHNICAL ASSISTANCE.— The Director of the Centers for Disease Control and Prevention shall provide technical assistance to the centers in carrying out the requirements of this section.	"(c) Technical Assistance.— The Director of the Centers for Disease Control and Prevention shall provide technical assistance to the centers in carrying out the requirements of this section.	(a) (3~~5~~) The director of the Centers for Disease Control shall provide technical assistance to the centers in carrying out the requirements of this subsection.
	R=S. E says only: "(d) GRANTS FOR STUDIES–The Secretary may make grants to Indian Tribes, Tribal Organizations, and Urban Indian Organizations to conduct epidemiological studies of Indian communities."	(d)~~(b)~~ GRANTS FOR STUDIES.-- (1) IN GENERAL.– The Secretary may make grants to Indian tribes, tribal organizations, Indian organizations, and eligible intertribal consortia ~~or Indian organizations~~ to conduct epidemiological studies of Indian communities. (2) ELIGIBLE INTERTRIBAL CONSORTIA.– An intertribal consortium ~~consortia~~ or Indian organization is eligible to receive a grant under this subsection if the intertribal consortium is– (A) ~~it is~~ incorporated for the primary	(d) GRANTS FOR STUDIES.— (1) IN GENERAL.— The Secretary may make grants to Indian Tribes, Tribal Organizations, Indian organizations, and eligible intertribal consortia to conduct epidemiological studies of Indian communities. (2) ELIGIBLE INTERTRIBAL CONSORTIA.— An intertribal consortium or Indian organization is eligible to receive a grant under this subsection if— (A) the intertribal consortium is	"(d) Grants for Studies.— "(1) IN GENERAL.— The Secretary may make grants to Indian Tribes, Tribal Organizations, Indian organizations, and eligible intertribal consortia to conduct epidemiological studies of Indian communities. "(2) ELIGIBLE INTERTRIBAL CONSORTIA.— An intertribal consortium or Indian organization is eligible to receive a grant under this subsection if— "(A) the intertribal consortium is incorporated for the primary purpose of	(b)(1) The Secretary may make ~~grants~~ funding available to Indian Tribes, tribal organizations, and ~~eligible intertribal consortia or~~ urban Indian organizations to conduct epidemiological studies of Indian communities. ~~(2) An intertribal consortia or Indian organization is eligible to receive a grant under this subsection if –~~ ~~(A) it is incorporated for the primary purpose of improving Indian health; and~~ ~~(B) it is representative of the Tribes~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		purpose of improving Indian health; and (B) ~~it is~~ representative of the Indian tribes or urban Indian communities residing in the area in which ~~it~~ the intertribal consortium is located. (3) APPLICATIONS.– An application for a grant under this subsection shall be submitted in such manner and at such time as the Secretary shall prescribe. (4) REQUIREMENTS.– An applicant for a grant~~s~~ under this subsection shall– (A) demonstrate the technical, administrative, and financial expertise necessary to carry out the functions described in paragraph (5); (B) consult and cooperate with providers of related health and social services in order to avoid duplication of existing services; and (C) demonstrate cooperation from Indian tribes or urban Indian organizations in the area to be served. (5) USE OF FUNDS.– A grant awarded under paragraph (1) may be used ~~to~~– (A) to carry out the functions described in subsection ~~(a)(3)~~(b)(3); (B) to provide information to, and consult with, tribal leaders, urban Indian community leaders, and related health staff, ~~on~~ regarding health care and health services management issues; and (C) ~~provide,~~ in collaboration with Indian tribes, tribal organizations, and urban Indian ~~communities~~ organizations, to provide to the Service ~~with~~ information regarding ways to improve the health status of Indian people.	incorporated for the primary purpose of improving Indian health; and (B) the intertribal consortium is representative of the Indian Tribes or urban Indian communities in which the intertribal consortium is located. (3) APPLICATIONS.— An application for a grant under this subsection shall be submitted in such manner and at such time as the Secretary shall prescribe. (4) REQUIREMENTS.— An applicant for a grant under this subsection shall— (A) demonstrate the technical, administrative, and financial expertise necessary to carry out the functions described in paragraph (5); (B) consult and cooperate with providers of related health and social services in order to avoid duplication of existing services; and (C) demonstrate cooperation from Indian Tribes or Urban Indian Organizations in the area to be served. (5) USE OF FUNDS.— A grant awarded under paragraph (1) may be used— (A) to carry out the functions described in subsection (b); (B) to provide information to and consult with tribal leaders, urban Indian community leaders, and related health staff on health care and health service management issues; and (C) in collaboration with Indian Tribes, Tribal Organizations, and urban Indian communities, to provide the Service with information regarding ways to improve the health status of Indians.	improving Indian health; and "(B) the intertribal consortium is representative of the Indian Tribes or urban Indian communities in which the intertribal consortium is located. "(3) APPLICATIONS.— An application for a grant under this subsection shall be submitted in such manner and at such time as the Secretary shall prescribe. "(4) REQUIREMENTS.— An applicant for a grant under this subsection shall— "(A) demonstrate the technical, administrative, and financial expertise necessary to carry out the functions described in paragraph (5); "(B) consult and cooperate with providers of related health and social services in order to avoid duplication of existing services; and "(C) demonstrate cooperation from Indian Tribes or urban Indian organizations in the area to be served. "(5) USE OF FUNDS.— A grant awarded under paragraph (1) may be used— "(A) to carry out the functions described in subsection (b); "(B) to provide information to and consult with tribal leaders, urban Indian community leaders, and related health staff on health care and health service management issues; and "(C) in collaboration with Indian Tribes, Tribal Organizations, and urban Indian communities, to provide the Service with information regarding ways to improve the health status of Indians.	~~or urban Indian communities in which it is located.~~ ~~(3) An application for a grant under this subsection shall be submitted in such manner and at such time as the Secretary shall prescribe.~~ ~~(4) Applicants for grants under this subsection shall –~~ ~~(A) demonstrate the technical, administrative, and financial expertise necessary to carry out the functions described in paragraph (5);~~ ~~(B) consult and cooperate with providers of related health and social services in order to avoid duplication of existing services; and~~ ~~(C) demonstrate cooperation from Indian Tribes or urban Indian organizations in the area to be served.~~ ~~A grant awarded under paragraph (1) may be used to–~~ ~~(A) carry out the functions described in subsection (a)(3);~~ ~~(B) provide information to and consult with tribal leaders, urban Indian community leaders, and related health staff, on health care and health services management issues, and~~ ~~(C) provide, in collaboration with Tribes and urban Indian communities, the Service with information regarding ways to improve the health status of Indian people.~~
		(e) Access to Information.— "(1) IN GENERAL.—An epidemiology center operated by a grantee pursuant to a grant awarded under subsection (d)	(e) ACCESS TO INFORMATION.— (1) An epidemiology center operated by a grantee pursuant to a grant awarded under subsection (d)	"(e) Access to Information.— The Secretary shall grant epidemiology centers operated by a grantee pursuant to a grant awarded under subsection (d)	
		shall be treated as a public health authority (as defined in section 164.501 of title 45, Code of Federal Regulations (or a successor regulation)) for purposes of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191; 110 Stat. 1936).	shall be treated as a public health authority for purposes of the Health Insurance Portability and Accountability Act of 1996, as such entities are defined in part 164.501 of title 45, Code of Federal Regulations.		
	In lieu of "such epidemiology center", R had "such grantees"; and E and S.1200 made "center" plural.	(2) ACCESS TO INFORMATION.—The Secretary shall grant to each epidemiology center described in paragraph (1) access to use of the data, data sets, monitoring systems, delivery systems, and other protected health information in the possession of the Secretary.	(2) The Secretary shall grant to such epidemiology center access to use of the data, data sets, monitoring systems, delivery systems, and other protected health information in the possession of the Secretary.	access to use of the data, data sets, monitoring systems, delivery systems, and other protected health information in the possession of the Secretary.	
	R & E did not include this provision. S.1200does not include	(3) REQUIREMENT.—The activities of an epidemiology center described in paragraph (1) shall be for the purposes of	(3) The activities of such an epidemiology center shall be for the purposes of research and for preventing and controlling disease,	Such activities shall be for the purposes of research and for preventing and controlling disease, injury, or disability for	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	the phrase “”of such an epidemiology center” after “The activities”.	research and for preventing and controlling disease, injury, or disability (as those activities are described in section 164.512 of title 45, Code of Federal Regulations (or a successor regulation)), for purposes of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191; 110 Stat. 1936).	injury, or disability for purposes of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191; 110 Stat. 2033), as such activities are described in part 164.512 of title 45, Code of Federal Regulations (or a successor regulation).	purposes of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191; 110 Stat. 2033), as such activities are described in part 164.512 of title 45, Code of Federal regulations (or a successor regulation).	
x	S. 1790 added a new (f). It was deleted in the RS in which the text was moved to new (a)(3).				
		~~(6) There are authorized to be appropriated to carry out the purposes of this subsection not more than $12,000,000 for fiscal year 1993 and such sums as may be necessary for each of the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and 2000.”.~~			~~(6) There are authorized to be appropriated to carry out the purposes of this subsection not more than $12,000,000 for fiscal year 1993 and such sums as may be necessary for each of the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and 2000.~~
	S.1790 did not change CL § §215.	COMPREHENSIVE SCHOOL HEALTH EDUCATION PROGRAMS SEC. 215. (a) The Secretary, acting through the Service and in consultation with the Secretary of the Interior, may award grants to Indian tribes to develop comprehensive school health education programs for children from preschool through grade 12 in schools located on Indian reservations.	SEC. 209. COMPREHENSIVE SCHOOL HEALTH EDUCATION PROGRAMS. (a) FUNDING FOR DEVELOPMENT OF PROGRAMS.— In addition to carrying out any other program for health promotion or disease prevention, the Secretary, acting through the Service, is authorized to award grants to Indian Tribes and Tribal Organizations to develop comprehensive school health education programs for children from pre-school through grade 12 in schools for the benefit of Indian children.	“SEC. 210. COMPREHENSIVE SCHOOL HEALTH EDUCATION PROGRAMS. “(a) Funding for Development of Programs.— In addition to carrying out any other program for health promotion or disease prevention, the Secretary, acting through the Service, is authorized to award grants to Indian Tribes and Tribal Organizations to develop comprehensive school health education programs for children from pre-school through grade 12 in schools for the benefit of Indian and urban Indian children.	COMPREHENSIVE SCHOOL HEALTH EDUCATION PROGRAMS SEC. 210 ~~215~~. (a) The Secretary, acting through the Service ~~and in consultation with the Secretary of the Interior, may~~ shall ~~award grants~~ provide funding to Indian Tribes, tribal organizations and urban Indian organizations to develop comprehensive school health education programs for children from preschool through grade 12 in schools for the benefit of Indian and urban Indian children ~~located on Indian reservations~~.
		(b) Grants awarded under this section may be used to– (1) develop health education curricula; (2) train teachers in comprehensive school health education curricula; (3) integrate school-based, community-based, and other public and private health promotion efforts; (4) encourage healthy, tobacco-free school environments; (5) coordinate school-based health programs with existing services and programs available in the community; (6) develop school programs on nutrition education, personal health, and fitness; (7) develop mental health wellness programs; (8) develop chronic disease prevention programs; (9) develop substance abuse prevention programs; (10) develop accident prevention and safety education programs;	(b) USE OF GRANT FUNDS.— A grant awarded under this section may be used for purposes which may include, but are not limited to, the following: (1) Developing health education materials both for regular school programs and afterschool programs. (2) Training teachers in comprehensive school health education materials. (3) Integrating school-based, community based, and other public and private health promotion efforts. (4) Encouraging healthy, tobacco-free school environments. (5) Coordinating school-based health programs with existing services and programs available in the community. (6) Developing school programs on nutrition education, personal health, oral health, and fitness. (7) Developing behavioral health wellness programs. (8) Developing chronic disease prevention programs. (9) Developing substance abuse	“(b) Use of Grant Funds.— A grant awarded under this section may be used for purposes which may include, but are not limited to, the following: “(1) Developing health education materials both for regular school programs and afterschool programs. “(2) Training teachers in comprehensive school health education materials. “(3) Integrating school-based, community-based, and other public and private health promotion efforts. “(4) Encouraging healthy, tobacco-free school environments. “(5) Coordinating school-based health programs with existing services and programs available in the community. “(6) Developing school programs on nutrition education, personal health, oral health, and fitness. “(7) Developing behavioral health wellness programs. “(8) Developing chronic disease prevention programs. “(9) Developing substance abuse	(b) ~~Grants awarded~~ Funding provided under this section may be used for purposes which may include, but are not limited to the following ~~to~~– (1) develop and implement health education curricula both for regular school programs and after school programs; (2) train teachers in comprehensive school health education curricula; (3) integrate school-based, community-based, and other public and private health promotion efforts; (4) encourage healthy, tobacco-free school environments; (5) coordinate school-based health programs with existing services and programs available in the community; (6) develop school programs on nutrition education, personal health, oral health, and fitness; (7) develop mental health wellness programs; (8) develop chronic disease prevention programs;

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		(11) develop activities for the prevention and control of communicable diseases; and (12) develop community and environmental health education programs.	prevention programs. (10) Developing injury prevention and safety education programs. (11) Developing activities for the prevention and control of communicable diseases. (12) Developing community and environmental health education programs that include traditional health care practitioners. (13) Violence prevention. (14) Such other health issues as are appropriate.	prevention programs. "(10) Developing injury prevention and safety education programs. "(11) Developing activities for the prevention and control of communicable diseases. "(12) Developing community and environmental health education programs that include traditional health care practitioners. "(13) Violence prevention. "(14) Such other health issues as are appropriate.	(9) develop substance abuse prevention programs; (10) develop injury ~~accident~~ prevention and safety education programs; (11) develop activities for the prevention and control of communicable diseases; ~~and~~ (12) develop community and environmental health education programs that include traditional health care practitioners; (13) violence prevention; and (14) such other health issues as are appropriate.
		(c) The Secretary shall provide technical assistance to Indian tribes in the development of health education plans, and the dissemination of health education materials and information on existing health programs and resources.	(c) TECHNICAL ASSISTANCE.— Upon request, the Secretary, acting through the Service, shall provide technical assistance to Indian Tribes and Tribal Organizations in the development of comprehensive health education plans and the dissemination of comprehensive health education materials and information on existing health programs and resources.	"(c) Technical Assistance.— Upon request, the Secretary, acting through the Service, shall provide technical assistance to Indian Tribes and Tribal Organizations in the development of comprehensive health education plans and the dissemination of comprehensive health education materials and information on existing health programs and resources.	(c) Upon request, ~~T~~the Secretary shall provide technical assistance to Indian Tribes tribal organizations, and urban Indian organizations in the development of comprehensive health education plans, and the dissemination of comprehensive health education materials and information on existing health programs and resources.
	In subsection (d), after "Tribal Organizations", R included "and Urban Indian Organizations".	(d) The Secretary shall establish criteria for the review and approval of applications for grants made pursuant to this section. (e) Recipients of grants under this section shall submit to the Secretary an annual report on activities undertaken with funds provided under this section. Such reports shall include a statement of– (1) the number of preschools, elementary schools, and secondary schools served; (2) the number of students served; (3) any new curricula established with funds provided under this section; (4) the number of teachers trained in the health curricula; and (5) the involvement of parents, members of the community, the community health workers in programs established with funds provided under this section.	(d) CRITERIA FOR REVIEW AND APPROVAL OF APPLICATIONS.— The Secretary, acting through the Service, and in consultation with Indian Tribes and Tribal Organizations, shall establish criteria for the review and approval of applications for grants awarded under this section.	"(d) Criteria for Review and Approval of Applications.— The Secretary, acting through the Service, and in consultation with Indian Tribes and Tribal Organizations, shall establish criteria for the review and approval of applications for grants awarded under this section.	(d) The Secretary in consultation with Indian Tribes, tribal organizations and urban Indian organizations, shall establish criteria for the review and approval of applications for ~~grants made~~ funding provided pursuant to this section. ~~(e) Recipients of grants under this section shall submit to the Secretary an annual report on activities undertaken with funds provided under this section. Such reports shall include a statement of–~~ ~~(1) the number of preschools, elementary schools, and secondary schools served;~~ ~~(2) the number of students served;~~ ~~(3) any new curricula established with funds provided under this section;~~ ~~(4) the number of teachers trained in the health curricula; and~~ ~~(5) the involvement of parents, members of the community, the community health workers in programs established with funds provided under this section.~~
	R=S; E=2708.	(f) (1) The Secretary of the Interior, acting through the Bureau of Indian Affairs and in cooperation with the Secretary, shall develop a comprehensive school health education program for children from preschool through grade 12 in schools operated by the Bureau of Indian Affairs. (2) Such programs shall include– (A) school programs on nutrition education, personal health, and fitness;	(e) DEVELOPMENT OF PROGRAM FOR BIA-FUNDED SCHOOLS.— (1) IN GENERAL.— The Secretary of the Interior, acting through the Bureau of Indian Affairs and in cooperation with the Secretary, acting through the Service, shall develop a comprehensive school health education program for children from preschool through grade 12 in schools for which support is provided by the Bureau of Indian Affairs.	"(e) Development of Program for BIA-Funded Schools.— "(1) IN GENERAL.— The Secretary of the Interior, acting through the Bureau of Indian Affairs and in cooperation with the Secretary, acting through the Service, and affected Indian Tribes and Tribal Organizations, shall develop a comprehensive school health education program for children from preschool through grade 12 in schools for which	(~~f~~e)(1) The Secretary of the Interior, acting through the Bureau of Indian Affairs and in cooperation with the Secretary and the affected Indian Tribes and tribal organizations shall develop a comprehensive school health education program for children from preschool through grade 12 in schools operated by the Bureau of Indian Affairs. (2) Such programs shall include– (A) school programs on nutrition

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		(B) mental health wellness programs; (C) chronic disease prevention programs; (D) substance abuse prevention programs; (E) accident prevention and safety education programs; and (F) activities for the prevention and control of communicable diseases (3) The Secretary of the Interior shall– (A) provide training to teachers in comprehensive school health education curricula; (B) ensure the integration and coordination of school-based programs with existing services and health programs available in the community; and (C) encourage healthy, tobacco-free school environments.	(2) REQUIREMENTS FOR PROGRAMS.— Such programs shall include— (A) school programs on nutrition education, personal health, oral health, and fitness; (B) behavioral health wellness programs; (C) chronic disease prevention programs; (D) substance abuse prevention programs; (E) injury prevention and safety education programs; and (F) activities for the prevention and control of communicable diseases. (3) DUTIES OF THE SECRETARY.— The Secretary of the Interior shall— (A) provide training to teachers in comprehensive school health education materials; (B) ensure the integration and coordination of school-based programs with existing services and health programs available in the community; and (C) encourage healthy, tobacco-free school environments.	support is provided by the Bureau of Indian Affairs. "(2) REQUIREMENTS FOR PROGRAMS.— Such programs shall include— "(A) school programs on nutrition education, personal health, oral health, and fitness; "(B) behavioral health wellness programs; "(C) chronic disease prevention programs; "(D) substance abuse prevention programs; "(E) injury prevention and safety education programs; and "(F) activities for the prevention and control of communicable diseases. "(3) DUTIES OF THE SECRETARY.— The Secretary of the Interior shall— "(A) provide training to teachers in comprehensive school health education materials; "(B) ensure the integration and coordination of school-based programs with existing services and health programs available in the community; and "(C) encourage healthy, tobacco-free school environments.	education, personal health, oral health, and fitness; (B) mental health wellness programs; (C) chronic disease prevention programs; (D) substance abuse prevention programs; (E) injury ~~accident~~ prevention and safety education programs; and (F) activities for the prevention and control of communicable diseases (3) The Secretary of the Interior shall– (A) provide training to teachers in comprehensive school health education curricula; (B) ensure the integration and coordination of school-based programs with existing services and health programs available in the community; and (C) encourage healthy, tobacco-free school environments.
	Note: This subsection of CL was not repealed with other appropriation sections, but it has expired in any event.	(g) There are authorized to be appropriated to carry out this section 415,000,000 for fiscal year 1993 and such sums as may be necessary for each of the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and 2000.			~~(g) There are authorized to be appropriated to carry out this section 415,000,000 for fiscal year 1993 and such sums as may be necessary for each of the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and 2000.~~
	S.1790 IS did not change CL § 216.	INDIAN YOUTH GRANT PROGRAM SEC. 216. (a) The Secretary, acting through the Service, is authorized to make grants to Indian tribes, tribal organizations, and urban Indian organizations for innovative mental and physical disease prevention and health promotion and treatment programs for Indian preadolescent and adolescent youths.	SEC. 210. INDIAN YOUTH PROGRAM. (a) PROGRAM AUTHORIZED.— The Secretary, acting through the Service, is authorized to establish and administer a program to provide grants to Indian Tribes, Tribal Organizations, and urban Indian organizations for innovative mental and physical disease prevention and health promotion and treatment programs for Indian and urban Indian preadolescent and adolescent youths.	"SEC. 211. INDIAN YOUTH PROGRAM. "(a) Program Authorized.— The Secretary, acting through the Service, is authorized to establish and administer a program to provide grants to Indian Tribes, Tribal Organizations, and urban Indian organizations for innovative mental and physical disease prevention and health promotion and treatment programs for Indian preadolescent and adolescent youths.	INDIAN YOUTH ~~GRANT~~ PROGRAM SEC. 211 ~~216~~. (a) The Secretary, acting through the Service, is authorized to provide funding ~~make grants~~ to Indian Tribes, tribal organizations, and urban Indian organizations for innovative mental and physical disease prevention and health promotion and treatment programs for Indian and urban Indian preadolescent and adolescent youths.
x	RS Sec. 131 corrected the cite in (b)(2).	(b) (1) funds made available under this section may be used to– (A) develop prevention and treatments programs for Indian youth which promote mental and physical health and incorporate cultural values, community and family involvement, and traditional healers; and (B) develop and provide community training and education. (2) Funds made available under this section may not be used to provide services described in section 708(c)	(b) USE OF FUNDS.— (1) ALLOWABLE USES.— Funds made available under this section may be used to— (A) develop prevention and treatment programs for Indian youth which promote mental and physical health and incorporate cultural values, community and family involvement, and traditional health care practitioners; and (B) develop and provide community training and education. (2) PROHIBITED USE.— Funds made	"(b) Use of Funds.— "(1) ALLOWABLE USES.— Funds made available under this section may be used to— "(A) develop prevention and treatment programs for Indian youth which promote mental and physical health and incorporate cultural values, community and family involvement, and traditional health care practitioners; and "(B) develop and provide community training and education. "(2) PROHIBITED USE.— Funds made	(b) (1) funds made available under this section may be used to– (A) develop prevention and treatments programs for Indian youth which promote mental and physical health and incorporate cultural values, community and family involvement, and ~~T~~ traditional health care practitioners ~~healers~~; and (B) develop and provide community training and education. (2) Funds made available under this section may not be used to provide

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~209(m)~~.	available under this section may not be used to provide services described in section 707(c).	available under this section may not be used to provide services described in section 707(c).	services described in section ~~209(m)~~ 707(c).
		(c) The Secretary shall– (1) disseminate to Indian tribes information regarding models for the delivery of comprehensive health care services to Indian and urban Indian adolescents; (2) encourage the implementation of such models; and (3) at the request of an Indian tribe, provide technical assistance in the implementation of such models.	(c) DUTIES OF THE SECRETARY.— The Secretary shall— (1) disseminate to Indian Tribes, Tribal Organizations, and urban Indian organizations information regarding models for the delivery of comprehensive health care services to Indian and urban Indian adolescents; (2) encourage the implementation of such models; and (3) at the request of an Indian Tribe, Tribal Organization, or urban Indian organization, provide technical assistance in the implementation of such models.	"(c) Duties of the Secretary.— The Secretary shall— "(1) disseminate to Indian Tribes and Tribal Organizations information regarding models for the delivery of comprehensive health care services to Indian and urban Indian adolescents; "(2) encourage the implementation of such models; and "(3) at the request of an Indian Tribe or Tribal Organization, provide technical assistance in the implementation of such models.	(c) The Secretary shall– (1) disseminate to Indian Tribes, tribal organizations and urban Indian organizations information regarding models for the delivery of comprehensive health care services to Indian and urban Indian adolescents; (2) encourage the implementation of such models; and (3) at the request of an Indian Tribe, tribal organization, or urban Indian organization, provide technical assistance in the implementation of such models.
		(d) The Secretary shall establish criteria for the review and approval of applications under this section.	(d) CRITERIA FOR REVIEW AND APPROVAL OF APPLICATIONS.— The Secretary, in consultation with Indian Tribes, Tribal Organizations, and urban Indian organizations, shall establish criteria for the review and approval of applications or proposals under this section.	"(d) Criteria for Review and Approval of Applications.— The Secretary, in consultation with Indian Tribes and Tribal Organizations, and in conference with urban Indian organizations, shall establish criteria for the review and approval of applications or proposals under this section.	(d) The Secretary, in consultation with Indian Tribes, tribal organizations and urban Indian organizations, shall establish criteria for the review and approval of applications or proposals under this section.
	See, S. 1790 Sec. 101(b)(4)	~~(e) There are authorized to be appropriated to carry out this section $5,000,000 for fiscal year 1993 and such sums as may be necessary for each of the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and 2000.~~			~~(e) There are authorized to be appropriated to carry out this section $5,000,000 for fiscal year 1993 and such sums as may be necessary for each of the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and 2000.~~
x	S.1790 did not change CL § 217. RS Sec. 132 amended it, as noted.	SEC. 217. AMERICAN INDIANS INTO PSYCHOLOGY PROGRAM (a) GRANTS AUTHORIZED.– The Secretary, acting though the Service, shall make ~~may provide~~ grants of not more than $300,000 to ~~at least 3~~ each of 9 colleges and universities for the purpose of developing and maintaining ~~American~~ Indian psychology career recruitment programs as a means of encouraging Indians to enter the behavioral ~~mental~~ health field. These programs shall be located at various locations throughout the country to maximize their availability to Indian students and new programs shall be established in differet locations from time to time.	SEC. 105. AMERICAN INDIANS INTO PSYCHOLOGY PROGRAM. (a) GRANTS AUTHORIZED.— The Secretary, acting through the Service, shall make grants of not more than $300,000 to each of 9 colleges and universities for the purpose of developing and maintaining Indian psychology career recruitment programs as a means of encouraging Indians to enter the behavioral health field. These programs shall be located at various locations throughout the country to maximize their availability to Indian students and new programs shall be established in different locations from time to time.	"SEC. 105. AMERICAN INDIANS INTO PSYCHOLOGY PROGRAM. "(a) Grants Authorized.— The Secretary, acting through the Service, shall make grants of not more than $300,000 to each of 9 colleges and universities for the purpose of developing and maintaining Indian psychology career recruitment programs as a means of encouraging Indians to enter the behavioral health field. These programs shall be located at various locations throughout the country to maximize their availability to Indian students and new programs shall be established in different locations from time to time.	AMERICAN INDIANS INTO PSYCHOLOGY PROGRAM SEC. 106.~~217.~~ Notwithstanding section 102, the Secretary ~~may~~ shall provide funding grants to at least 3 colleges and universities for the purpose of developing and maintaining American Indian psychology career recruitment programs as a means of encouraging Indians to enter the mental health field. These programs shall be located at various locations throughout the country to maximize their availability to Indian students and new programs shall be established in different locations from time to time.
		(b) QUENTON N. BURDICK PROGRAM GRANT.– The Secretary shall provide a ~~one of the~~ grant~~s~~ authorized under subsection (a) to develop and maintain a program at the University of North Dakota to be known as the 'Quentin N. Burdick American Indians Into Psychology Program'. Such program shall, to the maximum extent feasible, coordinate with	(b) QUENTIN N. BURDICK PROGRAM GRANT.— The Secretary shall provide a grant authorized under subsection (a) to develop and maintain a program at the University of North Dakota to be known as the 'Quentin N. Burdick American Indians Into Psychology Program'. Such program shall, to the maximum extent feasible, coordinate with the Quentin N.	"(b) Quentin N. Burdick Program Grant.— The Secretary shall provide a grant authorized under subsection (a) to develop and maintain a program at the University of North Dakota to be known as the 'Quentin N. Burdick American Indians Into Psychology Program'. Such program shall, to the maximum extent feasible, coordinate with the Quentin N.	(b) The Secretary shall provide one of the grants authorized under subsection (a) to develop and maintain a program at the University of North Dakota to be known as the Quentin N. Burdick American Indians Into Psychology Program." Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick Indian into Health Programs

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		the Quentin N. Burdick Indian health programs authorized under section ~~114(b)~~ 117(b), the Quentin N. Burdick American Indians Into Nursing Program authorized under section ~~112(e)~~ 115(c), and existing university research and communications networks.	Burdick Indian Health Programs authorized under section 117(b), the Quentin N. 12 Burdick American Indians Into Nursing Program authorized under section 115(e), and existing university research and communications networks.	Burdick Indian Health Programs authorized under section 117(b), the Quentin N. Burdick American Indians Into Nursing Program authorized under section 115(e), and existing university research and communications networks.	authorized under section 117 ~~114~~(b), the Quentin N. Burdick American Indians Into Nursing Program authorized under section 115 ~~112~~(e), and existing university research and communications networks.
		(c)~~(1)~~ REGULATIONS.– The Secretary shall issue regulations pursuant to this Act for the competitive awarding of ~~the~~ grants provided under this section.	(c) REGULATIONS.— The Secretary shall issue regulations pursuant to this Act for the competitive awarding of grants provided under this section.	"(c) Regulations.— The Secretary shall issue regulations pursuant to this Act for the competitive awarding of grants provided under this section.	(c)(1) The Secretary shall issue regulations pursuant to this Act for the competitive awarding of funds ~~the grants~~ provided under this section.
		(d)~~(2)~~ CONDITIONS OF GRANT.– Applicants ~~for grants~~ under this section shall agree to provide a program which, at a minimum–	(d) CONDITIONS OF GRANT.— Applicants under this section shall agree to provide a program which, at a minimum—	"(d) Conditions of Grant.— Applicants under this section shall agree to provide a program which, at a minimum—	(2) Applicants ~~for grants~~ under this section shall agree to provide a program which, at a minimum–
		(1)~~(A)~~ provides outreach and recruitment for health professions to Indian communities including elementary, secondary and accredited and accessible community colleges ~~located on Indian reservations~~ that will be served by the program;	(1) provides outreach and recruitment for health professions to Indian communities including elementary, secondary, and accredited and accessible community colleges that will be served by the program;	"(1) provides outreach and recruitment for health professions to Indian communities including elementary, secondary, and accredited and accessible community colleges that will be served by the program;	(A) provides outreach and recruitment for health professions to Indian communities including elementary, secondary and accredited and accessible community colleges ~~located on Indian reservations~~ that will be served by the program;
		(2)~~(B)~~ incorporates a program advisory board comprised of representatives from the tribes and communities that will be served by the program;	(2) incorporates a program advisory board comprised of representatives from the tribes and communities that will be served by the program;	"(2) incorporates a program advisory board comprised of representatives from the tribes and communities that will be served by the program;	(B) incorporates a program advisory board comprised of representatives from the Tribes and communities that will be served by the program;
		(3)~~(C)~~ provides summer enrichment programs to expose Indian students to the various ~~varied~~ fields of psychology through research, clinical, and experiential activities;	(3) provides summer enrichment programs to expose Indian students to the various fields of psychology through research, clinical, and experimental activities;	"(3) provides summer enrichment programs to expose Indian students to the various fields of psychology through research, clinical, and experimental activities;	(C) ~~provides summer enrichment programs to expose Indian students to the varied fields of psychology through research, clinical and experimental activities~~
		(4)~~(D)~~ provides stipends to undergraduate and graduate students to pursue a career in psychology;	(4) provides stipends to undergraduate and graduate students to pursue a career in psychology;	"(4) provides stipends to undergraduate and graduate students to pursue a career in psychology;	~~(D)~~ provides stipends to undergraduate and graduate students to pursue a career in psychology;
		(5)~~(E)~~ develops affiliation agreements with tribal ~~community~~ colleges and universities, the Service, university affiliated programs, and other appropriate accredited and accessible entities to enhance the education of Indian students;	(5) develops affiliation agreements with tribal colleges and universities, the Service, university affiliated programs, and other appropriate accredited and accessible entities to enhance the education of Indian students;	"(5) develops affiliation agreements with tribal colleges and universities, the Service, university affiliated programs, and other appropriate accredited and accessible entities to enhance the education of Indian students;	(D) ~~(E)~~ develops affiliation agreements with tribal community colleges, the Service, university affiliated programs, and other appropriate accredited and accessible entities to enhance the education of Indian students;
		(6)~~(F)~~ to the maximum extent feasible, uses ~~utilizes~~ existing university tutoring, counseling and student support services; and	(6) to the maximum extent feasible, uses existing university tutoring, counseling, and student support services; and	"(6) to the maximum extent feasible, uses existing university tutoring, counseling, and student support services; and	(E) ~~(F)~~ to the maximum extent feasible, utilizes existing university tutoring, counseling and student support services; and
		(7)~~(G)~~ to the maximum extent feasible, employs qualified Indians in the program.	(7) to the maximum extent feasible, employs qualified Indians in the program.	"(7) to the maximum extent feasible, employs qualified Indians in the program.	(F) ~~(G)~~ to the maximum extent feasible, employs qualified Indians in the program.
		(e)~~(d)~~ ACTIVE DUTY SERVICE REQUIREMENT.– The active duty service obligation prescribed under section 338C of the Public Health Service Act (42 U.S.C. 254m shall be met by each graduate who receives a stipend described in subsection (d)(4) ~~(c)(2)(D)~~ that is funded ~~by a grant provided~~ under this	(e) ACTIVE DUTY SERVICE REQUIREMENT.— The active duty service obligation prescribed under section 338C of the Public Health Service Act (42 U.S.C. 254m) shall be met by each graduate who receives a stipend described in subsection (d)(4) that is funded under this section. Such obligation shall be met	"(e) Active Duty Service Requirement.— The active duty service obligation prescribed under section 338C of the Public Health Service Act (42 U.S.C. 254m) shall be met by each graduate who receives a stipend described in subsection (d)(4) that is funded under this section. Such obligation shall be met by service—	(d) The active duty service obligation prescribed under section 338C of the Public Health Service Act (42 U.S.C. 254m) shall be met by each graduate who receives a stipend described in subsection (c)(2)(D) that is funded ~~by a grant provided~~ under this section. Such obligation shall be met by service-

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		section. Such obligation shall be met by service–	by service—		
		(1) in ~~the~~ an Indian ~~Health Service~~ health program; ~~(2) in a program conducted under a contract entered into under the Indian elf-Determination Act;~~	(1) in an Indian Health Program;(1) in an Indian Health Program;		
		(2)~~(3)~~ in a program assisted under title V of this Act; or	(2) in a program assisted under title V of this Act; or	"(2) in a program assisted under title V of this Act; or	(3) in a program assisted under title V of this Act; or
		(3)~~(4)~~ in the private practice of psychology if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice is situated in a physician or other health professional shortage area and addresses the health care needs of a substantial number of Indians.	(3) in the private practice of psychology if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice is situated in a physician or other health professional shortage area and addresses the health care needs of a substantial number of Indians.	"(3) in the private practice of psychology if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice is situated in a physician or other health professional shortage area and addresses the health care needs of a substantial number of Indians.	(4) in the private practice of psychology if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice is situated in a physician or other health professional shortage area and addresses the health care needs of a substantial number of Indians.
		(f) AUTHORIZATION OF APPROPRIATIONS.– There is authorized to be appropriated to carry out this section $2,700,000 for fiscal year 2010 and each fiscal year thereafter.	(f) AUTHORIZATION OF APPROPRIATIONS.— There is authorized to be appropriated to carry out this section $2,700,000 for each of fiscal years 2010 through 2025.	"(f) Authorization of Appropriations.— There is authorized to be appropriated to carry out this section $2,700,000 for each of fiscal years 2008 through 2017.	
	See, S. 1790 Sec. 133, which amended §218.	SEC. 218. PREVENTION, CONTROL AND ELIMINATION OF COMMUNICABLE AND INFECTIOUS DISEASES ~~TUBERCULOSIS~~ (a) GRANTS AUTHORIZED.– The Secretary, acting through the Service, and after consultation with the Centers for Disease Control and Prevention, may make grants to Indian tribes and tribal organizations for the following– (1) Projects for the prevention, control and elimination of communicable and infectious diseases, including tuberculosis, hepatitis, HIV, respiratory syncytial virus, hanta virus, sexually transmitted diseases, and H. Pylori.~~;~~ (2) Public information and education programs for the prevention, control, and elimination of ~~tuberculosis; and~~ communicable and infectious diseases. (3) Education, training and clinical skills improvement activities in the prevention, control, and elimination of communicable and infectious diseases ~~tuberculosis~~ for health professionals, including allied health professionals. (4) Demonstration projects for the screening, treatment, and prevention of hepatitis C virus (HCV).	SEC. 211. PREVENTION, CONTROL, AND ELIMINATION OF COMMUNICABLE AND INFECTIOUS DISEASES. (a) GRANTS AUTHORIZED.— The Secretary, acting through the Service, and after consultation with the Centers for Disease Control and Prevention, may make grants available to Indian Tribes, Tribal Organizations, and urban Indian organizations for the following: (1) Projects for the prevention, control, and elimination of communicable and infectious diseases, including tuberculosis, hepatitis, HIV, respiratory syncytial virus, hanta virus, sexually transmitted diseases, and H. Pylori. (2) Public information and education programs for the prevention, control, and elimination of communicable and infectious diseases. (3) Education, training, and clinical skills improvement activities in the prevention, control, and elimination of communicable and infectious diseases for health professionals, including allied health professionals. (4) Demonstration projects for the screening, treatment, and prevention of hepatitis C virus (HCV).	"SEC. 212. PREVENTION, CONTROL, AND ELIMINATION OF COMMUNICABLE AND INFECTIOUS DISEASES. "(a) Grants Authorized.— The Secretary, acting through the Service, and after consultation with the Centers for Disease Control and Prevention, may make grants available to Indian Tribes and Tribal Organizations for the following: "(1) Projects for the prevention, control, and elimination of communicable and infectious diseases, including tuberculosis, hepatitis, HIV, respiratory syncytial virus, hanta virus, sexually transmitted diseases, and H. Pylori. "(2) Public information and education programs for the prevention, control, and elimination of communicable and infectious diseases. "(3) Education, training, and clinical skills improvement activities in the prevention, control, and elimination of communicable and infectious diseases for health professionals, including allied health professionals. "(4) Demonstration projects for the screening, treatment, and prevention of hepatitis C virus (HCV).	PREVENTION, CONTROL AND ELIMINATION OF ~~TUBERCULOSI~~S. COMMUNICABLE AND INFECTIOUS DISEASES SEC. 212 ~~218~~. (a) The Secretary, acting through the Service after consultation with Indian Tribes, tribal organizations, and urban Indian organizations, and the Centers for Disease Control and Prevention, may make ~~grants~~ funding available to Indian Tribes and tribal organizations for– (1) projects for the prevention, control and elimination of communicable and infectious diseases including, but not limited to, tuberculosis, hepatitis, HIV, respiratory syncitial virus, hanta virus, sexually transmitted diseases, and H. Pylori; (2) public information and education programs for the prevention, control, and elimination of communicable and infectious diseases ~~tuberculosis~~; and (3) education, training and clinical skills improvement activities in the prevention, control, and elimination of ~~tuberculosis~~ communicable and infectious diseases for health professionals, including allied health professionals.
		(b) APPLICATION REQUIRED.– The Secretary may ~~make a grant~~ provide funding under subsection (a) only if an application or proposal for funding ~~for the~~	(b) APPLICATION REQUIRED.— The Secretary may provide funding under subsection (a) only if an application or proposal for funding is submitted to the	"(b) Application Required.— The Secretary may provide funding under subsection (a) only if an application or proposal for funding is submitted to the	(b) The Secretary may ~~make a grant~~ provide funding under subsection (a) only if an application or proposal for ~~the grant~~ funding is submitted to the Secretary.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~grant~~ is submitted to the Secretary. ~~and the application is in such form, is made in such manner, and contains the assurances required by subsection (c) and such other agreements, assurances, and information as the Secretary may require.~~	Secretary.	Secretary.	
		(c) COORDINATION WITH HEALTH AGENCIES.– ~~To be eligible for grant under subsection (a), and applicant must provide assurances satisfactory to the Secretary that–~~ ~~(1) the applicant will~~ Indian tribes and tribal organizations receiving funding under this section are encouraged to coordinate ~~its~~ their activities ~~for prevention, control and elimination of tuberculosis~~ with ~~activities of~~ the Centers for Disease Control and Prevention~~,~~ and State and local health agencies.~~; and~~ ~~(2) the applicant will submit to the Secretary an annual report on its activities for the prevention, control, and elimination of tuberculosis.~~	(c) COORDINATION WITH HEALTH AGENCIES.— Indian Tribes, Tribal Organizations, and urban Indian organizations receiving funding under this section are encouraged to coordinate their activities with the Centers for Disease Control and Prevention and State and local health agencies.	"(c) Coordination With Health Agencies.— Indian Tribes and Tribal Organizations receiving funding under this section are encouraged to coordinate their activities with the Centers for Disease Control and Prevention and State and local health agencies.	(c) ~~to be eligible for grant under subsection (a), and applicant must provide assurances satisfactory to the Secretary that–~~ Indian Tribes and tribal organizations receiving funding under this section are encouraged to coordinate their activities with the Centers for Disease Control, and State and local health agencies. ~~(1) the applicant will coordinate its activities for prevention, control and elimination of tuberculosis with activities of the Centers for Disease Control, and State and local health agencies; and~~ ~~(2) the applicant will submit to the Secretary an annual report on its activities for the prevention, control, and elimination of tuberculosis.~~
		(d) Technical Assistance; Report.– In carrying out this section, the Secretary– ~~(1) shall establish criteria for the review and approval of applications for grants under subsection (a), including requirement of public health qualifications of applicants;~~ ~~(2) shall, subject to available appropriations, make at least one grant under subsection (a) with each area office;~~ (1)~~(3)~~ may, at the request of an Indian tribe or tribal organization, provide technical assistance; and (2)~~(4)~~ shall prepare and submit a report to Congress ~~the Committee on Energy and Commerce and the Committee on Interior and Insular Affairs of the House and the Select Committee on Indian Affairs of the Senate not later than February 1, 1994, and~~ biennially ~~thereafter,~~ on the use of funds under this section and on the progress made toward the prevention, control, and elimination of communicable and infectious diseases ~~tuberculosis~~ among ~~Indian tribes and tribal organizations~~ Indians and urban Indians. ~~(e) The Secretary may, at the request of a recipient of a grant under subsection (a), reduce the amount of such grant by–~~ ~~(1) the fair market value of any supplies or equipment furnished the grant recipient; and~~ ~~(2) the amount of the pay, allowances, and travel expenses of any~~	(d) TECHNICAL ASSISTANCE; REPORT.— In carrying out this section, the Secretary— (1) may, at the request of an Indian Tribe, Tribal Organization, or urban Indian organization, provide technical assistance; and (2) shall prepare and submit a report to Congress biennially on the use of funds under this section and on the progress made toward the prevention, control, and elimination of communicable and infectious diseases among Indians and Urban Indians.	"(d) Technical Assistance; Report.— In carrying out this section, the Secretary— "(1) may, at the request of an Indian Tribe or Tribal Organization, provide technical assistance; and "(2) shall prepare and submit a report to Congress biennially on the use of funds under this section and on the progress made toward the prevention, control, and elimination of communicable and infectious diseases among Indians and urban Indians.	(d) In carrying out this section, the Secretary– ~~(1) shall establish criteria for the review and approval of applications for grants under subsection (a), including requirement of public health qualifications of applicants;~~ ~~(2) shall, subject to available appropriations, make at least one grant under subsection (a) with each area office;~~ (~~3~~1) may, at the request of an Indian Tribe or tribal organization, provide technical assistance; and (~~4~~2) shall prepare and submit a report to the Congress ~~Committee on Energy and Commerce and the Committee on Interior and Insular Affairs of the House and the Select Committee on Indian Affairs of the Senate not later than February 1, 1994, and~~ biennially ~~thereafter~~, on the use of funds under this section and on the progress made toward the prevention, control, and elimination of ~~tuberculosis~~ communicable and infectious diseases among Indians ~~Tribes~~ and urban Indians ~~tribal organizations~~. ~~(e) The Secretary may, at the request of a recipient of a grant under subsection (a), reduce the amount of such grant by–~~ ~~(1) the fair market value of any supplies or equipment furnished the grant recipient; and~~ ~~(2) the amount of the pay, allowances, and travel expenses of any~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~officer or employee of the Government when detailed to the grant recipient and the amount of any other costs incurred in connection with the detail of such officer or employee,~~ ~~when the furnishing of such supplies or equipment or the detail of such an officer or employee is for the convenience of and at the request of such grant recipient and for the purpose of carrying out a program with respect to which the grant under subsection 9a) is made. The amount by which any such grant is so reduced shall be available for payment by the Secretary of the costs incurred in furnishing the supplies or equipment, or in detailing the personnel, on which the reduction of such grant is based, and such amount shall be deemed as part of the grant and shall be deemed to have been paid to the grant recipient.~~			~~officer or employee of the Government when detailed to the grant recipient and the amount of any other costs incurred in connection with the detail of such officer or employee,~~ ~~when the furnishing of such supplies or equipment or the detail of such an officer or employee is for the convenience of and at the request of such grant recipient and for the purpose of carrying out a program with respect to which the grant under subsection 9a) is made. The amount by which any such grant is so reduced shall be available for payment by the Secretary of the costs incurred in furnishing the supplies or equipment, or in detailing the personnel, on which the reduction of such grant is based, and such amount shall be deemed as part of the grant and shall be deemed to have been paid to the grant recipient.~~
	S.1790 did not change CL § 219.	CONTRACT HEALTH SERVICES PAYMENT STUDY SEC. 219. (a) The Secretary, acting through the Service and in consultation with representatives of Indian tribes and tribal organizations operating contract health care programs under the Indian Self-Determination Act (25 U.S.C. 450f et seq.) Or under self-governance compacts, Service personnel, private contract health services providers, the Indian Health Service Fiscal Intermediary, and other appropriate experts, shall conduct a study– (1) to assess and identify administrative barriers that hinder the timely payment for services delivered by private contract health services providers to individual Indians by the Service and the Indian Health Service Fiscal Intermediary; (2) to assess and identify the impact of such delayed payments upon the personal credit histories of individual Indians who have been treated by such providers; and (3) to determine the most efficient and effective means of improving the Service's contract health services payment system and ensuring the development of appropriate consumer protection policies to protect individual Indians who receive authorized services from private contract health services providers from billing and collection practices, including the development of materials and programs explaining patients' rights and responsibilities. (b) The study required by subsection			~~CONTRACT HEALTH SERVICES PAYMENT STUDY~~ ~~Sec. 219. (a) The Secretary, acting through the Service and in consultation with representatives of Indian Tribes and tribal organizations operating contract health care programs under the Indian Self-Determination Act (25 U.S.C. 450f et seq.) Or under self-governance compacts, Service personnel, private contract health services providers, the Indian Health Service Fiscal Intermediary, and other appropriate experts, shall conduct a study–~~ ~~(1) to assess and identify administrative barriers that hinder the timely payment for services delivered by private contract health services providers to individual Indians by the Service and the Indian Health Service Fiscal Intermediary.~~ ~~(2) to assess and identify the impact of such delayed payments upon the personal credit histories of individual Indians who have been treated by such providers; and~~ ~~(3) to determine the most efficient and effective means of improving the Service's contract health service payment system and ensuring the development of appropriate consumer protection policies to protect individual Indians who receive authorized services from private contract health services providers from billing and collection practices, including the development of materials and programs explaining patients' rights and responsibilities.~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		(a) shall– (1) assess the impact of the existing contract health services regulations and policies upon the ability of the Service and the Indian Health Service Fiscal Intermediary to process, on a timely and efficient basis, the payment of bills submitted by private contract health services providers; (2) assess the financial and any other burdens imposed upon individual Indians and private contract health services providers by delayed payments; (3) survey the policies and practices of collection agencies used by contract health services providers to collect payments for services rendered to individual Indians; (4) identify appropriate changes in Federal policies, administrative procedures, and regulations, to eliminate the problems experienced by private contract health services providers and individual Indians as a result of delayed payments; and (5) compare the Service's payment processing requirements with private insurance claims processing requirements to evaluate the systemic differences or similarities employed by the Service and private insurers. (c) Not later than 12 months after the date of the enactment of this section, the Secretary shall transmit to the Congress a report that includes– (1) a detailed description of the study conducted pursuant to this section; and (2) a discussion of the findings and conclusions of such study.			~~(b) The study required by subsection (a) shall - -~~ ~~(1) assess the impact of the existing contract health services regulations and policies upon the ability of the Service and the Indian Health Service Intermediary to process, on a timely and efficient basis, the payment of bills submitted by private contract health services providers;~~ ~~(2) assess the financial and any other burdens imposed upon individual Indians and private contract health services providers by delayed payments;~~ ~~(3) survey the polices and practices of collection agencies used by contract health services providers to collect payments for services rendered to individual Indians;~~ ~~(4) identify appropriate changes in federal policies, administrative procedures, and regulations, to eliminate the problems experienced by private contract health services providers and individual Indians as a result of delayed payments; and~~ ~~(5) compare the Service's payment processing requirements with private insurance claims processing requirement to evaluate the systemic differences or similarities employed by the Service and private insurers.~~ ~~(c) Not later than 12 months after the date of the enactment of this section, the Secretary shall transmit to the Congress a report that includes- -~~ ~~(1) a detailed description of the study conducted pursuant to this section; and~~ ~~(2) a discussion of the findings and conclusions of such study.~~
	S.1790 did not change CL § 220.	PROMPT ACTION ON PAYMENT OF CLAIMS SEC. 220. (a) The Service shall respond to a notification of a claim by a provider of a contract care service with either an individual purchase order or a denial of the claim within 5 working days after the receipt of such notification. (b) If the Service fails to respond to a notification of a claim in accordance with subsection (a), the Service shall accept as valid the claim submitted by the provider of a contract care service. (c) The Service shall pay a completed contract care service claim with 30 days after completion of the claim.	SEC. 223. PROMPT ACTION ON PAYMENT OF CLAIMS. (a) DEADLINE FOR RESPONSE.— The Service shall respond to a notification of a claim by a provider of a contract care service with either an individual purchase order or a denial of the claim within 5 working days after the receipt of such notification. (b) EFFECT OF UNTIMELY RESPONSE.— If the Service fails to respond to a notification of a claim in accordance with subsection (a), the Service shall accept as valid the claim submitted by the provider of a contract care service. (c) DEADLINE FOR PAYMENT OF VALID CLAIM.— The Service shall pay a valid contract care service claim within 30 days after the completion of the claim.	"SEC. 223. PROMPT ACTION ON PAYMENT OF CLAIMS. "(a) Deadline for Response.— The Service shall respond to a notification of a claim by a provider of a contract care service with either an individual purchase order or a denial of the claim within 5 working days after the receipt of such notification. "(b) Effect of Untimely Response.— If the Service fails to respond to a notification of a claim in accordance with subsection (a), the Service shall accept as valid the claim submitted by the provider of a contract care service. "(c) Deadline for Payment of Valid Claim.— The Service shall pay a valid contract care service claim within 30 days after the completion of the claim.	PROMPT ACTION ON PAYMENT OF CLAIMS Sec. 223 ~~220~~ (a) The Service shall respond to a notification of a claim by a provider of a contract care service with either an individual purchase order or a denial of the claim within 5 working days after the receipt of such notification. (b) If the Service fails to respond to a notification of a claim in accordance with subsection (a), the Service shall accept as valid the claim submitted by the provider of a contract care service. (c) The Service shall pay a valid ~~completed~~ contract care service claim within 30 days after completion of the claim.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	See, S. 1790 RS Sec. 134(a), which struck CL §221 and replaced it with provision in next row.	~~DEMONSTRATION OF ELECTRONIC CLAIMS PROCESSING~~ ~~SEC. 221. (a) Not later than June 15, 1993, the Secretary shall develop and implement, directly or by contract, 2 projects to demonstrate in a pilot setting the use of claims processing technology to improve the accuracy and timeliness of the billing for, and payment of, contract health services.~~ ~~(b) The Secretary shall conduct one of the projects authorized in subsection (a) in the Service area served by the area office located in Phoenix, Arizona.~~			~~DEMONSTRATION OF ELECTRONIC CLAIMS PROCESSING~~ ~~SEC. 221. (a) Not later than June 15, 1993, the Secretary shall develop and implement, directly or by contract, 2 projects to demonstrate in a pilot setting the use of claims processing technology to improve the accuracy and timeliness of the billing for, and payment of, contract health services.~~ ~~(b) The Secretary shall conduct one of the projects authorized in subsection (a) in the Service area served by the area office located in Phoenix, Arizona.~~
	See, S. 1790 RS Sec. 134(a), which added a new §221.	SEC. 221. LICENSING. "Licensed health professionals employed by a tribal health program shall be exempt, if licensed in any State, from the licensing requirements of the State in which the tribal health program performs the services described in the contract or compact of the tribal health program under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).	SEC. 221. LICENSING. ''Licensed health care professionals employed by a Tribal Health Program shall, if licensed in any State, be exempt from the licensing requirements of the State in which the Tribal Health Program performs the services described in its contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) while performing such services.	"SEC. 221. LICENSING. "Health care professionals employed by a Tribal Health Program shall, if licensed in any State, be exempt from the licensing requirements of the State in which the Tribal Health Program performs the services described in its contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).	LICENSING Sec. 221. Health care professionals employed by Indian Tribes and tribal organizations to carry out agreements under the Indian Self-Determination and Education Assistance Act, shall, if licensed in any other State, be exempt from the licensing requirements of the State in which the agreement is performed.
x	S.1790 did not change CL § 222. RS Sec. 135 amended §222, as noted.	SEC. 222. LIABILITY FOR PAYMENT. (a) NO PATIENT LIABILITY.– A patient who receives contract health care services that are authorized by the Service shall not be liable for the payment of any charges or costs associated with the provision of such services. (b) NOTIFICATION. The Secretary shall notify a contract care provider and any patient who receives contract health care services authorized by the Service that such patient is not liable for the payment of any charges or costs associated with the provision of such services not later than 5 business days after receipt of a notification of a claim by a provider of contract care services. (c) NO RECOURSE.– Following receipt of the notice provided under subsection (b), or, if a claim has been deemed accepted under section 220(b), the provider shall have no further recourse against the patient who received the services.	SEC. 224. LIABILITY FOR PAYMENT. (a) NO PATIENT LIABILITY.— A patient who receives contract health care services that are authorized by the Service shall not be liable for the payment of any charges or costs associated with the provision of such services. (b) NOTIFICATION.— The Secretary shall notify a contract care provider and any patient who receives contract health care services authorized by the Service that such patient is not liable for the payment of any charges or costs associated with the provision of such services not later than 5 business days after receipt of a notification of a claim by a provider of contract care services. (c) NO RECOURSE.— Following receipt of the notice provided under subsection (b), or, if a claim has been deemed accepted under section 224(b), the provider shall have no further recourse against the patient who received the services.	"SEC. 224. LIABILITY FOR PAYMENT. "(a) No Patient Liability.— A patient who receives contract health care services that are authorized by the Service shall not be liable for the payment of any charges or costs associated with the provision of such services. "(b) Notification.— The Secretary shall notify a contract care provider and any patient who receives contract health care services authorized by the Service that such patient is not liable for the payment of any charges or costs associated with the provision of such services not later than 5 business days after receipt of a notification of a claim by a provider of contract care services. "(c) No Recourse.— Following receipt of the notice provided under subsection (b), or, if a claim has been deemed accepted under section 223(b), the provider shall have no further recourse against the patient who received the services.	LIABILITY FOR PAYMENT Sec. 224 ~~222~~ (a) A patient who receives contract health care services that are authorized by the Service shall not be liable for the payment of any charges or costs associated with the provision of such services. (b) The Secretary shall notify a contract care provider and any patient who receives contract health care services authorized by the Service that such patient is not liable for the payment of any charges or costs associated with the provision of such services. (c) Following receipt of the notice provided by subsection (a) of this section, or, if a claim has been deemed accepted under section 223(b), the provider shall have no further recourse against the patient who received the services.
	See, S. 1790 RS Sec. 136, which amended § 223.	SEC. 223. OFFICES OF INDIAN MEN'S HEALTH AND WOMEN'S HEALTH CARE			
		(a) OFFICE OF INDIAN MEN'S HEALTH.— "(1) ESTABLISHMENT.—The Secretary may establish within the Service an office, to be known as the 'Office of Indian Men's Health'.	SEC. 225. OFFICE OF INDIAN MEN'S HEALTH. (a) ESTABLISHMENT.— The Secretary may establish within the Service an office to be known as the 'Office of Indian	"SEC. 225. OFFICE OF INDIAN MEN'S HEALTH. "(a) Establishment.— The Secretary may establish within the Service an office to be known as the 'Office of Indian Men's	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		"(2) DIRECTOR.— "(A) IN GENERAL.—The Office of Indian Men's Health shall be headed by a director, to be appointed by the Secretary. "(B) DUTIES.—The director shall coordinate and promote the health status of Indian men in the United States. "(3) REPORT.—Not later than 2 years after the date of enactment of the Indian Health Care Improvement Reauthorization and Extension Act of 2009, the Secretary, acting through the Service, shall submit to Congress a report describing— "(A) any activity carried out by the director as of the date on which the report is prepared; and "(B) any finding of the director with respect to the health of Indian men.	Men's Health' (referred to in this section as the 'Office'). (b) DIRECTOR.— (1) IN GENERAL.— The Office shall be headed by a director, to be appointed by the Secretary. (2) DUTIES.— The director shall coordinate and promote the status of the health of Indian men in the United States. (c) REPORT.— Not later than 2 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2009, the Secretary, acting through the director of the Office, shall submit to Congress a report describing— " (1) any activity carried out by the director as of the date on which the report is prepared; and (2) any finding of the director with respect to the health of Indian men.	Health' (referred to in this section as the 'Office'). "(b) Director.— "(1) IN GENERAL.— The Office shall be headed by a director, to be appointed by the Secretary. "(2) DUTIES.— The director shall coordinate and promote the status of the health of Indian men in the United States. "(c) Report.— Not later than 2 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary, acting through the director of the Office, shall submit to Congress a report describing— "(1) any activity carried out by the director as of the date on which the report is prepared; and "(2) any finding of the director with respect to the health of Indian men.	
		(b) OFFICE OF INDIAN WOMEN'S HEALTH. ~~There is~~ The Secretary, acting through the Service, shall establish~~ed within the Service~~ an office, to be known as the 'Office of Indian Women's Health' ~~Care~~ to oversee efforts of the Service to monitor and improve the quality of health care for Indian women (including urban Indian women) of all ages through the planning and delivery of programs administered by the Service, in order to improve and enhance the treatment models of care for Indian women.	SEC. 213. INDIAN WOMEN'S HEALTH CARE. ''The Secretary, acting through the Service, shall monitor and improve the quality of health care for Indian women of all ages through the planning and delivery of programs administered by the Service, in order to improve and enhance the treatment models of care for Indian women.	"Sec. 214. INDIAN WOMEN'S HEALTH CARE. "The Secretary, acting through the Service and Indian Tribes, Tribal Organizations, and urban Indian organizations, shall monitor and improve the quality of health care for Indian women of all ages through the planning and delivery of programs administered by the Service, in order to improve and enhance the treatment models of care for Indian women.	SEC. 214 ~~223~~. ~~OFFICE OF~~ INDIAN WOME N'S HEALTH CARE ~~There is established within the Service an Office of Indian Women's Health Care to oversee efforts of the Service~~ The Secretary, acting through the Service, Indian Tribes, and tribal organizations and urban Indian organizations, shall provide funding to monitor and improve the quality of health care for Indian women of all ages through the planning and delivery of programs administered by the Service, in order to improve and enhance the treatment models of care for Indian women.
	See, S. 1790 Sec. 101(b)(5), which repealed § 224.	~~AUTHORIZATION OF APPROPRIATIONS~~ ~~SEC. 224. Except as provided in sections 209(m), 211, 213, 214(b)(5), 215, and 216, there are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2000 to carry out this title.~~	SEC. 227. AUTHORIZATION OF APPROPRIATIONS. ''There are authorized to be appropriated such sums as may be necessary to carry out this title.	"SEC. 226. AUTHORIZATION OF APPROPRIATIONS. "There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out this title.	AUTHORIZATION OF APPROPRIATIONS SEC. 225 ~~224~~. ~~Except as provided in sections 209(m), 211, 213, 214(b)(5), 215, and 216, t~~There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year ~~2000~~ 2012 to carry out this title.
	S.1790 did not change CL § 225.	Sec. 225. LIMITATION ON USE OF FUNDS. Amounts appropriated to carry out this title may not be used in a manner inconsistent with the Assisted Suicide Funding Restriction Act of 1997.			
x	See, S. 1790 IS Sec. 131, added a new §226, Contract Health Service Disbursement Formula. RS Sec. 137 struck the new section and inserted a replacement, as shown.	SEC. . 226. CONTRACT HEALTH SERVICE ADMINISTRATION AND DISBURSEMENT FORMULA. (a) SUBMISSION OF REPORT.– As soon as practicable after the date of the Indian Health Care Improvement Reauthorization and Extension Act of 2009, the Comptroller General of the United States			

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		shall submit to the Secretary, the Committee on Indian Affairs of the Senate, and the Committee on Natural Resources of the House of Representatives, and make available to each Indian tribe, a report describing the results of the study of the Comptroller General regarding the funding of the contract health service program (including historic funding levels and arecommendation of the funding level needed for the program) and the administration of the contract health service program (including the distribution of funds pursuant to the program), as requested by Congress in March 2009, or pursuant to section 830. (b) CONSULTATION WITH TRIBES.– On receipt of the report under subsection (a), the Secretary shall consult with Indian tribes regrding the contract health service program, including the distribution of funds pursuant to the program– (1) to determine whether the current distribution formula would require modification if the contract health service program were funded at the level recommended by the Comptroller General; (2) to identify any inequities in the current distribution formula under the current funding level or inequitable results for any Indian tribe under the funding level recommended by the Comptroller General; (3) to identify an areas of program administration that may result in the inefficient or ineffective management of the program; and (4) to identify any other issues nad recommendations to improve the administration of the contract health services program and correct any unfair results or funding disparities identified under paragraph (2). (c) SUBSEQUENT ACTION BY SECRETARY.– If, after consultation with Indian tribes under subsection (b), the Secretary determines that any issue described in subsection (b)(2) exists, the Secretary may initiate procedures under subchapter III of chapter 5 of title 5, United States Code, to negotiate or promulgate regulations to establish a disbursement formula for the contract health service program funding.			
		TITLE III – HEALTH FACILITIES	TITLE III— FACILITIES	"TITLE III— FACILITIES	TITLE III – ~~HEALTH~~ FACILITIES
x	S.1790 as introduced did not change CL § 301. RS Sec. 141 amended	CONSULTATION; CLOSURE OF FACILITIES; REPORTS	SEC. 301. CONSULTATION; CONSTRUCTION AND RENOVATION	"SEC. 301. CONSULTATION; CONSTRUCTION AND RENOVATION	CONSULTATION; CONSTRUCTION AND RENOVATION ~~CLOSURE~~ OF

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	§301(c), as noted.	Sec. 301. (a) Prior to the expenditure of, or the making of any firm commitment to expend, any funds appropriated for the planning, design, construction, or renovation of facilities pursuant to the Act of November 2, 1921 (25 U.S.C. 13), popularly known as the Snyder Act, the Secretary, acting through the Service, shall– (1) consult with any Indian tribe that would be significantly affected by such expenditure for the purpose of determining and, whenever practicable, honoring tribal preferences concerning size, location, type, and other characteristics of any facility on which such expenditure is to be made, and (2) ensure, whenever practicable, that such facility meets the standards of the Joint Commission on Accreditation of Health Care Organizations by not later than 1 year after the date on which the construction or renovation of such facility is completed.	OF FACILITIES; REPORTS. (a) PREREQUISITES FOR EXPENDITURE OF FUNDS.— Prior to the expenditure of, or the making of any binding commitment to expend, any funds appropriated for the planning, design, construction, or renovation of facilities pursuant to the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, shall— (1) consult with any Indian Tribe that would be significantly affected by such expenditure for the purpose of determining and, whenever practicable, honoring tribal preferences concerning size, location, type, and other characteristics of any facility on which such expenditure is to be made; and (2) ensure, whenever practicable and applicable, that such facility meets the construction standards of any accrediting body recognized by the Secretary for the purposes of the Medicare, Medicaid, and SCHIP programs under titles XVIII, XIX, and XXI of the Social Security Act by not later than 1 year after the date on which the construction or renovation of such facility is completed.	OF FACILITIES; REPORTS. "(a) Prerequisites for Expenditure of Funds.— Prior to the expenditure of, or the making of any binding commitment to expend, any funds appropriated for the planning, design, construction, or renovation of facilities pursuant to the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, shall— "(1) consult with any Indian Tribe that would be significantly affected by such expenditure for the purpose of determining and, whenever practicable, honoring tribal preferences concerning size, location, type, and other characteristics of any facility on which such expenditure is to be made; and "(2) ensure, whenever practicable and applicable, that such facility meets the construction standards of any accrediting body recognized by the Secretary for the purposes of the Medicare, Medicaid, and SCHIP programs under titles XVIII, XIX, and XXI of the Social Security Act by not later than 1 year after the date on which the construction or renovation of such facility is completed.	FACILITIES; REPORTS Sec. 301. (a) Prior to the expenditure of, or the making of any firm commitment to expend, any funds appropriated for the planning, design, construction, or renovation of facilities pursuant to the Act of November 2, 1921 (25 U.S.C. 13), popularly known as the Snyder Act, the Secretary, acting through the Service, shall– (1) consult with any Indian Tribe that would be significantly affected by such expenditure for the purpose of determining and, whenever practicable, honoring tribal preferences concerning size, location, type, and other characteristics of any facility on which such expenditure is to be made, and (2) ensure, whenever practicable, that such facility meets the construction standards of any nationally recognized accrediting body ~~the Joint Commission on Accreditation of Health Care Organizations~~ by not later than 1 year after the date on which the construction or renovation of such facility is completed.
	E = 2708; R=S. 1200. *Note:* CL requires notice prior to closure of a portion of a facility, which is not required in 2708.	(b) (1) Notwithstanding any provision of law other than this subsection, no Service hospital or outpatient health care facility of the Service, or any portion of such a hospital or facility, may be closed if the Secretary has not submitted to the Congress at least 1 year prior to the date such hospital or facility (or portion thereof) is proposed to be closed an evaluation of the impact of such proposed closure which specifies, in addition to other considerations--	(b) CLOSURES.— (1) EVALUATION REQUIRED.— Notwithstanding any other provision of law, no facility operated by the Service may be closed if the Secretary has not submitted to Congress, not less than 1 year and not more than 2 years before the date of the proposed closure, an evaluation, completed not more than 2 years before such submission, of the impact of the proposed closure that specifies, in addition to other considerations—	"(b) Closures and Reductions in Hours of Service.— "(1) EVALUATION REQUIRED.— Notwithstanding any other provision of law, no facility operated by the Service, or any portion of such facility, may be closed or have the hours of service of the facility reduced if the Secretary has not submitted to Congress not less than 1 year, and not more than 2 years, before the date of the proposed closure or reduction in hours of service an evaluation, completed not more than 2 years before the submission, of the impact of the proposed closure or reduction in hours of service that specifies, in addition to other considerations—	(b)(1) Notwithstanding any provision of law other than this subsection, no Service hospital or outpatient health care facility ~~of the Service~~ or any inpatient service or special care facility operated by the Service may be closed if the Secretary has not submitted to the Congress at least 1 year prior to the date of such ~~hospital or facility (or portion thereof) is~~ proposed ~~to be closed~~ closure an evaluation of the impact of such proposed closure which specifies, in addition to other considerations–
	Note: S. 1200 also required notice o reductions in the hours of service.	(A) the accessibility of alternative health care resources for the population served by such hospital or facility; (B) the cost effectiveness of such closure; (C) the quality of health care to be provided to the population served by such hospital or facility after such closure; (D) the availability of contract health care funds to maintain existing levels of service; (E) the views of the Indian tribes served by such hospital or facility	(A) the accessibility of alternative health care resources for the population served by such facility; (B) the cost-effectiveness of such closure; (C) the quality of health care to be provided to the population served by such facility after such closure; (D) the availability of contract health care funds to maintain existing levels of service; (E) the views of the Indian Tribes served by such facility concerning such closure; (F) the level of use of such facility by all	"(A) the accessibility of alternative health care resources for the population served by such facility; "(B) the cost-effectiveness of such closure or reduction in hours of service; "(C) the quality of health care to be provided to the population served by such facility after such closure or reduction in hours of service; "(D) the availability of contract health care funds to maintain existing levels of service; "(E) the views of the Indian Tribes served	(A) the accessibility of alternative health care resources for the population served by such hospital or facility; (B) the cost effectiveness of such closure; (C) the quality of health care to be provided to the population served by such hospital or facility after such closure; (D) the availability of contract health care funds to maintain existing levels of service; (E) the views of the Indian Tribes served by such hospital or facility

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		concerning such closure.; (F) the level of utilization of such hospital or facility by all eligible Indians; and (G) the distance between such hospital or facility and the nearest operating Service hospital. (2) Paragraph (1) shall not apply to any temporary closure of a facility or any portion of a facility if such closure is necessary for medical, environmental, or safety reasons.	eligible Indians; and (G) the distance between such facility and the nearest operating Service hospital. (2) EXCEPTION FOR CERTAIN TEMPORARY CLOSURES.— Paragraph (1) shall not apply to any temporary closure of a facility or any portion of a facility if such closure is necessary for medical, environmental, or construction safety reasons.	by such facility concerning such closure or reduction in hours of service; "(F) the level of use of such facility by all eligible Indians; and "(G) the distance between such facility and the nearest operating Service hospital. "(2) EXCEPTION FOR CERTAIN TEMPORARY CLOSURES AND REDUCTIONS.— Paragraph (1) shall not apply to any temporary closure or reduction in hours of service of a facility or any portion of a facility if such closure or reduction in hours of service is necessary for medical, environmental, or construction safety reasons.	concerning such closure; (F) the level of utilization of such hospital or facility by all eligible Indians; and (G) the distance between such hospital or facility and the nearest operating Service hospital. (2) Paragraph (1) shall not apply to any temporary closure of a facility or any portion of a facility if such closure is necessary for medical, environmental, or construction safety reasons.
x	S.1790 IS did not change CL § 301. RS Sec.141 amended §301 by adding a new (c) - (f) and renumbering (d) as (g) as noted. Same as R &E..	(c) HEALTH CARE FACILITY PRIORITY SYSTEM.– (1) IN GENERAL.– (A) PRIORITY SYSTEM.– The Secretary, acting through the Service, shall maintain a health care facility priority system, which– (i) shall be developed in consultation with Indian tribes and tribal organizations; (ii) shall give Indian Tribes' needs the highest priority; (iii)(I) may include the lists required in paragraph (2)(B)(ii); and (II) shall include the methodology required in paragraph (2)(B)(v); and (III) may include such health care facilities, and such renovation or expansion needs of any health care facility, as the Service may identify; and (iv) shall provide an opportunity for the nomination of planning, design, and construction projects by the Service, Indian tribes, and tribal organizations for consideration under the priority system at least once every 3 years, or more frequently as the Secretary determines to be appropriate.	(c) HEALTH CARE FACILITY PRIORITY SYSTEM.— (1) IN GENERAL.— (A) PRIORITY SYSTEM.— The Secretary, acting through the Service, shall maintain a health care facility priority system, which— (i) shall be developed in consultation with Indian Tribes and Tribal Organizations; (ii) shall give Indian Tribes' needs the highest priority; (iii)(I) may include the lists required in paragraph (2)(B)(ii); and (II) shall include the methodology required in paragraph (2)(B)(v); and (III) may include such other facilities, and such renovation or expansion needs of any health care facility, as the Service, Indian Tribes, and Tribal Organizations may identify; and (iv) shall provide an opportunity for the nomination of planning, design, and construction projects by the Service, Indian Tribes, and Tribal Organizations for consideration under the priority system at least once every 3 years, or more frequently as the Secretary determines to be appropriate.	"(c) Health Care Facility Priority System.— "(1) IN GENERAL.— "(A) PRIORITY SYSTEM.— The Secretary, acting through the Service, shall maintain a health care facility priority system, which— "(i) shall be developed in consultation with Indian Tribes and Tribal Organizations; "(ii) shall give Indian Tribes' needs the highest priority; "(iii)(I) may include the lists required in paragraph (2)(B)(ii); and "(II) shall include the methodology required in paragraph (2)(B)(v); and "(III) may include such health care facilities, and such renovation or expansion needs of any health care facility, as the Service may identify; and "(iv) shall provide an opportunity for the nomination of planning, design, and construction projects by the Service, Indian Tribes, and Tribal Organizations for consideration under the priority system at least once every 3 years, or more frequently as the Secretary determines to be appropriate.	(c)(1) The Secretary shall establish a health care facility priority system, which shall— (A) be developed with Indian Tribes and tribal organizations by negotiated rulemaking under Section 802; (B) give Indian Tribes' needs the highest priority, and (C) at a minimum, include the lists required in paragraph (2)(B) and the methodology required in paragraph (2)(E) of this subsection;
x	S. 1790 IS did not amend §301. RS Sec. 141 amended CL as noted.	(c)(1)(B)~~(c)(4)~~ NEEDS OF FACILITIES UNDER ISDEAA AGREEMENTS.– The Secretary shall ensure that the planning, design, construction, ~~and~~ renovation, and expansion needs of Service and non-Service facilities operated under ~~which are the subject of a~~ contracts or compacts in accordance with ~~for health services entered into with the Service, under~~ the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) are fully and equitably integrated into the ~~development of~~ the health care facility priority system.	(c)(1)(B) NEEDS OF FACILITIES UNDER ISDEAA AGREEMENTS.— The Secretary shall ensure that the planning, design, construction, renovation, and expansion needs of Service and non-Service facilities operated under contracts or compacts in accordance with the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) are fully and equitably integrated into the health care facility priority system.	(c)(1)(B) NEEDS OF FACILITIES UNDER ISDEAA AGREEMENTS.— The Secretary shall ensure that the planning, design, construction, renovation, and expansion needs of Service and non-Service facilities operated under contracts or compacts in accordance with the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) are fully and equitably integrated into the health care facility priority system.	(c)(5)~~(4)~~ The Secretary shall ensure that the planning, design, construction, and renovation needs of Service and non-Service facilities, operated under funding agreements ~~which are the subject of a contract for health services entered into with the Service, under~~ in accordance with the Indian Self-Determination and Education Assistance Act, are fully and equitably integrated into the ~~development of the~~ health care facility priority system.
x	S. 1790 IS did not	(C) ~~(c)(3)~~ CRITERIA FOR EVALUATING	(c)(1)(C) CRITERIA FOR	(c)(1)(C) CRITERIA FOR EVALUATING	(c) (4)~~(3)~~ For purposes of this

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	amend §301. RS Sec. 141 amended CL as noted.	NEEDS.– For purposes of this subsection, the Secretary ~~shall~~, in evaluating the needs of facilities operated under any contract or compact ~~entered into with the Service~~ under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq), shall use the ~~same~~ criteria used by ~~that~~ the Secretary ~~uses~~ in evaluating the needs of facilities operated directly by the Service.	EVALUATING NEEDS.— For purposes of this subsection, the Secretary, in evaluating the needs of facilities operated under a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), shall use the criteria used by the Secretary in evaluating the needs of facilities operated directly by the Service.	NEEDS.— For purposes of this subsection, the Secretary, in evaluating the needs of facilities operated under a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), shall use the criteria used by the Secretary in evaluating the needs of facilities operated directly by the Service.	subsection, the Secretary shall, in evaluating the needs of facilities operated under any funding agreement ~~contract~~ entered into with the Service under the Indian Self-Determination Act and Education Assistance Act, use the same criteria that the Secretary uses in evaluating the needs of facilities operated directly by the Service.
x	S. 1790 IS did not amend §301. RS Sec. 141 amended CL as noted.	(D) PRIORITY OF CERTAIN PROJECTS PROTECTED.– The priority of any project established under the construction priority system in effect on the date of enactment of the Indian Health Care Improvement Reauthorization and Extension Act of 2009 shall not be affected by any change in the construction priority system taking place after that date if the project— (i) was identified in the fiscal year 2008 Service budget justification as— (I) 1 of the 10 top-priority inpatient projects; (II) 1 of the 10 top-priority outpatient projects; (III) 1 of the 10 top-priority staff quarters developments; or (IV) 1 of the 10 top-priority Youth Regional Treatment Centers; (ii) had completed both Phase I and Phase II of the construction priority system in effect on the date of enactment of such Act; or (iii) is not included in clause (i) or (ii) and is selected, as determined by the Secretary— (I) on the initiative of the Secretary; or (II) pursuant to a request of an Indian tribe or tribal organization.	(c)(1)(D) PRIORITY OF CERTAIN PROJECTS PROTECTED.— The priority of any project established under the construction priority system in effect on the date of enactment of the Indian Health Care Improvement Act Amendments of 2009 shall not be affected by any change in the construction priority system taking place after that date if the project— (i) was identified in the fiscal year 2008 Service budget justification as— (I) 1 of the 10 top-priority inpatient projects; (II) 1 of the 10 top-priority outpatient projects; (III) 1 of the 10 top-priority staff quarters developments; or (IV) 1 of the 10 top-priority Youth Regional Treatment Centers; (ii) had completed both Phase I and Phase II of the construction priority system in effect on the date of enactment of such Act; or (iii) is not included in clause (i) or (ii) and is selected, as determined by the Secretary— (I) on the initiative of the Secretary; or (II) pursuant to a request of an Indian Tribe or Tribal Organization.	(c)(1)(D) PRIORITY OF CERTAIN PROJECTS PROTECTED.— The priority of any project established under the construction priority system in effect on the date of enactment of the Indian Health Care Improvement Act Amendments of 2008 shall not be affected by any change in the construction priority system taking place after that date if the project— "(i) was identified in the fiscal year 2008 Service budget justification as— "(I) 1 of the 10 top-priority inpatient projects; "(II) 1 of the 10 top-priority outpatient projects; "(III) 1 of the 10 top-priority staff quarters developments; or "(IV) 1 of the 10 top-priority Youth Regional Treatment Centers; "(ii) had completed both Phase I and Phase II of the construction priority system in effect on the date of enactment of such Act; or "(iii) is not included in clause (i) or (ii) and is selected, as determined by the Secretary— "(I) on the initiative of the Secretary; or "(II) pursuant to a request of an Indian Tribe or Tribal Organization.	*Excerpt from (c).* provided however that the priority of any project established under the construction priority system in effect on the date of this Act shall not be affected by any change in the construction priority system taking place thereafter if the project was identified as one of the top ten priority inpatient projects or one of the top ten outpatient projects in the FY 2000 Indian Health Service budget justification, or if the project had completed both Phase I and Phase II of the construction priority system in effect on the date of this Act.
x	S. 1790 IS did not amend §301. RS Sec. 141 amended CL as noted.	(c)(2) REPORT; CONTENTS.– (A) INITIAL COMPREHENSIVE REPORT.– (i) DEFINITIONS.– In this subparagraph: (I) FACILITIES APPROPRIATION ADVISORY BOARD.— The term 'Facilities Appropriation Advisory Board' means the advisory board, comprised of 12 members representing Indian tribes and 2 members representing the Service, established at the discretion of the Director— (aa) to provide advice and recommendations for policies and procedures of the programs funded pursuant to facilities appropriations; and (bb) to address other facilities issues. (II) FACILITIES NEEDS ASSESSMENT WORKGROUP.— The term 'Facilities Needs Assessment Workgroup' means the	(c)(2) REPORT; CONTENTS.— (A) INITIAL COMPREHENSIVE REPORT.— (i) DEFINITIONS.— In this subparagraph: (I) FACILITIES APPROPRIATION ADVISORY BOARD.— The term 'Facilities Appropriation Advisory Board' means the advisory board, comprised of 12 members representing Indian tribes and 2 members representing the Service, established at the discretion of the Assistant Secretary— (aa) to provide advice and recommendations for policies and procedures of the programs funded pursuant to facilities appropriations; and (bb) to address other facilities issues. (II) FACILITIES NEEDS ASSESSMENT	(c)(2) REPORT; CONTENTS.— "(A) INITIAL COMPREHENSIVE REPORT.— "(i) DEFINITIONS.— In this subparagraph: "(I) FACILITIES APPROPRIATION ADVISORY BOARD.— The term 'Facilities Appropriation Advisory Board' means the advisory board, comprised of 12 members representing Indian tribes and 2 members representing the Service, established at the discretion of the Director— "(aa) to provide advice and recommendations for policies and procedures of the programs funded pursuant to facilities appropriations; and "(bb) to address other facilities issues. "(II) FACILITIES NEEDS ASSESSMENT WORKGROUP.— The term 'Facilities Needs Assessment Workgroup' means the	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		workgroup established at the discretion of the Director— "(aa) to review the health care facilities construction priority system; and (bb) to make recommendations to the Facilities Appropriation Advisory Board for revising the priority system.	WORKGROUP.— The term 'Facilities Needs Assessment Workgroup' means the workgroup established at the discretion of the Assistant Secretary— (aa) to review the health care facilities construction priority system; and (bb) to make recommendations to the Facilities Appropriation Advisory Board for revising the priority system.	workgroup established at the discretion of the Director— "(aa) to review the health care facilities construction priority system; and "(bb) to make recommendations to the Facilities Appropriation Advisory Board for revising the priority system.	
x	S. 1790 IS did not amend §301. RS Sec. 141 amended CL as noted.	(c)(2)(A)(ii) INITIAL REPORT.– (1) IN GENERAL.– Not later than 1 year after the date of enactment of the Indian Health Care Improvement Reauthorization and Extension Act of 2009, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources of the House of Representatives a report that describes the comprehensive, national, ranked list of all health care facilities needs for the Service, Indian tribes, and tribal organizations (including inpatient health care facilities, outpatient health care facilities, specialized health care facilities (such as for long-term care and alcohol and drug abuse treatment), wellness centers, and staff quarters, and the renovation and expansion needs, if any, of such facilities) developed by the Service, Indian tribes, and tribal organizations for the Facilities Needs Assessment Workgroup and the Appropriation Advisory Board.	(c)(2)(A)(ii) INITIAL REPORT.— (I) IN GENERAL.— Not later than 1 year after the date of enactment of the Indian Health Care Improvement Act Amendments of 2009, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources of the House of Representatives a report that describes the comprehensive, national, ranked list of all health care facilities needs for the Service, Indian Tribes, and Tribal Organizations (including inpatient health care facilities, outpatient health care facilities, specialized health care facilities (such as for long-term care and alcohol and drug abuse treatment), wellness centers, staff quarters and hostels associated with health care facilities, and the renovation and expansion needs, if any, of such facilities) developed by the Service, Indian Tribes, and Tribal Organizations for the Facilities Needs Assessment Workgroup and the Facilities Appropriation Advisory Board.	(c)(2)(A(ii) INITIAL REPORT.— "(I) IN GENERAL.— Not later than 1 year after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources of the House of Representatives a report that describes the comprehensive, national, ranked list of all health care facilities needs for the Service, Indian Tribes, and Tribal Organizations (including inpatient health care facilities, outpatient health care facilities, specialized health care facilities (such as for long-term care and alcohol and drug abuse treatment), wellness centers, and staff quarters-associated with health care facilities, and the renovation and expansion needs, if any, of such facilities) developed by the Service, Indian Tribes, and Tribal Organizations for the Facilities Needs Assessment Workgroup and the Facilities Appropriation Advisory Board.	
x	S. 1790 IS did not amend §301. RS Sec. 141 amended CL as noted.	(II) INCLUSIONS.– The initial report shall include— (aa) the methodology and criteria used by the Service in determining the needs and establishing the ranking of the facilities needs; and (bb) such other information as the Secretary determines to be appropriate.	(II) INCLUSIONS.— The initial report shall include— (aa) the methodology and criteria used by the Service in determining the needs and establishing the ranking of the facilities needs; and (bb) such other information as the Secretary determines to be appropriate.	(II) INCLUSIONS.— The initial report shall include— "(aa) the methodology and criteria used by the Service in determining the needs and establishing the ranking of the facilities needs; and "(bb) such other information as the Secretary determines to be appropriate.	
x	S. 1790 IS did not amend §301. RS Sec. 141 amended CL as noted.	(iii) UPDATES OF REPORT.– Beginning in calendar year 2011, the Secretary shall– (I) update the report under clause (ii) not less frequently that once every 5 years; and (II) include the updated report in the appropriate annual report under subparagraph (B) for submission to Congress under section 801.	(iii) UPDATES OF REPORT.— Beginning in calendar year 2011, the Secretary shall— (I) update the report under clause (ii) not less frequently that once every 5 years; and (II) include the updated report in the appropriate annual report under subparagraph (B) for submission to Congress under section 801.	(iii) UPDATES OF REPORT.— Beginning in calendar year 2011, the Secretary shall— "(I) update the report under clause (ii) not less frequently that once every 5 years; and "(II) include the updated report in the appropriate annual report under subparagraph (B) for submission to Congress under section 801.	
x	S. 1790 IS did not amend §301. RS Sec. 141 amended CL as noted.	(B) ~~(1)~~ ANNUAL REPORTS.– The Secretary shall submit to the President, for inclusion in each report required to be transmitted to the Congress under section 801, a report which sets forth the following: (i)~~(A)~~ a description of the ~~current~~ health care facility priority system of the Service	(B) ANNUAL REPORTS.— The Secretary shall submit to the President, for inclusion in the report required to be transmitted to Congress under section 801, a report which sets forth the following: (i) A description of the health care facility priority system of the Service established	"(B) ANNUAL REPORTS.— The Secretary shall submit to the President, for inclusion in the report required to be transmitted to Congress under section 801, a report which sets forth the following: "(i) A description of the health care facility priority system of the Service	(2)~~(1)~~ The Secretary shall submit to the President, for inclusion in each report required to be transmitted to the Congress under section 801, a report which sets forth– (A) a description of the ~~current~~ health care facility priority system of the

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		established under paragraph (1), (ii) ~~(B)~~ Health care facilities lists, which may include– ~~the planning, design, construction, and renovation needs for~~ (I) the 10 top-priority inpatient health care facilities; ~~and~~ (II) the 10 top-priority ~~ambulatory~~ out-patient health care facilities; (III) the 10 top-priority specialized health care facilities (such as long-term care and alcohol and drug abuse treatment); and (IV) the 10 top-priority ~~(together with required~~ staff quarters~~),~~ developments associated with health care facilities.	under paragraph (1). (ii) Health care facilities lists, which may include— (I) the 10 top-priority inpatient health care facilities; (II) the 10 top-priority outpatient health care facilities; (III) the 10 top-priority specialized health care facilities (such as long-term care and alcohol and drug abuse treatment); (IV) the 10 top-priority staff quarters developments associated with health care facilities; and (V) the 10 top-priority hostels associated with health care facilities.	established under paragraph (1). "(ii) Health care facilities lists, which may include— "(I) the 10 top-priority inpatient health care facilities; "(II) the 10 top-priority outpatient health care facilities; "(III) the 10 top-priority specialized health care facilities (such as long-term care and alcohol and drug abuse treatment); and "(IV) the 10 top-priority staff quarters developments associated with health care facilities; and.	Service, established under paragraph (1) of this subsection; (B) health care facilities lists, including but not limited to– (i) the total health care facilities planning, design, construction and renovation needs for Indians; (ii) ~~for~~ the 10 top-priority inpatient care facilities; (iii) the 10 top-priority outpatient care facilities; (iv) the 10 top-priority specialized care facilities (such as long-term care and alcohol and drug abuse treatment); and ~~the 10 top-priority ambulatory care facilities~~ (v) ~~(together with required~~ any staff quarters~~)~~ associated with such prioritized facilities;
x	S. 1790 IS did not amend §301. RS Sec. 141 amended CL as noted. Same as R, E & S, except that in S, (c)(2)(A)(ii)(I) did not include "hostels" and (c)(2)(B)(ii) did not include the language in subclause (V).	(iii)~~(C) the~~ The justification for such order of priority.~~;~~ (iv)~~(D)the~~ The projected cost of such projects.~~, and~~ (v) ~~(E)the~~ The methodology adopted by the Service in establishing priorities under its health care facility priority system.	(iii) The justification for such order of priority. (iv) The projected cost of such projects. (v) The methodology adopted by the Service in establishing priorities under its health care facility priority system.	"(iii) The justification for such order of priority. "(iv) The projected cost of such projects. "(v) The methodology adopted by the Service in establishing priorities under its health care facility priority system.	(C) the justification for such order of priority; (D) the projected cost of such projects, and (E) the methodology adopted by the Service in establishing priorities under its health care facility priority system. (3)~~(2)~~ In preparing each report required under paragraph ~~(1)~~(2) (other than the initial report), the Secretary shall annually– (A) consult with and obtain information on all health care facilities needs from Indian Tribes and tribal organizations, including those Tribes or tribal organizations operating health programs or facilities under any funding agreement ~~contract~~ entered into with the Service under the Indian Self-Determination and Education Assistance Act, and (B) review the total unmet needs of all ~~such~~ Tribes and tribal organizations for health care ~~inpatient and outpatient~~ facilities (including staff quarters), including ~~their~~ needs for renovation and expansion of existing facilities.
x	S. 1790 IS did not amend §301. RS Sec. 141 amended CL as noted.	(3) ~~(2)~~ REQUIREMENTS FOR PREPARATION OF REPORTS.– In preparing each report required under paragraph (2), ~~(1) (other than the initial report),~~ the Secretary shall– (A) consult with and obtain information on all health care facilities needs from Indian tribes and tribal organizations; ~~including those tribes or tribal organizations operating health programs or facilities under any contract entered into with the Service under the Indian Self-Determination Act,~~ and	(3) REQUIREMENTS FOR PREPARATION OF REPORTS.— In preparing the report required under paragraph (2), the Secretary shall— (A) consult with and obtain information on all health care facilities needs from Indian Tribes, Tribal Organizations, and urban Indian organizations; and (B) review the total unmet needs of all Indian Tribes, Tribal Organizations, and urban Indian organizations for health care facilities (including hostels and staff	"(3) REQUIREMENTS FOR PREPARATION OF REPORTS.— In preparing the report required under paragraph (2), the Secretary shall— "(A) consult with and obtain information on all health care facilities needs from Indian Tribes and Tribal Organizations; and "(B) review the total unmet needs of all Indian Tribes and Tribal Organizations for health care facilities (including staff quarters), including needs for renovation	(d) (2) In preparing each report required under paragraph (1) (other than the initial report), the Secretary shall consult with Indian Tribes and tribal organizations including those Tribes or tribal organizations operating health programs or facilities under any funding agreement entered into with the Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450f et seq.), and with urban Indian organizations. (5) Every year the Secretary shall

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		(B) review the total unmet needs of ~~such~~ all Indian tribes and tribal organizations for health care ~~inpatient and outpatient~~ facilities (including staff quarters), including their needs for renovation and expansion of existing facilities.	quarters), including needs for renovation and expansion of existing facilities.	and expansion of existing facilities.	provide an opportunity for nomination of planning, design, and construction projects by IHS and all Tribes and tribal organizations for consideration under the health care facility priority system.
x	S. 1790 IS did not amend §301. RS Sec. 141 amended CL as noted.	(d) REVIEW OF METHODOLOGY USED FOR HEALTH FACILITIES CONSTRUCTION PRIORITY SYSTEM.— "(1) IN GENERAL.— Not later than 1 year after the establishment of the priority system under subsection (c)(1)(A), the Comptroller General of the United States shall prepare and finalize a report reviewing the methodologies applied, and the processes followed, by the Service in making each assessment of needs for the list under subsection (c)(2)(A)(ii) and developing the priority system under subsection (c)(1), including a review of— (A) the recommendations of the Facilities Appropriation Advisory Board and the Facilities Needs Assessment Workgroup (as those terms are defined in subsection (c)(2)(A)(i)); and (B) the relevant criteria used in ranking or prioritizing facilities other than hospitals or clinics. (2) SUBMISSION TO CONGRESS.— The Comptroller General of the United States shall submit the report under paragraph (1) to— (A) the Committees on Indian Affairs and Appropriations of the Senate; (B) the Committees on Natural Resources and Appropriations of the House of Representatives; and (C) the Secretary.	(d) REVIEW OF METHODOLOGY USED FOR HEALTH FACILITIES CONSTRUCTION PRIORITY SYSTEM.— (1) IN GENERAL.— Not later than 1 year after the establishment of the priority system under subsection (c)(1)(A), the Comptroller General of the United States shall prepare and finalize a report reviewing the methodologies applied, and the processes followed, by the Service in making each assessment of needs for the list under subsection (c)(2)(A)(ii) and developing the priority system under subsection (c)(1), including a review of— (A) the recommendations of the Facilities Appropriation Advisory Board and the Facilities Needs Assessment Workgroup (as those terms are defined in subsection (c)(2)(A)(i)); and (B) the relevant criteria used in ranking or prioritizing facilities other than hospitals or clinics. (2) SUBMISSION TO CONGRESS.— The Comptroller General of the United States shall submit the report under paragraph (1) to— (A) the Committees on Indian Affairs and Appropriations of the Senate; (B) the Committees on Natural Resources and Appropriations of the House of Representatives; and (C) the Secretary.	(d) REVIEW OF METHODOLOGY USED FOR HEALTH FACILITIES CONSTRUCTION PRIORITY SYSTEM.— "(1) IN GENERAL.— Not later than 1 year after the establishment of the priority system under subsection (c)(1)(A), the Comptroller General of the United States shall prepare and finalize a report reviewing the methodologies applied, and the processes followed, by the Service in making each assessment of needs for the list under subsection (c)(2)(A)(ii) and developing the priority system under subsection (c)(1), including a review of— (A) the recommendations of the Facilities Appropriation Advisory Board and the Facilities Needs Assessment Workgroup (as those terms are defined in subsection (c)(2)(A)(i)); and (B) the relevant criteria used in ranking or prioritizing facilities other than hospitals or clinics. (2) SUBMISSION TO CONGRESS.— The Comptroller General of the United States shall submit the report under paragraph (1) to— (A) the Committees on Indian Affairs and Appropriations of the Senate; (B) the Committees on Natural Resources and Appropriations of the House of Representatives; and (C) the Secretary.	(d) REVIEW OF NEED FOR FACILITIES. (1) Beginning in the year 2000, the Secretary shall annually submit to the President, for inclusion in the report required to be transmitted to the Congress under section 801 of this Act, a report which sets forth the needs of IHS and all Indian Tribes and tribal organizations, including urban Indian organizations, for inpatient, outpatient and specialized care facilities, including the needs for renovation and expansion of existing facilities. (3) For purposes of this subsection, the Secretary shall, in evaluating the needs of facilities operated under any funding agreement entered into with the Service under the Indian Self-Determination and Education Assistance Act, use the same criteria that the Secretary uses in evaluating the needs of facilities operated directly by the Service. (4) The Secretary shall ensure that the planning, design, construction, and renovation needs of facilities operated under funding agreements, in accordance with the Indian Self-Determination and Education Assistance Act, are fully and equitably integrated into the development of the health facility priority system.
x	S. 1790 IS did not amend §301. RS Sec. 141 amended CL as noted. *Note: This subsection is redundant with subsection (g), which was redesignated from (d).*	(e)~~(d)~~ FUNDING CONDITION.– All funds appropriated under the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), for the planning, design, construction, or renovation of health facilities for the benefit of 1 or more ~~an~~ Indian Tribes ~~tribe or tribes~~ shall be subject to the provisions of section 102 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450f) or section 504 and 505 of that Act (25 U.S.C. 458aaa-3, 458aaa-4).	(e) FUNDING CONDITION.— All funds appropriated under the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), for the planning, design, construction, or renovation of health facilities for the benefit of 1 or more Indian Tribes shall be subject to the provisions of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).	"(e) Funding Condition.— All funds appropriated under the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), for the planning, design, construction, or renovation of health facilities for the benefit of 1 or more Indian Tribes shall be subject to the provisions of section 102 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450f) or sections 504 and 505 of that Act (25 U.S.C. 458aaa-3, 458aaa-4).	(e) All funds appropriated under the Act of November 2, 1921 (25 U.S.C. 13), for the planning, design, construction, or renovation of health facilities for the benefit of an Indian Tribe or Tribes shall be subject to the provisions of section 102 of the Indian Self- Determination and Education Assistance Act.
x	S. 1790 IS did not amend §301. RS Sec. 141 amended CL as noted.	(f) DEVELOPMENT OF INNOVATIVE APPROACHES.— The Secretary shall consult and cooperate with Indian Tribes and Tribal Organizations, and confer with urban Indian organizations, in developing innovative approaches to address all or part of the total unmet need for construction of health facilities, that may	(f) DEVELOPMENT OF INNOVATIVE APPROACHES.— The Secretary shall consult and cooperate with Indian Tribes, Tribal Organizations, and urban Indian organizations in developing innovative approaches to address all or part of the total unmet need for construction of health facilities, including those provided for in	(f) DEVELOPMENT OF INNOVATIVE APPROACHES.— The Secretary shall consult and cooperate with Indian Tribes and Tribal Organizations, and confer with urban Indian organizations, in developing innovative approaches to address all or part of the total unmet need for construction of health facilities, that may	(f) The Secretary shall consult and cooperate with Indian Tribes, tribal organizations and urban Indian organizations in developing innovative approaches to address all or part of the total unmet need for construction of health facilities, including those provided for in other sections of this title and other

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		include– "(1) the establishment of an area distribution fund in which a portion of health facility construction funding could be devoted to all Service Area; "(2) approaches providing for in other provisions of this title; and "(3) other approaches, as the Secretary determines to be appropriate.	other sections of this title and other approaches.	include– "(1) the establishment of an area distribution fund in which a portion of health facility construction funding could be devoted to all Service Area; "(2) approaches providing for in other provisions of this title; and "(3) other approaches, as the Secretary determines to be appropriate.	approaches.
x	S. 1790 IS did not amend §301. RS 141 amended §301 by redesignating subsection (d) as (g). *Note: This subsection appears redundant with the new subsection (e), above.* ***Also see, next row.***	(g)~~(d)~~ FUNDS APPROPRIATED SUBJECT TO SECTION 450f OF TITLE 25.– All funds appropriated under the Act of November 2, 1921 (25 U.S.C. 13), for the planning, design, construction, or renovation of health facilities for the benefit of an Indian tribe or tribes shall be subject to the provisions of section 102 of the Indian Self-Determination Act.			
x	S. 1790 RS Sec. 142 struck (g) as amended by Sec. 141 (above) and inserted a new subsec. that is identical to the text of (c)(1)(D) as added by Sec. 141. Amendment 142 does not appear in Amendment 2923 to the HCR bill.	*See above subsection (c)(1)(D).*			
	S.1790 did not change CL § 302.	SAFE WATER AND SANITARY WASTE DISPOSAL FACILITIES Sec. 302. (a) The Congress hereby finds and declares that-- (1)the provision of safe water supply systems and sanitary sewage and solid waste disposal systems is primarily a health consideration and function; (2)Indian people suffer an inordinately high incidence of disease, injury, and illness directly attributable to the absence or inadequacy of such systems; (3)the long-term cost to the United States of treating and curing such disease, injury, and illness is substantially greater than the short-term cost of providing such systems and other preventive health measures; (4)many Indian homes and communities still lack safe water supply systems and sanitary sewage and solid waste disposal systems; and (5)it is in the interest of the United States, and it is the policy of the United States, that all Indian communities and Indian homes, new and existing, be provided with safe and adequate water	SEC. 302. SANITATION FACILITIES. (a) FINDINGS.— Congress finds the following: (1) The provision of sanitation facilities is primarily a health consideration and function. (2) Indian people suffer an inordinately high incidence of disease, injury, and illness directly attributable to the absence or inadequacy of sanitation facilities. (3) The long-term cost to the United States of treating and curing such disease, injury, and illness is substantially greater than the short-term cost of providing sanitation facilities and other preventive health measures. (4) Many Indian homes and Indian communities still lack sanitation facilities. (5) It is in the interest of the United States, and it is the policy of the United States, that all Indian communities and Indian homes, new and existing, be provided with sanitation facilities.	"SEC. 302. SANITATION FACILITIES. "(a) Findings.— Congress finds the following: "(1) The provision of sanitation facilities is primarily a health consideration and function. "(2) Indian people suffer an inordinately high incidence of disease, injury, and illness directly attributable to the absence or inadequacy of sanitation facilities. "(3) The long-term cost to the United States of treating and curing such disease, injury, and illness is substantially greater than the short-term cost of providing sanitation facilities and other preventive health measures. "(4) Many Indian homes and Indian communities still lack sanitation facilities. "(5) It is in the interest of the United States, and it is the policy of the United States, that all Indian communities and Indian homes, new and existing, be provided with sanitation facilities.	SAFE WATER AND SANITARY WASTE DISPOSAL FACILITIES Sec. 302. (a) The Congress hereby finds and declares that– (1) the provision of safe water supply ~~systems~~ facilities and sanitary sewage and solid waste disposal ~~systems~~ facilities is primarily a health consideration and function; (2) Indian people suffer an inordinately high incidence of disease, injury, and illness directly attributable to the absence or inadequacy of such ~~systems~~ facilities; (3) the long-term cost to the United States of treating and curing such disease, injury, and illness is substantially greater than the short-term cost of providing such ~~systems~~ facilities and other preventive health measures; (4) many Indian homes and communities still lack safe water supply ~~systems~~ facilities and sanitary sewage and solid waste disposal ~~systems~~ facilities; and (5) it is in the interest of the United States, and it is the policy of the United States, that all Indian communities and Indian homes, new and existing, be

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		supply systems and sanitary sewage waste disposal systems as soon as possible.			provided with safe and adequate water supply ~~systems~~ facilities and sanitary sewage waste disposal ~~systems~~ facilities ~~as soon as possible~~.
		(b) (1) In furtherance of the findings and declarations made in subsection (a), Congress reaffirms the primary responsibility and authority of the Service to provide the necessary sanitation facilities and services as provided in section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a).-- (2) The Secretary, acting through the Service, is authorized to provide under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a)-- (A) financial and technical assistance to Indian tribes and communities in the establishment, training, and equipping of utility organizations to operate and maintain Indian sanitation facilities; (B) ongoing technical assistance and training in the management of utility organizations which operate and maintain sanitation facilities; and (C)operation and maintenance assistance for, and emergency repairs to, tribal sanitation facilities when necessary to avoid a health hazard or to protect the Federal investment in sanitation facilities.	(b) FACILITIES AND SERVICES.— In furtherance of the findings made in subsection (a), Congress reaffirms the primary responsibility and authority of the Service to provide the necessary sanitation facilities and services as provided in section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a). Under such authority, the Secretary, acting through the Service, is authorized to provide the following: (1) Financial and technical assistance to Indian Tribes, Tribal Organizations, and Indian communities in the establishment, training, and equipping of utility organizations to operate and maintain sanitation facilities, including the provision of existing plans, standard details, and specifications available in the Department, to be used at the option of the Indian Tribe, Tribal Organization, or Indian community. (2) Ongoing technical assistance and training to Indian Tribes, Tribal Organizations, and Indian communities in the management of utility organizations which operate and maintain sanitation facilities. (3) Priority funding for operation and maintenance assistance for, and emergency repairs to, sanitation facilities operated by an Indian Tribe, Tribal Organization or Indian community when necessary to avoid an imminent health threat or to protect the investment in sanitation facilities and the investment in the health benefits gained through the provision of sanitation facilities.	"(b) Facilities and Services.— In furtherance of the findings made in subsection (a), Congress reaffirms the primary responsibility and authority of the Service to provide the necessary sanitation facilities and services as provided in section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a). Under such authority, the Secretary, acting through the Service, is authorized to provide the following: "(1) Financial and technical assistance to Indian Tribes, Tribal Organizations, and Indian communities in the establishment, training, and equipping of utility organizations to operate and maintain sanitation facilities, including the provision of existing plans, standard details, and specifications available in the Department, to be used at the option of the Indian Tribe, Tribal Organization, or Indian community. "(2) Ongoing technical assistance and training to Indian Tribes, Tribal Organizations, and Indian communities in the management of utility organizations which operate and maintain sanitation facilities. "(3) Priority funding for operation and maintenance assistance for, and emergency repairs to, sanitation facilities operated by an Indian Tribe, Tribal Organization or Indian community when necessary to avoid an imminent health threat or to protect the investment in sanitation facilities and the investment in the health benefits gained through the provision of sanitation facilities.	(b)(1) In furtherance of the findings and declarations made in subsection (a), Congress reaffirms the primary responsibility and authority of the Service to provide the necessary sanitation facilities and services as provided in section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a).– (2) The Secretary, acting through the Service, is authorized to provide under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a)– (A) financial and technical assistance to Indian Tribes, tribal organizations and Indian communities in the establishment, training, and equipping of utility organizations to operate and maintain Indian sanitation facilities, including the provision of existing plans, standard details, and specifications available in the department, to be used at the option of the Tribe or tribal organization; (B) ongoing technical assistance and training in the management of utility organizations which operate and maintain sanitation facilities; and (C) priority funding for operation and maintenance assistance for, and emergency repairs to, tribal sanitation facilities when necessary to avoid an imminent health threat ~~hazard~~ or to protect the ~~federal~~ investment in sanitation facilities and the investment in the health benefits gained through the provision of sanitation facilities.
		(3) Notwithstanding any other provision of law-- (A) the Secretary of Housing and Urban Affairs is authorized to transfer funds appropriated under the Housing and Community Development Act of 1974 (42 U.S.C. 5301, et seqq.) to the Secretary of Health and Human Services, and	(c) FUNDING.— Notwithstanding any other provision of law— (1) the Secretary of Housing and Urban Development is authorized to transfer funds appropriated under the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4101 et seq.) to the Secretary of Health and Human Services;	"(c) Funding.— Notwithstanding any other provision of law— "(1) the Secretary of Housing and urban Development is authorized to transfer funds appropriated under the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4101 et seq.) to the Secretary of Health and Human Services;	(3) Notwithstanding any other provision of law– (A) the Secretary of Housing and Urban Development ~~Affairs~~ is authorized to transfer funds appropriated under the Native American Housing Assistance and Self-Determination Act of 1996 ~~Housing and Community Development Act of 1974 (42 U.S.C. 5301, et seq.)~~ to the Secretary of Health and Human Services, ~~and~~
		(B) the Secretary of Health and Human Services is authorized to accept and use such funds for the purpose of providing sanitation facilities and services for Indians under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a).	(2) the Secretary of Health and Human Services is authorized to accept and use such funds for the purpose of providing sanitation facilities and services for Indians under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a);	"(2) the Secretary of Health and Human Services is authorized to accept and use such funds for the purpose of providing sanitation facilities and services for Indians under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a);	(B) the Secretary of Health and Human Services is authorized to accept and use such funds for the purpose of providing sanitation facilities and services for Indians under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a).
			(3) unless specifically authorized when	"(3) unless specifically authorized when	(C) unless specifically authorized

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			funds are appropriated, the Secretary shall not use funds appropriated under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a), to provide sanitation facilities to new homes constructed using funds provided by the Department of Housing and Urban Development;	funds are appropriated, the Secretary shall not use funds appropriated under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a), to provide sanitation facilities to new homes constructed using funds provided by the Department of Housing and Urban Development;	when funds are appropriated, the Secretary of Health and Human Services shall not use funds appropriated under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a) to provide sanitation facilities to new homes constructed using funds provided by the Department of Housing and Urban Development.
			(4) the Secretary of Health and Human Services is authorized to accept from any source, including Federal and State agencies, funds for the purpose of providing sanitation facilities and services and place these funds into contracts or compacts under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.);	"(4) the Secretary of Health and Human Services is authorized to accept from any source, including Federal and State agencies, funds for the purpose of providing sanitation facilities and services and place these funds into contracts or compacts under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.);	(D) the Secretary of Health and Human Services is authorized to accept all federal funds that are for the purpose of providing sanitation facilities and related services and place those funds into funding agreements, authorized under the Indian Self Determination and Education Assistance Act, (25 U.S.C. 450f, et. seq.), between the Secretary and Indian Tribes and tribal organizations.
	Same as R. E has no equivalent provision.		(5) except as otherwise prohibited by this section, the Secretary may use funds appropriated under the authority of section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a), to fund up to 100 percent of the amount of an Indian Tribe's loan obtained under any Federal program for new projects to construct eligible sanitation facilities to serve Indian homes;	"(5) the Secretary is authorized to establish a program under which the Secretary may, in accordance with this subsection and with paragraphs (2), (3), (4), and (5) of section 330(d) of the Public Health Service Act (42 U.S.C. 254b(d)) related to a loan guarantee program, guarantee the principal and interest on loans made by lenders to Indian Tribes for new projects to construct eligible sanitation facilities to serve Indian homes, but only to the extent that appropriations are provided in advance specifically for such program, and without reducing funds made available for the provision of domestic and community sanitation facilities for Indians, as authorized by section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a), the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), and this Act;	(E) the Secretary may allow funds appropriated under the authority of section 2004 of title 42 to be used to fund up to 100 percent of the amount of a Tribe's loan obtained under any federal program for new projects to construct eligible sanitation facilities to serve Indian homes.
			(6) except as otherwise prohibited by this section, the Secretary may use funds appropriated under the authority of section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a), to meet matching or cost participation requirements under other Federal and non-Federal programs for new projects to construct eligible sanitation facilities;	"(6) except as otherwise prohibited by this section, the Secretary may use funds appropriated under the authority of section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a) to meet matching or cost participation requirements under other Federal and non-Federal programs for new projects to construct eligible sanitation facilities;	(F) the Secretary may allow funds appropriated under the authority of section 2004 of title 42 to be used to meet matching or cost participation requirements under other federal and non-federal programs for new projects to construct eligible sanitation facilities.
			(7) all Federal agencies are authorized to transfer to the Secretary funds identified, granted, loaned, or appropriated whereby the Department's applicable policies, rules, and regulations shall apply in the implementation of such projects;	"(7) all Federal agencies are authorized to transfer to the Secretary funds identified, granted, loaned, or appropriated whereby the Department's applicable policies, rules, and regulations shall apply in the implementation of such projects;	(G) all federal agencies are authorized to transfer to the Secretary funds identified, granted, loaned or appropriated whereby the Department's applicable policies, rules, regulations shall apply in the implementation of such projects.
			(8) the Secretary of Health and Human Services shall enter into interagency	"(8) the Secretary of Health and Human Services shall enter into interagency	(H) The Secretary of Health and Human Services shall enter into inter-

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			agreements with Federal and State agencies for the purpose of providing financial assistance for sanitation facilities and services under this Act;	agreements with Federal and State agencies for the purpose of providing financial assistance for sanitation facilities and services under this Act;	agency agreements with the Bureau of Indian Affairs, the Department of Housing and Urban Development, the United States Department of Agriculture, the Environmental Protection Agency and other appropriate federal agencies, for the purpose of providing financial assistance for safe water supply and sanitary sewage disposal facilities under this Act.
			(9) the Secretary of Health and Human Services shall, by regulation, establish standards applicable to the planning, design, and construction of sanitation facilities funded under this Act; and	"(9) the Secretary of Health and Human Services shall, by regulation, establish standards applicable to the planning, design, and construction of sanitation facilities funded under this Act; and	(I) The Secretary of Health and Human Services shall, by regulation developed through rulemaking under Section 802, establish standards applicable to the planning, design and construction of water supply and sanitary sewage and solid waste disposal facilities funded under this Act.
			(10) the Secretary of Health and Human Services is authorized to accept payments for goods and services furnished by the Service from appropriate public authorities, nonprofit organizations or agencies, or Indian Tribes, as contributions by that authority, organization, agency, or tribe to agreements made under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a), and such payments shall be credited to the same or subsequent appropriation account as funds appropriated under the authority of section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a).	"(10) the Secretary of Health and Human Services is authorized to accept payments for goods and services furnished by the Service from appropriate public authorities, nonprofit organizations or agencies, or Indian Tribes, as contributions by that authority, organization, agency, or tribe to agreements made under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a), and such payments shall be credited to the same or subsequent appropriation account as funds appropriated under the authority of section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a).	
		(c) Beginning in fiscal year 1990, the Secretary, acting through the Service, shall develop and begin implementation of a 10-year plan to provide safe water supply and sanitation sewage and solid waste disposal facilities to existing Indian homes and communities and to new and renovated Indian homes.			(c) ~~Beginning in fiscal year 1990, t~~ The Secretary, acting through the Service and in consultation with Indian Tribes and tribal organizations, shall develop and begin implementation of a 10-year funding plan to provide safe water supply and sanitary ~~ion~~ sewage and solid waste disposal facilities serving ~~to~~ existing Indian homes and communities, and to new and ~~to~~ renovated Indian homes.
		(d) The financial and technical capability of an Indian tribe or community to safely operate and maintain a sanitation facility shall not be a prerequisite to the provision or construction of sanitation facilities by the Secretary.	(d) CERTAIN CAPABILITIES NOT PREREQUISITE.— The financial and technical capability of an Indian Tribe, Tribal Organization, or Indian community to safely operate, manage, and maintain a sanitation facility shall not be a prerequisite to the provision or construction of sanitation facilities by the Secretary.	"(d) Certain Capabilities Not Prerequisite.— The financial and technical capability of an Indian Tribe, Tribal Organization, or Indian community to safely operate, manage, and maintain a sanitation facility shall not be a prerequisite to the provision or construction of sanitation facilities by the Secretary.	(d) The financial and technical capability of an Indian Tribe or community to safely operate and maintain a sanitation facility shall not be a prerequisite to the provision or construction of sanitation facilities by the Secretary.
	Same as E.	(e) (1) The Secretary is authorized to provide financial assistance to Indian tribes and communities in an amount equal to the Federal share of the costs of operating, managing, and maintaining the facilities provided under the plan	(e) FINANCIAL ASSISTANCE.— The Secretary is authorized to provide financial assistance to Indian Tribes, Tribal Organizations, and Indian communities in an amount equal to the Federal share of the costs of operating,	"(e) Financial Assistance.— The Secretary is authorized to provide financial assistance to Indian Tribes, Tribal Organizations, and Indian communities for operation, management, and maintenance of their sanitation	(e) ~~(1)~~ The Secretary is authorized to provide financial assistance to Indian Tribes, tribal organizations and communities for operation, management and maintenance of their sanitation ~~in an amount equal to the cost of operating,~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		described in subsection (c). (2) For the purposes of paragraph (1), the term "Federal share" means 80 percent of the costs described in paragraph (1). (3) With respect to Indian tribes with fewer than 1,000 enrolled members, the non-Federal portion of the costs of operating, managing, and maintaining such facilities may be provided, in part, through cash donations or in kind property, fairly evaluated.	managing, and maintaining the facilities provided under the plan described in subsection (h)(1)(F).	facilities.	~~managing, and maintaining the~~ facilities ~~provided under the plan described in subsection (c) of this section~~. ~~(2) For the purposes of paragraph (1), the term "federal share" means 80 percent of the costs described in paragraph (1).~~ ~~(3) With respect to Indian Tribes with fewer than 1,000 enrolled members, the non-federal portion of the costs of operating, managing, and maintaining such facilities may be provided, in part, through cash donations or in kind property, fairly evaluated.~~
			(f) OPERATION, MANAGEMENT, AND MAINTENANCE OF FACILITIES.— The Indian Tribe has the primary responsibility to establish, collect, and use reasonable user fees, or otherwise set aside funding, for the purpose of operating, managing, and maintaining sanitation facilities. If a sanitation facility serving a community that is operated by an Indian Tribe or Tribal Organization is threatened with imminent failure and such operator lacks capacity to maintain the integrity or the health benefits of the sanitation facility, then the Secretary is authorized to assist the Indian Tribe, Tribal Organization, or Indian community in the resolution of the problem on a short-term basis through cooperation with the emergency coordinator or by providing operation, management, and maintenance service.	"(f) Operation, Management, and Maintenance of Facilities.— The Indian Tribe has the primary responsibility to establish, collect, and use reasonable user fees, or otherwise set aside funding, for the purpose of operating, managing, and maintaining sanitation facilities. If a sanitation facility serving a community that is operated by an Indian Tribe or Tribal Organization is threatened with imminent failure and such operator lacks capacity to maintain the integrity or the health benefits of the sanitation facility, then the Secretary is authorized to assist the Indian Tribe, Tribal Organization, or Indian community in the resolution of the problem on a short-term basis through cooperation with the emergency coordinator or by providing operation, management, and maintenance service.	(f) The Indian family, community or Tribe has the primary responsibility to establish, collect, and use reasonable user fees, or otherwise set aside funding, for the purpose of operating and maintaining sanitation facilities. If a community facility is threatened with imminent failure and there is a lack of tribal capacity to maintain the integrity and/or the health benefit of the facility, then the Secretary is authorized to assist the Tribe in the resolution of the problem on a short term basis through cooperation with the emergency coordinator or by providing operation and maintenance service.
		(f) Programs administered by Indian tribes or tribal organizations under the authority of the Indian Self-Determination Act shall be eligible for-- (1) any funds appropriated pursuant to this section, and (2) any funds appropriated for the purpose of providing water supply or sewage disposal services, on an equal basis with programs that are administered directly by the Service.	(g) ISDEAA PROGRAM FUNDED ON EQUAL BASIS.— Tribal Health Programs shall be eligible (on an equal basis with programs that are administered directly by the Service) for— (1) any funds appropriated pursuant to this section; and (2) any funds appropriated for the purpose of providing sanitation facilities.	"(g) ISDEAA Program Funded on Equal Basis.— Tribal Health Programs shall be eligible (on an equal basis with programs that are administered directly by the Service) for— "(1) any funds appropriated pursuant to this section; and "(2) any funds appropriated for the purpose of providing sanitation facilities.	(g)~~(f)~~ Programs administered by Indian Tribes or tribal organizations under the authority of the Indian Self-Determination and Education Assistance Act shall be eligible for— (1) any funds appropriated pursuant to this section, and (2) any funds appropriated for the purpose of providing water supply, ~~or~~ sewage disposal or solid waste facilities ~~services~~, on an equal basis with programs that are administered directly by the Service.
		(g) (1) The Secretary shall submit to the President, for inclusion in each report required to be transmitted to the Congress under section 801, a report which sets forth--	(h) REPORT.— (1) REQUIRED; CONTENTS.— The Secretary, in consultation with the Secretary of Housing and Urban Development, Indian Tribes, Tribal Organizations, and tribally designated housing entities (as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103)) shall submit to the President, for inclusion in the report	"(h) Report.— "(1) REQUIRED CONTENTS.— The Secretary, in consultation with the Secretary of Housing and Urban Development, Indian Tribes, Tribal Organizations, and tribally designated housing entities (as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103)) shall submit to the President, for inclusion in the report	(h)~~(g)~~(1) The Secretary shall submit to the President, for inclusion in each report required to be transmitted to the Congress under section 801, a report which sets forth–

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			required to be transmitted to Congress under section 801, a report which sets forth—	required to be transmitted to Congress under section 801, a report which sets forth—	
		(A) the current Indian sanitation facility priority system of the Service; (B) the methodology for determining sanitation deficiencies; (C) the level of sanitation deficiency for each sanitation facilities project of each Indian tribe or community; (D) the amount of funds necessary to raise all Indian tribes and communities to level I sanitation deficiency; and (E) the amount of funds necessary to raise all Indian tribes and communities to zero sanitation deficiency.	(A) the current Indian sanitation facility priority system of the Service; (B) the methodology for determining sanitation deficiencies and needs; (C) the criteria on which the deficiencies and needs will be evaluated; (D) the level of initial and final sanitation deficiency for each type of sanitation facility for each project of each Indian Tribe or Indian community; (E) the amount and most effective use of funds, derived from whatever source, necessary to accommodate the sanitation facilities needs of new homes assisted with funds under the Native American Housing Assistance and Self- Determination Act (25 U.S.C. 4101 et seq.), and to reduce the identified sanitation deficiency levels of all Indian Tribes and Indian communities to level I sanitation deficiency as defined in paragraph (3)(A); and (F) a 10-year plan to provide sanitation facilities to serve existing Indian homes and Indian communities and new and renovated Indian homes.	"(A) the current Indian sanitation facility priority system of the Service; "(B) the methodology for determining sanitation deficiencies and needs; "(C) the criteria on which the deficiencies and needs will be evaluated; "(D) the level of initial and final sanitation deficiency for each type of sanitation facility for each project of each Indian Tribe or Indian community; "(E) the amount and most effective use of funds, derived from whatever source, necessary to accommodate the sanitation facilities needs of new homes assisted with funds under the Native American Housing Assistance and Self-Determination Act (25 U.S.C. 4101 et seq.), and to reduce the identified sanitation deficiency levels of all Indian Tribes and Indian communities to level I sanitation deficiency as defined in paragraph (3)(A); and "(F) a 10-year plan to provide sanitation facilities to serve existing Indian homes and Indian communities and new and renovated Indian homes.	(A) the current Indian sanitation facility priority system of the Service; (B) the methodology for determining sanitation deficiencies; (C) the level of initial and final sanitation deficiency for each type of sanitation facility~~ies~~ for each project of each Indian Tribe or community; (D) the amount of funds necessary to reduce the identified sanitation deficiency levels of ~~raise~~ all Indian Tribes and communities to level I sanitation deficiency as defined in subsection (h)(4)(A) of this section. ~~; and~~ ~~(E) the amount of funds necessary to raise all Indian Tribes and communities to zero sanitation deficiency~~.
		(2) In preparing each report required under paragraph (1) (other than the initial report), the Secretary shall consult with Indian tribes and tribal organizations (including those tribes or tribal organizations operating health care programs or facilities under any contract entered into with the Service under the Indian Self-Determination Act) to determine the sanitation needs of each tribe.			(2) In preparing each report required under paragraph (1) ~~(other than the initial report)~~, the Secretary shall consult with Indian Tribes and tribal organizations (including those Tribes or tribal organizations operating health care programs or facilities under any funding agreement ~~contract~~ entered into with the Service under the Indian Self-Determination and Education Assistance Act) to determine the sanitation needs of each Tribe and in developing the criteria on which the needs will be evaluated through a process of negotiated rule making.
		(3) The methodology used by the Secretary in determining sanitation deficiencies for purposes of paragraph (1) shall be applied uniformly to all Indian tribes and communities.	(2) UNIFORM METHODOLOGY.— The methodology used by the Secretary in determining, preparing cost estimates for, and reporting sanitation deficiencies for purposes of paragraph (1) shall be applied uniformly to all Indian Tribes and Indian communities.	"(2) UNIFORM METHODOLOGY.— The methodology used by the Secretary in determining, preparing cost estimates for, and reporting sanitation deficiencies for purposes of paragraph (1) shall be applied uniformly to all Indian Tribes and Indian communities.	(3) The methodology used by the Secretary in determining, preparing cost estimates for and reporting sanitation deficiencies for purposes of paragraph (1) shall be applied uniformly to all Indian Tribes and communities.
		(4) For purposes of this subsection, the sanitation deficiency levels for an Indian tribe or community are as follows: (A) level I is an Indian tribe or community with a sanitation system-- (i) which complies with all applicable water supply and pollution	(3) SANITATION DEFICIENCY LEVELS.— For purposes of this subsection, the sanitation deficiency levels for an individual, Indian Tribe, or Indian community sanitation facility to serve Indian homes are determined as follows: (A) A level I deficiency exists if a	"(3) SANITATION DEFICIENCY LEVELS.— For purposes of this subsection, the sanitation deficiency levels for an individual, Indian Tribe, or Indian community sanitation facility to serve Indian homes are determined as follows: "(A) A level I deficiency exists if a	(4) For purposes of this subsection, the sanitation deficiency levels for an individual or community sanitation facility serving Indian homes ~~Tribe or community~~ are as follows: (A) a level I deficiency is a sanitation facility serving an individual ~~Indian Tribe~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		control laws, and (ii) in which the deficiencies relate to routine replacement, repair, or maintenance needs;	sanitation facility serving an individual, Indian Tribe, or Indian community— (i) complies with all applicable water supply, pollution control, and solid waste disposal laws; and (ii) deficiencies relate to routine replacement, repair, or maintenance needs.	sanitation facility serving an individual, Indian Tribe, or Indian community— "(i) complies with all applicable water supply, pollution control, and solid waste disposal laws; and "(ii) deficiencies relate to routine replacement, repair, or maintenance needs.	or community ~~with a sanitation system~~ – (i) which complies with all applicable water supply, ~~and~~ pollution control and solid waste disposal laws, and (ii) in which the deficiencies relate to routine replacement, repair, or maintenance needs;
		(B) level II is an Indian tribe or community with a sanitation system-- (i) which complies with all applicable water supply and pollution control laws, and (ii) in which the deficiencies relate to capital improvements that are necessary to improve the facilities in order to meet the needs of such tribe or community for domestic sanitation facilities;	(B) A level II deficiency exists if a sanitation facility serving an individual, Indian Tribe, or Indian community substantially or recently complied with all applicable water supply, pollution control, and solid waste laws and any deficiencies relate to— (i) small or minor capital improvements needed to bring the facility back into compliance; (ii) capital improvements that are necessary to enlarge or improve the facilities in order to meet the current needs for domestic sanitation facilities; or (iii) the lack of equipment or training by an Indian Tribe, Tribal Organization, or an Indian community to properly operate and maintain the sanitation facilities.	"(B) A level II deficiency exists if a sanitation facility serving an individual, Indian Tribe, or Indian community substantially or recently complied with all applicable water supply, pollution control, and solid waste laws and any deficiencies relate to— "(i) small or minor capital improvements needed to bring the facility back into compliance; "(ii) capital improvements that are necessary to enlarge or improve the facilities in order to meet the current needs for domestic sanitation facilities; or "(iii) the lack of equipment or training by an Indian Tribe, Tribal Organization, or an Indian community to properly operate and maintain the sanitation facilities.	(B) a level II deficiency is a sanitation facility serving an individual ~~Indian Tribe~~ or community ~~with a sanitation system~~ – (i) which substantially or recently complied ~~s~~ with all applicable water supply, ~~and~~ pollution control and solid waste laws, in which the deficiencies relate to small or minor capital improvements needed to bring the facility back into compliance; ~~and~~ (ii) ~~in which the~~ deficiencies relate to capital improvements that are necessary to enlarge or improve the facilities in order to meet the current needs ~~of such Tribe or community~~ for domestic sanitation facilities; or (iii) in which the deficiencies relate to the lack of equipment or training by an Indian Tribe or community to properly operate and maintain the sanitation facilities;
		(C) level III is an Indian tribe or community with a sanitation system which-- (i) has an inadequate or partial water supply and a sewage disposal facility that does not comply with applicable water supply and pollution control laws, or (ii) has no solid waste disposal facility;	(C) A level III deficiency exists if a sanitation facility serving an individual, Indian Tribe or Indian community meets 1 or more of the following conditions— (i) water or sewer service in the home is provided by a haul system with holding tanks and interior plumbing; (ii) major significant interruptions to water supply or sewage disposal occur frequently, requiring major capital improvements to correct the deficiencies; or (iii) there is no access to or no approved or permitted solid waste facility available.	"(C) A level III deficiency exists if a sanitation facility serving an individual, Indian Tribe or Indian community meets 1 or more of the following conditions— "(i) water or sewer service in the home is provided by a haul system with holding tanks and interior plumbing; "(ii) major significant interruptions to water supply or sewage disposal occur frequently, requiring major capital improvements to correct the deficiencies; or "(iii) there is no access to or no approved or permitted solid waste facility available.	(C) a level III deficiency is an individual ~~Indian Tribe~~ or community ~~with a sanitation system~~ facility with water and/or sewer service in the home, piped services or a haul system with holding tanks and interior plumbing, or where major significant interruptions to water supply or sewage disposal occur frequently, requiring major capital improvements to correct the deficiencies. There is no access to or no approved or permitted solid waste facility available, ~~which—~~ ~~(i) has an inadequate or partial water supply and a sewage disposal facility that does not comply with applicable water supply and pollution control laws, or~~ ~~(ii) has no solid waste disposal facility;~~
		(D) level IV is an Indian tribe or community with a sanitation system which lacks either a safe water supply system or a sewage disposal system; and	(D) A level IV deficiency exists— (i) if a sanitation facility for an individual home, an Indian Tribe, or an Indian community exists but— (I) lacks— (aa) a safe water supply system; or (bb) a waste disposal system; (II) contains no piped water or sewer facilities; or (III) has become inoperable due to a major component failure; or	"(D) A level IV deficiency exists— "(i) if a sanitation facility for an individual home, an Indian Tribe, or an Indian community exists but— "(I) lacks— "(aa) a safe water supply system; or "(bb) a waste disposal system; "(II) contains no piped water or sewer facilities; or "(III) has become inoperable due to a major component failure; or	(D) a level IV deficiency is an individual ~~Indian Tribe~~ or community ~~with a sanitation system~~ facility where there is no piped ~~which lacks either a safe~~ water and/or sewer facilities in the home or the facility has become inoperable due to major component failure or where only a washeteria or central facility exists; ~~supply system or a sewage disposal system; and~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			(ii) if only a washeteria or central facility exists in the community.	"(ii) if only a washeteria or central facility exists in the community.	
		(E) level V is an Indian tribe or community that lacks a safe water supply and a sewage disposal system.	(E) A level V deficiency exists in the absence of a sanitation facility, where individual homes do not have access to safe drinking water or adequate wastewater (including sewage) disposal.	"(E) A level V deficiency exists in the absence of a sanitation facility, where individual homes do not have access to safe drinking water or adequate wastewater (including sewage) disposal.	(E) a level V deficiency is the absence of a sanitation facility; where individual homes do not have access to ~~an Indian Tribe or community that lacks a~~ safe drinking water or adequate wastewater ~~supply and a sewage~~ disposal ~~system~~.
		(5) For purposes of this subsection, any Indian tribe or community that lacks the operation and maintenance capability to enable its sanitation system to meet pollution control laws may not be treated as having a level I or II sanitation deficiency.			~~(F) For purposes of this subsection, any Indian Tribe or community that lacks the operation and maintenance capability to enable its sanitation system to meet pollution control laws may not be treated as having a level I or II sanitation deficiency.~~
	Same in R, E & S, except that E substituted "majority" for "significant proportion".		(i) DEFINITIONS.— For purposes of this section, the following terms apply: (1) INDIAN COMMUNITY.— The term 'Indian community' means a geographic area, a significant proportion of whose inhabitants are Indians and which is served by or capable of being served by a facility described in this section.	"(i) Definitions.— For purposes of this section, the following terms apply: "(1) INDIAN COMMUNITY.— The term 'Indian community' means a geographic area, a significant proportion of whose inhabitants are Indians and which is served by or capable of being served by a facility described in this section.	(i) For purposes of this section – (2) the term "Indian community" shall mean a geographic area, a significant proportion of whose inhabitants are Indians and which is served by or capable of being served by a facility described in this section.
			(2) SANITATION FACILITIES.— The terms 'sanitation facility' and 'sanitation facilities' mean safe and adequate water supply systems, sanitary sewage disposal systems, and sanitary solid waste systems (and all related equipment and support infrastructure).	"(2) SANITATION FACILITIES.— The terms 'sanitation facility' and 'sanitation facilities' mean safe and adequate water supply systems, sanitary sewage disposal systems, and sanitary solid waste systems (and all related equipment and support infrastructure).	(1) the terms facility" or facilities" shall have the same meaning as the terms system" or systems" unless the context requires otherwise; and
	S.1790 did not change CL § 303.	PREFERENCE TO INDIANS AND INDIAN FIRMS Sec. 303. (a)	SEC. 303. PREFERENCE TO INDIANS AND INDIAN FIRMS. (a) BUY INDIAN ACT.—	"SEC. 303. PREFERENCE TO INDIANS AND INDIAN FIRMS. "(a) Discretionary Authority; Covered Activities.—	PREFERENCE TO INDIANS AND INDIAN FIRMS.1200 Sec. 303. (a)
		The Secretary, acting through the Service, may utilize the negotiating authority of the Act of June 25, 1910 (25 U.S.C. 47),	The Secretary, acting through the Service, may use the negotiating authority of section 23 of the Act of June 25, 1910 (25 U.S.C. 47, commonly known as the 'Buy Indian Act'),	The Secretary, acting through the Service, may utilize the negotiating authority of section 23 of the Act of June 25, 1910 (25 U.S.C. 47,	The Secretary, acting through the Service, may utilize the negotiating authority of the Act of June 25, 1910 (25 U.S.C. 47),
		to give preference to any Indian or any enterprise, partnership, corporation, or other type of business organization owned and controlled by an Indian or Indians including former or current federally recognized Indian tribes in the State of New York (hereinafter referred to as an "Indian firm") in the construction and renovation of Service facilities pursuant to section 301 and in the construction of	to give preference to any Indian or any enterprise, partnership, corporation, or other type of business organization owned and controlled by an Indian or Indians including former or currently federally recognized Indian Tribes in the State of New York (hereinafter referred to as an 'Indian firm') in the construction and renovation of Service facilities pursuant to section 301 and in the construction of	to give preference to any Indian or any enterprise, partnership, corporation, or other type of business organization owned and controlled by an Indian or Indians including former or currently federally recognized Indian Tribes in the State of New York (hereinafter referred to as an 'Indian firm') in the construction and renovation of Service facilities pursuant to section 301 and in the construction of	to give preference to any Indian or any enterprise, partnership, corporation, or other type of business organization owned and controlled by an Indian or Indians including former or current federally recognized Indian Tribes in the State of New York (hereinafter referred to as an "Indian firm") in the construction and renovation of Service facilities pursuant to section 301 and in the construction
		safe water and sanitary waste disposal facilities	sanitation facilities	safe water and sanitary waste disposal facilities	of safe water and sanitary waste disposal facilities
		pursuant to section 302. Such preference may be accorded by the Secretary unless	pursuant to section 302. Such preference may be accorded by the Secretary unless	pursuant to section 302. Such preference may be accorded by the Secretary unless	pursuant to section 302. Such preference may be accorded by the Secretary unless

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		he finds, pursuant to	the Secretary finds, pursuant to	the Secretary finds, pursuant to	he finds, pursuant to
		rules and regulations promulgated by him,	regulations,	rules and regulations promulgated by the Secretary,	rules and regulations promulgated by him,
		that the project or function to be contracted for will not be satisfactory or such project or function cannot be properly completed or maintained under the proposed contract. The Secretary, in arriving at his finding, shall consider whether the Indian or Indian firm will be deficient with respect to	that the project or function to be contracted for will not be satisfactory or such project or function cannot be properly completed or maintained under the proposed contract. The Secretary, in arriving at such a finding, shall consider whether the Indian or Indian firm will be deficient with respect to—	that the project or function to be contracted for will not be satisfactory or such project or function cannot be properly completed or maintained under the proposed contract. The Secretary, in arriving at such a finding, shall consider whether the Indian or Indian firm will be deficient with respect to—	that the project or function to be contracted for will not be satisfactory or such project or function cannot be properly completed or maintained under the proposed contract. The Secretary, in arriving at his finding, shall consider whether the Indian or Indian firm will be deficient with respect to
		(1) ownership and control by Indians, (2) equipment, (3) bookkeeping and accounting procedures, (4) substantive knowledge of the project or function to be contracted for, (5) adequately trained personnel, or (6) other necessary components of contract performance.	(1) ownership and control by Indians; (2) equipment; (3) bookkeeping and accounting procedures; (4) substantive knowledge of the project or function to be contracted for; (5) adequately trained personnel; or (6) other necessary components of contract performance.	"(1) ownership and control by Indians; "(2) equipment; "(3) bookkeeping and accounting procedures; "(4) substantive knowledge of the project or function to be contracted for; "(5) adequately trained personnel; or "(6) other necessary components of contract performance.	(1) ownership and control by Indians, (2) equipment, (3) bookkeeping and accounting procedures, (4) substantive knowledge of the project or function to be contracted for, (5) adequately trained personnel, or (6) other necessary components of contract performance.
	R & E did not include this subsection.	(b) For the purpose of implementing the provisions of this title, the Secretary shall assure that the rates of pay for personnel engaged in the construction or renovation of facilities constructed or renovated in whole or in part by funds made available pursuant to this title are not less than the prevailing local wage rates for similar work as determined in accordance with the Act of March 3, 1931 (40 U.S.C. 276a-276a-5, known as the Davis-Bacon Act.	(b) PAY RATES.— For the purposes of implementing the provisions of this title, the Secretary shall assure that the rates of pay for personnel engaged in the construction or renovation of facilities constructed or renovated in whole or in part by funds made available pursuant to this title are not less than the prevailing local wage rates for similar work as determined in accordance with the Act of March 3, 1931 (40 U.S.C. 276a–276a-5, known as the Davis-Bacon Act).	"(b) PAY RATES.— For the purpose of implementing the provisions of this title, the Secretary shall assure that the rates of pay for personnel engaged in the construction or renovation of facilities constructed or renovated in whole or in part by funds made available pursuant to this title are not less than the prevailing local wage rates for similar work as determined in accordance with sections 3141 through 3144, 3146, and 3147 of title 40, United States Code.	(b) For the purpose of implementing the provisions of this title, ~~the Secretary shall assure that the rates of pay for personnel engaged in the~~ construction or renovation of facilities constructed or renovated in whole or in part by funds made available pursuant to this title are exempt from ~~not less than the prevailing local wage rates for similar work as determined in accordance with~~ the Act of March 3, 1931 (40 U.S.C. 276a-276a-5, known as the Davis-Bacon Act.)
			(c) LABOR STANDARDS.— For the purposes of implementing the provisions of this title, contracts for the construction or renovation of health care facilities, staff quarters, and sanitation facilities, and related support infrastructure, funded in whole or in part with funds made available pursuant to this title, shall contain a provision requiring compliance with subchapter IV of chapter 31 of title 40, United States Code (commonly known as the 'Davis-Bacon Act').		
	S.1790 did not change CL § 304. H.R. 3962, as amended, deleted Title II, Sec. 102 of H.R. 2708.	SOBOBA SANITATION FACILITIES Sec. 304. The Act of December 17, 1970 (84 Stat. 1465), is hereby amended by adding the following new section 9 at the end thereof: Sec. 9. Nothing in this Act shall preclude the Soboba Band of Mission Indians and the Soboba Indian Reservation from being provided with sanitation facilities and services under the authority of section 7 of the Act of August 5,1954 (68 Stat. 674), as amended by the Act of	~~Title II, SEC. 102. SOBOBA SANITATION FACILITIES. The Act of December 17, 1970 (84 Stat. 1465), is amended by adding at the end the following:~~ ~~"SEC. 9. Nothing in this Act shall preclude the Soboba Band of Mission Indians and the Soboba Indian Reservation from being provided with sanitation facilities and services under the authority of section 7 of the Act of August 5, 1954 (68 Stat. 674), as amended by the Act of~~	Title II, SEC. 102. SOBOBA SANITATION FACILITIES. The Act of December 17, 1970 (84 Stat. 1465), is amended by adding at the end the following: "Sec. 9. Nothing in this Act shall preclude the Soboba Band of Mission Indians and the Soboba Indian Reservation from being provided with sanitation facilities and services under the authority of section 7 of the Act of August 5, 1954 (68 Stat. 674), as amended by the Act of July 31, 1959	SOBOBA SANITATION FACILITIES Sec. 304. The Act of December 17, 1970 (84 Stat. 1465), is hereby amended by adding the following new section 9 at the end thereof: Sec. 9. Nothing in this Act shall preclude the Soboba Band of Mission Indians and the Soboba Indian Reservation from being provided with sanitation facilities and services under the authority of section 7 of the Act of August 5,1954

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		July 31, 1959 (73 Stat. 267).	~~July 31, 1959 (73 Stat. 267).".~~	(73 Stat. 267).".	(68 Stat. 674), as amended by the Act of July 31, 1959 (73 Stat. 267).
	S.1790 did not change CL § 305.	EXPENDITURE OF NON-SERVICE FUNDS FOR RENOVATION Sec. 305. (a)(1)Notwithstanding any other provision of law, the Secretary is authorized to accept any major renovation or modernization by any Indian tribe of any Service facility, or of any other Indian health facility operated pursuant to a contract entered into under the Indian Self-Determination Act, including-- (A) any plans or designs for such renovation or modernization, and (B) any renovation or modernization for which funds appropriated under any Federal law were lawfully expended, but only if the requirements of subsection (b) are met. (2) The Secretary shall maintain a separate priority list to address the needs of such facilities for personnel or equipment. (3) The Secretary shall submit to the President, for inclusion in each report required to be transmitted to the Congress under section 801, the priority list maintained pursuant to paragraph (2). (b) The requirements of this subsection are met with respect to any renovation or modernization if (1) the tribe or tribal organization-- (A) provides notice to the Secretary of its intent to renovate or modernize; and (B) applies to the Secretary to be placed on a separate priority list to address the needs of such new facilities for personnel or equipment; and (2) the renovation or modernization-- (A) is approved by the appropriate area director of the Service; and (B) is administered by the tribe in accordance with the rules and regulations prescribed by the Secretary with respect to construction or renovation of Service facilities.	SEC. 304. EXPENDITURE OF NON-SERVICE FUNDS FOR RENOVATION. (a) IN GENERAL.— Notwithstanding any other provision of law, if the requirements of subsection (c) are met, the Secretary, acting through the Service, is authorized to accept any major expansion, renovation, or modernization by any Indian Tribe or Tribal Organization of any Service facility or of any other Indian health facility operated pursuant to a contract or compact under the Indian Self-Determination and Education Assistance Act (25 18 U.S.C. 450 et seq.), including— (1) any plans or designs for such expansion, renovation, or modernization; and (2) any expansion, renovation, or modernization for which funds appropriated under any Federal law were lawfully expended. (b) PRIORITY LIST.— (1) IN GENERAL.— The Secretary shall maintain a separate priority list to address the needs for increased operating expenses, personnel, or equipment for such facilities. The methodology for establishing priorities shall be developed through regulations. The list of priority facilities will be revised annually in consultation with Indian Tribes and Tribal Organizations. (2) REPORT.— The Secretary shall submit to the President, for inclusion in the report required to be transmitted to Congress under section 801, the priority list maintained pursuant to paragraph (1). (c) REQUIREMENTS.— The requirements of this subsection are met with respect to any expansion, renovation, or modernization if— (1) the Indian Tribe or Tribal Organization— (A) provides notice to the Secretary of its intent to expand, renovate, or modernize; and (B) applies to the Secretary to be placed on a separate priority list to address the needs of such new facilities for increased operating expenses, personnel, or equipment; and (2) the expansion, renovation, or modernization— (A) is approved by the appropriate area director of the Service for Federal facilities; and (B) is administered by the Indian Tribe or	"SEC. 304. EXPENDITURE OF NON-SERVICE FUNDS FOR RENOVATION. "(a) In General.— Notwithstanding any other provision of law, if the requirements of subsection (c) are met, the Secretary, acting through the Service, is authorized to accept any major expansion, renovation, or modernization by any Indian Tribe or Tribal Organization of any Service facility or of any other Indian health facility operated pursuant to a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), including— "(1) any plans or designs for such expansion, renovation, or modernization; and "(2) any expansion, renovation, or modernization for which funds appropriated under any Federal law were lawfully expended. "(b) Priority List.— "(1) IN GENERAL.— The Secretary shall maintain a separate priority list to address the needs for increased operating expenses, personnel, or equipment for such facilities. The methodology for establishing priorities shall be developed through regulations. The list of priority facilities will be revised annually in consultation with Indian Tribes and Tribal Organizations. "(2) REPORT.— The Secretary shall submit to the President, for inclusion in the report required to be transmitted to Congress under section 801, the priority list maintained pursuant to paragraph (1). "(c) Requirements.— The requirements of this subsection are met with respect to any expansion, renovation, or modernization if— "(1) the Indian Tribe or Tribal Organization— "(A) provides notice to the Secretary of its intent to expand, renovate, or modernize; and "(B) applies to the Secretary to be placed on a separate priority list to address the needs of such new facilities for increased operating expenses, personnel, or equipment; and "(2) the expansion, renovation, or modernization— "(A) is approved by the appropriate area Director for Federal facilities; and "(B) is administered by the Indian Tribe or Tribal Organization in accordance with	EXPENDITURE OF NON-SERVICE FUNDS FOR RENOVATION Sec. 305. (a)(1)Notwithstanding any other provision of law, the Secretary is authorized to accept any major expansion, renovation or modernization by any Indian Tribe of any Service facility, or of any other Indian health facility operated pursuant to a funding agreement ~~contract~~ entered into under the Indian Self-Determination and Education Assistance Act, including– (A) any plans or designs for such expansion, renovation or modernization, and (B) any expansion, renovation or modernization for which funds appropriated under any federal law were lawfully expended, but only if the requirements of subsection (b) are met. (2) The Secretary shall maintain a separate priority list to address the needs for increased operating ~~of such~~ expenses, ~~facilities for~~ personnel or equipment for such facilities. The methodology for establishing priorities shall be developed by negotiated rulemaking under Section 802. The list of priority facilities will be revised annually in consultation with Indian Tribes and tribal organizations. (3) The Secretary shall submit to the President, for inclusion in each report required to be transmitted to the Congress under section 801, the priority list maintained pursuant to paragraph (2). (b) The requirements of this subsection are met with respect to any expansion, renovation or modernization if– (1) the Tribe or tribal organization– (A) provides notice to the Secretary of its intent to expand, renovate or modernize; and (B) applies to the Secretary to be placed on a separate priority list to address the needs of such new facilities for increased operating expenses, personnel or equipment; and (2) the expansion, renovation or modernization– (A) is approved by the appropriate area director of the Service for federal facilities; and (B) is administered by the Indian Tribe or tribal organization in accordance with any applicable ~~the rules and~~ regulations prescribed by the Secretary

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			Tribal Organization in accordance with any applicable regulations prescribed by the Secretary with respect to construction or renovation of Service facilities. (d) ADDITIONAL REQUIREMENT FOR EXPANSION.— In addition to the requirements under subsection (c), for any expansion, the Indian Tribe or Tribal Organization shall provide to the Secretary additional information pursuant to regulations, including additional staffing, equipment, and other costs associated with the expansion.	any applicable regulations prescribed by the Secretary with respect to construction or renovation of Service facilities. "(d) Additional Requirement for Expansion.— In addition to the requirements under subsection (c), for any expansion, the Indian Tribe or Tribal Organization shall provide to the Secretary additional information pursuant to regulations, including additional staffing, equipment, and other costs associated with the expansion.	with respect to construction or renovation of Service facilities.
		(c) If any Service facility which has been renovated or modernized by an Indian tribe under this section ceases to be used as a Service facility during the 20-year period beginning on the date such renovation or modernization is completed, such Indian tribe shall be entitled to recover from the United States an amount which bears the same ratio to the value of such facility at the time of such cessation as the value of such renovation or modernization (less the total amount of any funds provided specifically for such facility under any Federal program that were expended for such renovation or modernization) bore to the value of such facility at the time of the completion of such renovation or modernization.	(e) CLOSURE OR CONVERSION OF FACILITIES.— If any Service facility which has been expanded, renovated, or modernized by an Indian Tribe or Tribal Organization under this section ceases to be used as a Service facility during the 20-year period beginning on the date such expansion, renovation, or modernization is completed, such Indian Tribe or Tribal Organization shall be entitled to recover from the United States an amount which bears the same ratio to the value of such facility at the time of such cessation as the value of such expansion, renovation, or modernization (less the total amount of any funds provided specifically for such facility under any Federal program that were expended for such expansion, renovation, or modernization) bore to the value of such facility at the time of the completion of such expansion, renovation, or modernization.	"(e) Closure or Conversion of Facilities.— If any Service facility which has been expanded, renovated, or modernized by an Indian Tribe or Tribal Organization under this section ceases to be used as a Service facility during the 20-year period beginning on the date such expansion, renovation, or modernization is completed, such Indian Tribe or Tribal Organization shall be entitled to recover from the United States an amount which bears the same ratio to the value of such facility at the time of such cessation as the value of such expansion, renovation, or modernization (less the total amount of any funds provided specifically for such facility under any Federal program that were expended for such expansion, renovation, or modernization) bore to the value of such facility at the time of the completion of such expansion, renovation, or modernization.	(c) If any Service facility which has been expanded, renovated or modernized by an Indian Tribe under this section ceases to be used as a Service facility during the 20-year period beginning on the date such expansion, renovation or modernization is completed, such Indian Tribe shall be entitled to recover from the United States an amount which bears the same ratio to the value of such facility at the time of such cessation as the value of such expansion, renovation or modernization (less the total amount of any funds provided specifically for such facility under any federal program that were expended for such renovation or modernization) bore to the value of such facility at the time of the completion of such expansion, renovation or modernization.
	S.1790 did not change CL § 306.	GRANT PROGRAM FOR THE CONSTRUCTION, EXPANSION, AND MODERNIZATION OF SMALL AMBULATORY CARE FACILITIES Sec. 306. (a)(1) The Secretary, acting through the Service, shall make grants to tribes and tribal organizations for the construction, expansion, or modernization of facilities for the provision of ambulatory care services to eligible Indians (and noneligible persons as provided in subsection (c)(1)(C)). A grant made under this section may cover up to 100 percent of the costs of such construction, expansion, or modernization. For the purposes of this section, the term "construction" includes the replacement of an existing facility. (2) A grant under paragraph (1) may only be made to a tribe or tribal organization operating an Indian health	SEC. 305. FUNDING FOR THE CONSTRUCTION, EXPANSION, AND MODERNIZATION OF SMALL AMBULATORY CARE FACILITIES. (a) GRANTS.— (1) IN GENERAL.— The Secretary, acting through the Service, shall make grants to Indian Tribes and Tribal Organizations for the construction, expansion, or modernization of facilities for the provision of ambulatory care services to eligible Indians (and noneligible persons pursuant to subsections (b)(2) and (c)(1)(C)). A grant made under this section may cover up to 100 percent of the costs of such construction, expansion, or modernization. For the purposes of this section, the term 'construction' includes the replacement of an existing facility. (2) GRANT AGREEMENT REQUIRED.— A grant under paragraph	"SEC. 305. FUNDING FOR THE CONSTRUCTION, EXPANSION, AND MODERNIZATION OF SMALL AMBULATORY CARE FACILITIES. "(a) Grants.— "(1) IN GENERAL.— The Secretary, acting through the Service, shall make grants to Indian Tribes and Tribal Organizations for the construction, expansion, or modernization of facilities for the provision of ambulatory care services to eligible Indians (and noneligible persons pursuant to subsections (b)(2) and (c)(1)(C)). A grant made under this section may cover up to 100 percent of the costs of such construction, expansion, or modernization. For the purposes of this section, the term 'construction' includes the replacement of an existing facility. "(2) GRANT AGREEMENT REQUIRED.— A grant under paragraph (1) may only be made available to a Tribal Health Program	FUNDING ~~GRANT PROGRAM~~ FOR THE CONSTRUCTION, EXPANSION, AND MODERNIZATION OF SMALL AMBULATORY CARE FACILITIES Sec. 306. (a)(1) The Secretary, acting through the Service and in consultation with Indian Tribes and tribal organizations, shall make funding available ~~grants~~ to Tribes and tribal organizations for the construction, expansion, or modernization of facilities for the provision of ambulatory care services to eligible Indians (and noneligible persons as provided in subsections (c)(1)(C) and (b)(2) of this section). Funding ~~A grant~~ made under this section may cover up to 100 percent of the costs of such construction, expansion, or modernization. For the purposes of this section, the term "construction" includes the replacement of an existing facility. (2) Funding ~~A grant~~ under paragraph

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		facility (other than a facility owned or constructed by the Service, including a facility originally owned or constructed by the Service and transferred to a tribe or tribal organization) pursuant to a contract entered into under the Indian Self-Determination Act.	(1) may only be made available to a Tribal Health Program operating an Indian health facility (other than a facility owned or constructed by the Service, including a facility originally owned or constructed by the Service and transferred to an Indian Tribe or Tribal Organization).	operating an Indian health facility (other than a facility owned or constructed by the Service, including a facility originally owned or constructed by the Service and transferred to an Indian Tribe or Tribal Organization).	(1) may only be made available to an Indian Tribe or tribal organization operating an Indian health facility (other than a facility owned or constructed by the Service, including a facility originally owned or constructed by the Service and transferred to an Indian Tribe or tribal organization) pursuant to a funding agreement ~~contract~~ entered into under the Indian Self-Determination and Education Assistance Act.
		(b) (1) A grant provided under this section may be used only for the construction, expansion, or modernization (including the planning and design of such construction, expansion, or modernization) of an ambulatory care facility-- (A) located apart from a hospital; (B) not funded under section 301 or section 307; and (C) which, upon completion of such construction, or modernization will–	(b) USE OF GRANT FUNDS.— (1) ALLOWABLE USES.— A grant awarded under this section may be used for the construction, expansion, or modernization (including the planning and design of such construction, expansion, or modernization) of an ambulatory care facility— (A) located apart from a hospital; (B) not funded under section 301 or section 306; and (C) which, upon completion of such construction or modernization will—	"(b) Use of Grant Funds.— "(1) ALLOWABLE USES.— A grant awarded under this section may be used for the construction, expansion, or modernization (including the planning and design of such construction, expansion, or modernization) of an ambulatory care facility— "(A) located apart from a hospital; "(B) not funded under section 301 or section 306; and "(C) which, upon completion of such construction or modernization will—	(b)(1) Funding ~~A grant~~ provided under this section may be used only for the construction, expansion, or modernization (including the planning and design of such construction, expansion, or modernization) of an ambulatory care facility– (A) located apart from a hospital; (B) not funded under section 301 or section 307; and (C) which, upon completion of such construction, or modernization will–
		(i) have a total capacity appropriate to its projected service population; (ii) serve no less than 500 eligible Indians annually; and	(i) have a total capacity appropriate to its projected service population; (ii) provide annually no fewer than 150 patient visits by eligible Indians and other users who are eligible for services in such facility in accordance with section 807(c)(2); and	"(i) have a total capacity appropriate to its projected service population; "(ii) provide annually no fewer than 150 patient visits by eligible Indians and other users who are eligible for services in such facility in accordance with section 807(c)(2); and	(i) have a total capacity appropriate to its projected service population; (ii) ~~serve~~ provide annually no less than 500 patient visits by eligible Indians ~~annually~~ and other users who are eligible for services in such facility in accordance with section 807(b)(1)(B); and
	Same as R & S. E substituted "with a population of no fewer than 2,000 eligible Indian" for the last phrase.	(iii) provide ambulatory care in a service area (specified in the contract entered into under the Indian Self-Determination Act) with a population of not less than 2,000 eligible Indians.	(iii) provide ambulatory care in a Service Area (specified in the contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) with a population of no fewer than 1,500 eligible Indians and other users who are eligible for services in such facility in accordance with section 807(c)(2).	"(iii) provide ambulatory care in a Service Area (specified in the contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) with a population of no fewer than 1,500 eligible Indians and other users who are eligible for services in such facility in accordance with section 807(c)(2).	(iii) provide ambulatory care in a service area (specified in the funding agreement ~~contract~~ entered into under the Indian Self-Determination and Education Assistance Act) with a population of no fewer ~~not less~~ than 1500 ~~2,000~~ eligible Indians and other users who are eligible for services in such facility in accordance with section 807(b)(1)(B).
	E. has an additional paragraph that reads: "(2) SMALL INDIAN COMMUNITY SET ASIDE–Of the grants awarded under this section, the Secretary shall set aside a portion for the construction, expansion, or modernization of a facility that, upon completion, does not meet the requirement of clause (ii) or (iii) (or both such clauses) of paragraph (1)(C)."				
	Same as R & S. E does not include this provision.		(2) ADDITIONAL ALLOWABLE USE.— The Secretary may also reserve a	"(2) ADDITIONAL ALLOWABLE USE.— The Secretary may also reserve a portion of the	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			portion of the funding provided under this section and use those reserved funds to reduce an outstanding debt incurred by Indian Tribes or Tribal Organizations for the construction, expansion, or modernization of an ambulatory care facility that meets the requirements under paragraph (1). The provisions of this section shall apply, except that such applications for funding under this paragraph shall be considered separately from applications for funding under paragraph (1).	funding provided under this section and use those reserved funds to reduce an outstanding debt incurred by Indian Tribes or Tribal Organizations for the construction, expansion, or modernization of an ambulatory care facility that meets the requirements under paragraph (1). The provisions of this section shall apply, except that such applications for funding under this paragraph shall be considered separately from applications for funding under paragraph (1).	
		(2) The requirements of clauses (ii) and (iii) of paragraph (1)(C) shall not apply to a tribe or tribal organization applying for a grant under this section whose tribal government offices are located on an island.	(3) USE ONLY FOR CERTAIN PORTION OF COSTS.— A grant provided under this section may be used only for the cost of that portion of a construction, expansion, or modernization project that benefits the Service population identified above in subsection (b)(1)(C) (ii) and (iii). The requirements of clauses (ii) and (iii) of paragraph (1)(C) shall not apply to an Indian Tribe or Tribal Organization applying for a grant under this section for a health care facility located or to be constructed on an island or when such facility is not located on a road system providing direct access to an inpatient hospital where care is available to the Service population.	"(3) USE ONLY FOR CERTAIN PORTION OF COSTS.— A grant provided under this section may be used only for the cost of that portion of a construction, expansion, or modernization project that benefits the Service population identified above in subsection (b)(1)(C) (ii) and (iii). The requirements of clauses (ii) and (iii) of paragraph (1)(C) shall not apply to an Indian Tribe or Tribal Organization applying for a grant under this section for a health care facility located or to be constructed on an island or when such facility is not located on a road system providing direct access to an inpatient hospital where care is available to the Service population.	(2) Funding provided under this section may be used only for the cost of that portion of a construction, expansion or modernization project that benefits the service population identified above in subsection (b)(1)(C)(ii) and (iii). The requirements of clauses (ii) and (iii) of paragraph (l) (C) shall not apply to a Tribe or tribal organization applying for funding ~~a grant~~ under this section whose ~~tribal government~~ principal office~~s are~~ for health care administration is located on an island or when such office is not located on a road system providing direct access to an inpatient hospital where care is available to the service population.
		(c)(1) No grant may be made under this section unless an application for such a grant has been submitted to and approved by the Secretary. An application for a grant under this section shall be submitted in such form and manner as the Secretary shall by regulation prescribe and shall set forth reasonable assurance by the applicant that, at all times after the construction, expansion, or modernization of a facility carried out pursuant to a grant received under this section-- (A) adequate financial support will be available for provision of services at such facility; (B) such facility will be available to eligible Indians without regard to ability to pay or source of payment; and (C) such facility will, as feasible without the quality or quantity of services provided to eligible Indians, serve noneligible persons on a cost basis. (2) In awarding grants under this section, the Secretary shall give priority to tribes and tribal organizations that demonstrate-- (A) a need for increased ambulatory care services; and	(c) GRANTS.— (1) APPLICATION.— No grant may be made under this section unless an application or proposal for the grant has been approved by the Secretary in accordance with applicable regulations and has set forth reasonable assurance by the applicant that, at all times after the construction, expansion, or modernization of a facility carried out using a grant received under this section— (A) adequate financial support will be available for the provision of services at such facility; (B) such facility will be available to eligible Indians without regard to ability to pay or source of payment; and (C) such facility will, as feasible without diminishing the quality or quantity of services provided to eligible Indians, serve noneligible persons on a cost basis. (2) PRIORITY.— In awarding grants under this section, the Secretary shall give priority to Indian Tribes and Tribal Organizations that demonstrate— (A) a need for increased ambulatory care services; and (B) insufficient capacity to deliver such	"(c) Grants.— "(1) APPLICATION.— No grant may be made under this section unless an application or proposal for the grant has been approved by the Secretary in accordance with applicable regulations and has set forth reasonable assurance by the applicant that, at all times after the construction, expansion, or modernization of a facility carried out using a grant received under this section— "(A) adequate financial support will be available for the provision of services at such facility; "(B) such facility will be available to eligible Indians without regard to ability to pay or source of payment; and "(C) such facility will, as feasible without diminishing the quality or quantity of services provided to eligible Indians, serve noneligible persons on a cost basis. "(2) PRIORITY.— In awarding grants under this section, the Secretary shall give priority to Indian Tribes and Tribal Organizations that demonstrate— "(A) a need for increased ambulatory care services; and "(B) insufficient capacity to deliver such	(c)(1) No funding ~~grant~~ may be made available under this section unless an application or proposal for such funding ~~a grant~~ has been submitted to and approved by the Secretary. An application or proposal for funding ~~a grant~~ under this section shall be submitted in accordance with applicable ~~such form and manner as the Secretary shall by~~ regulations ~~prescribe~~ and shall set forth reasonable assurance by the applicant that, at all times after the construction, expansion, or modernization of a facility carried out pursuant to funding ~~a grant~~ received under this section– (A) adequate financial support will be available for provision of services at such facility; (B) such facility will be available to eligible Indians without regard to ability to pay or source of payment; and (C) such facility will, as feasible without the quality or quantity of services provided to eligible Indians, serve noneligible persons on a cost basis. (2) In awarding funding ~~grants~~ under this section, the Secretary shall give priority to Tribes and tribal organizations

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		(B) insufficient capacity to deliver such services.	services. (3) PEER REVIEW PANELS.— The Secretary may provide for the establishment of peer review panels, as necessary, to review and evaluate applications and proposals and to advise the Secretary regarding such applications using the criteria developed pursuant to subsection (a)(1).	services. "(3) PEER REVIEW PANELS.— The Secretary may provide for the establishment of peer review panels, as necessary, to review and evaluate applications and proposals and to advise the Secretary regarding such applications using the criteria developed pursuant to subsection (a)(1).	that demonstrate– (A) a need for increased ambulatory care services; and (B) insufficient capacity to deliver such services. (3) The Secretary may provide for the establishment of peer review panels, as necessary, to review and evaluate applications and proposals and to advise the Secretary regarding such applications using the criteria developed pursuant to paragraph (1).
		(d) If any facility (or portion thereof) with respect to which funds have been paid under this section, ceases, at any time after completion of the construction, expansion, or modernization carried out with such funds, to be utilized for the purposes of providing ambulatory care services to eligible Indians, all of the right, title, and interest in and to such facility (or portion thereof) shall transfer to the United States.	(d) REVERSION OF FACILITIES.— If any facility (or portion thereof) with respect to which funds have been paid under this section, ceases, at any time after completion of the construction, expansion, or modernization carried out with such funds, to be used for the purposes of providing health care services to eligible Indians, all of the right, title, and interest in and to such facility (or portion thereof) shall transfer to the United States unless otherwise negotiated by the Service and the Indian Tribe or Tribal Organization.	"(d) Reversion of Facilities.— If any facility (or portion thereof) with respect to which funds have been paid under this section, ceases, at any time after completion of the construction, expansion, or modernization carried out with such funds, to be used for the purposes of providing health care services to eligible Indians, all of the right, title, and interest in and to such facility (or portion thereof) shall transfer to the United States unless otherwise negotiated by the Service and the Indian Tribe or Tribal Organization.	(d) If any facility (or portion thereof) with respect to which funds have been paid under this section, ceases, within five years ~~at any time~~ after completion of the construction, expansion, or modernization carried out with such funds, to be utilized for the purpose~~s~~ of providing ~~ambulatory~~ health care services to eligible Indians, all of the right, title, and interest in and to such facility (or portion thereof) shall transfer to the United States unless otherwise negotiated by the Service and the Indian Tribe or tribal organization.
			(e) FUNDING NONRECURRING.— Funding provided under this section shall be nonrecurring and shall not be available for inclusion in any individual Indian Tribe's tribal share for an award under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) or for reallocation or redesign thereunder.	"(e) Funding Nonrecurring.— Funding provided under this section shall be nonrecurring and shall not be available for inclusion in any individual Indian Tribe's tribal share for an award under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) or for reallocation or redesign thereunder.	(e) Funding provided to Indian Tribes and tribal organizations under this section shall be non-recurring and shall not be available for inclusion in any individual Tribe's tribal share for an award under the Indian Self-Determination and Education Assistance Act or for reallocation or redesign thereunder.
x	S. 1790 IS Sec. 141 amended §307. RS struck that Sec. 141 and in Sec. 143 amended CL §307, as now noted.	SEC. 307. INDIAN HEALTH CARE DELIVERY DEMONSTRATION PROJECTS (a) PURPOSE AND GENERAL AUTHORITY.– (1) PURPOSE.– The purpose of this section is to encourage the establishment of demonstration projects that meet the applicable criteria of this section to be carried out by the Secretary, acting through the Service, or Indian tribes or tribal organizations acting pursuant to contracts or compacts under the Indian Self Determination and Education Assistance Act (25 U.S.C. 450 et seq.)– (A) to test alternative means of delivering health care and services to Indians through facilities; or (B) to use alternative or innovative methods or models of delivering health care services to Indians (including primary care services, contract health services, or any other program or service authorized by this Act) through convenient care services (as defined in subsection (c)),	SEC. 306. INDIAN HEALTH CARE DELIVERY DEMONSTRATION PROJECT.	"SEC. 306. INDIAN HEALTH CARE DELIVERY DEMONSTRATION PROJECTS.	INDIAN HEALTH CARE DELIVERY DEMONSTRATION PROJECT Sec. 307

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		community health centers, or cooperative agreements or arrangements with other health care providers that share or coordinate the use of facilities, funding, or other resources, or otherwise coordinate or improve the coordination of activities of the Service, Indian tribes, or tribal organizations, with those of other health care providers.			
		(2)~~(a)~~ AUTHORITY.– The Secretary, acting through the Service, is authorized to carry out, or to enter into contracts or compacts under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) with, ~~or make grants to,~~ Indian tribes or tribal organizations ~~for the purpose of~~ to carry~~ing~~ out, a heath care delivery demonstration projects that– (A) ~~to~~ test alternative means of delivering health care and services to Indians through facilities ~~to Indians~~; or (B) otherwise carry out the purposes of this section.	(a) HEALTH CARE DEMONSTRATION PROJECTS.— The Secretary, acting through the Service, is authorized to make grants to, and enter into construction contracts or construction project agreements with, Indian Tribes or Tribal Organizations under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) for the purpose of carrying out a health care delivery demonstration project to test alternative means of delivering health care and services to Indians through facilities.	"(a) In General.— The Secretary, acting through the Service, is authorized to carry out, or to enter into construction agreements under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) with Indian Tribes or Tribal Organizations to carry out, a health care delivery demonstration project to test alternative means of delivering health care and services to Indians through facilities.	(a) HEALTH CARE DEMONSTRATION PROJECTS.–The Secretary, acting through the Service, in consultation with Indian Tribes and tribal organizations, is authorized to enter into funding agreements ~~contracts~~ with, or make grants or loan guarantees to, Indian Tribes or tribal organizations for the purpose of carrying out a heath care delivery demonstration project to test alternative means of delivering health care and services through facilities, including but not limited to hospice, traditional Indian health and child care facilities, to Indians.
		(b) USE OF FUNDS.– The Secretary, in approving projects pursuant to this section, (1) may authorize such contracts ~~funding~~ for the construction and renovation of hospitals, health centers, health stations, and other facilities to deliver health care services and (2) is authorized to-- (A)~~(1)~~ to waive any leasing prohibition; (B)~~(2)~~ to permit use and carryover of funds appropriated for the provision of health care services under this Act (including for the purchase of health benefits coverage, as authorized by section 402(a)); (C)~~(4)~~ to permit the use of ~~non-Service Federal funds and non-Federal~~ other available funds, including other Federal funds, funds form third-party collections in accordance with sections 206, 207, and 401, and non-Federal funds contributed by State or local governmental agencies or facilities or private health care providers pursuant to cooperative or other agreements with the Service, 1 or more Indian tribes, or tribal organizations; (D)~~(4)~~ to permit the use of funds or property donated from any source for project purposes; ~~and~~ (E)~~(5)~~ to provide for the reversion of donated real or personal property to the donor; and~~.~~	(b) USE OF FUNDS.— The Secretary, in approving projects pursuant to this section, may authorize such contracts for the construction and renovation of hospitals, health centers, health stations, and other facilities to deliver health care services and is authorized to— (1) waive any leasing prohibition; (2) permit carryover of funds appropriated for the provision of health care services; (3) permit the use of other available funds; (4) permit the use of funds or property donated from any source for project purposes; (5) provide for the reversion of donated real or personal property to the donor; and	"(b) Use of Funds.— The Secretary, in approving projects pursuant to this section, may authorize such construction agreements for the construction and renovation of hospitals, health centers, health stations, and other facilities to deliver health care services and is authorized to— "(1) waive any leasing prohibition; "(2) permit carryover of funds appropriated for the provision of health care services; "(3) permit the use of other available funds; "(4) permit the use of funds or property donated from any source for project purposes; "(5) provide for the reversion of donated real or personal property to the donor; and	(b) USE OF FUNDS.— The Secretary, in approving projects pursuant to this section, may authorize funding for the construction and renovation of hospitals, health centers, health stations, and other facilities to deliver health care services and is authorized to– (1) waive any leasing prohibition; (2) permit carryover of funds appropriated for the provision of health care services; (3) permit the use of ~~non-Service~~ other available ~~federal funds and non-federal~~ funds; (4) permit the use of funds or property donated from any source for project purposes; ~~and~~ (5) provide for the reversion of donated real or personal property to the donor~~.~~; and
	Same as R & S. E does not include this paragraph.	(F) to permit the use of Service funds to match other funds, including Federal funds.	(6) permit the use of Service funds to match other funds, including Federal funds.	"(6) permit the use of Service funds to match other funds, including Federal funds.	(6) permit the use of Service funds to match other funds, including federal funds.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		(c) HEALTH CARE DEMONSTRATION PROJECTS.-- (1) DEFINITION OF CONVENIENT CARE SERVICE.—In this subsection, the term 'convenient care service' means any primary health care service, such as urgent care services, nonemergent care services, prevention services and screenings, and any service authorized by section 203 or 205(d), that is offered (A) at an alternative setting; or (B) during hours other than regular working hours. "(2) GENERAL PROJECTS.—		[(c)](2) CONVENIENT CARE SERVICE PROJECTS.— "(A) DEFINITION OF CONVENIENT CARE SERVICE.— In this paragraph, the term 'convenient care service' means any primary health care service, such as urgent care services, nonemergent care services, prevention services and screenings, and any service authorized by sections 203 or 213(d), that is— "(i) provided outside the regular hours of operation of a health care facility; or "(ii) offered at an alternative setting, including through telehealth.	
		(A)~~(c)~~ CRITERIA.– ~~(1) Within 180 days after the date of enactment of this section, the Secretary, after consultation with Indian tribes and tribal organizations, shall develop and publish in the Federal Register criteria for the review and approval of applications submitted under this section.~~	(c) REGULATIONS.— The Secretary shall develop and promulgate regulations, not later than 1 year after the date of enactment of the Indian Health Care Improvement Act Amendments of 2009, for the review and approval of applications submitted under this section.		(c) CRITERIA.–(1)~~ Within 180 days after the date of enactment of this section, t~~The Secretary~~, after consultation with Indian Tribes and tribal organizations,~~ shall develop and publish regulations, through rulemaking under Section 802, ~~in the federal Register criteria~~ for the review and approval of applications submitted under this section.
		The Secretary may approve ~~enter into a contract or award a grant~~ under this section ~~for~~ demonstration projects that ~~which~~ meet the following criteria:	(d) CRITERIA.— The Secretary may approve projects that meet the following criteria:	"(c) Health Care Demonstration Projects.— "(1) GENERAL PROJECTS.— "(A) CRITERIA.— The Secretary may approve under this section demonstration projects that meet the following criteria:	The Secretary may enter into a contract or funding agreement or award a grant under this section for projects which meet the following criteria:
		(i)~~(A)~~ There is a need for a new facility or program, such as a program for convenient care services, or an improvement in, increased efficiency at, or ~~the~~ reorientation of an existing facility or program.	(1) There is a need for a new facility or program or the reorientation of an existing facility or program.	"(i) There is a need for a new facility or program, such as a program for convenient care services, or the reorientation of an existing facility or program.	(A) There is a need for a new facility or program or the reorientation of an existing facility or program.
		(ii)~~(B)~~ A significant number of Indians, including ~~those~~ Indians with low health status, will be served by the project. ~~(C) The project has the potential to address the health needs of Indians in an innovative manner.~~ (iii)~~(D)~~ The project has the potential to deliver services in an efficient and effective manner. (iv)~~(E)~~ The project is economically viable. (v)~~(F)~~ For projects carried out by an Indian tribe or tribal organization, ~~The~~ the Indian tribe or tribal organization has the administrative and financial capability to administer the project. (vi)~~(G)~~ The project is integrated with providers of related health and social services (including State and local health care agencies or other health care providers) and is coordinated with, and	(2) A significant number of Indians, including those with low health status, will be served by the project. (3) The project has the potential to deliver services in an efficient and effective manner. (4) The project is economically viable. (5) The Indian Tribe or Tribal Organization has the administrative and financial capability to administer the project. (6) The project is integrated with providers of related health and social services and is coordinated with, and avoids duplication of, existing services.	"(ii) A significant number of Indians, including Indians with low health status, will be served by the project. "(iii) The project has the potential to deliver services in an efficient and effective manner. "(iv) The project is economically viable. "(v) For projects carried out by an Indian Tribe or Tribal Organization, the Indian Tribe or Tribal Organization has the administrative and financial capability to administer the project. "(vi) The project is integrated with providers of related health and social services and is coordinated with, and avoids duplication of, existing services in order to expand the availability of services.	(B) A significant number of Indians, including those with low health status, will be served by the project. (C) The project has the potential to deliver services in an efficient and effective manner. (D) The project is economically viable. (E) The Indian Tribe or tribal organization has the administrative and financial capability to administer the project. (F) The project is integrated with providers of related health and social services and is coordinated with, and avoids duplication of, existing services.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		avoids duplication of, existing services in order to expand the availability of services			
		(2)~~(3)(A)~~ PRIORITY.– ~~On or before September 30, 1995,~~ In approving demonstration projects under this paragraph, the Secretary shall give priority to ~~enter into contracts or award grants under this section for a~~ demonstration projects, to the extent the projects ~~in each of the following service units which~~ meet~~s~~ the criteria described ~~specified~~ in subparagraph (A)~~(1)~~ located in any of the following Service units: ~~and for which a completed application has been received by the Secretary:~~ (i) Cass Lake, Minnesota. ~~(ii) Clinton, Oklahoma.~~ ~~(iii) Harlem, Montana.~~ (ii)~~(iv)~~ Mescalero, New Mexico. (iii)~~(v)~~ Owyhee and Elko, Nevada. ~~(vi) Parker, Arizona.~~ (iv)~~(vii)~~ Schurz, Nevada. ~~(viii)Winnebago, Nebraska.~~ (v)~~(ix)~~ Ft. Yuma, California	(f) PRIORITY.— The Secretary shall give priority to applications for demonstration projects in each of the following Service Units to the extent that such applications are timely filed and meet the criteria specified in subsection (d): (1) Cass Lake, Minnesota. (2) Mescalero, New Mexico. (3) Owyhee, Nevada. (4) Schurz, Nevada. (5) Ft. Yuma, California.	"[(c)(1)](B) PRIORITY.— In approving demonstration projects under this paragraph, the Secretary shall give priority to demonstration projects, to the extent the projects meet the criteria described in subparagraph (A), located in any of the following Service Units: "(i) Cass Lake, Minnesota. "(ii) Mescalero, New Mexico. "(iii) Owyhee, Nevada. "(iv) Schurz, Nevada. "(v) Ft. Yuma, California.	(3)~~(A) On or before September 30, 1995,~~ T~~t~~he Secretary shall give priority to applications for demonstration projects in each of the following service units to the extent that such applications are timely filed and ~~enter into contracts or award grants under this section for a demonstration project in each of the following service units which~~ meet~~s~~ the criteria specified in paragraph (1)~~ and for which a completed application has been received by the Secretary~~: (i) Cass Lake, Minnesota. (ii) Clinton, Oklahoma. (iii) Harlem, Montana. (iv) Mescalero, New Mexico. (v) Owyhee, Nevada. (vi) Parker, Arizona. (vii) Schurz, Nevada. (viii)Winnebago, Nebraska. (ix) Ft. Yuma, California
		~~(B) The Secretary may also enter into contracts or grants under this section taking into consideration applications received under this section from all service areas. The Secretary may not award a greater number of such contracts or grants in one service area than in any other service area until there is an equal number of such contracts or grants awarded with respect to all service areas from which the Secretary receives applications during the application period (as determined by the Secretary) which meet the criteria specified in paragraph (1).~~			~~(B) The Secretary may also enter into contracts or grants under this section taking into consideration applications received under this section from all service areas. The Secretary may not award a greater number of such contracts or grants in one service area than in any other service area until there is an equal number of such contracts or grants awarded with respect to all service areas from which the Secretary receives applications during the application period (as determined by the Secretary) which meet the criteria specified in paragraph (1).~~
		(3) INNOVATIVE HEALTH SERVICES DELIVERY DEMONSTRATION PROJECT.— (A) APPLICATION OR REQUEST.– On receipt of an application or request from an Indian tribe, a consortium of Indian tribes, or a tribal organization within a Service area, the Secretary shall take into consideration alternative or innovated methods to deliver health care services within the Service area (or a portion of, or facility within, the Service area) as described int eh application or request, including medical, dental, pharmaceutical, nursing, clinical laboratory, contract health services, convenient care services, community health centers, or any ther health care services delivery models designed to improve access to, or efficiency or quality of, the health care,		""(B) APPROVAL.— In addition to projects described in paragraph (1), in any fiscal year, the Secretary is authorized to approve not more than 10 applications for health care delivery demonstration projects that— "(i) include a convenient care services program as an alternative means of delivering health care services to Indians; and "(ii) meet the criteria described in subparagraph (C). "(C) CRITERIA.— The Secretary shall approve under subparagraph (B) demonstration projects that meet all of the following criteria: "(i) The criteria set forth in paragraph (1)(A). "(ii) There is a lack of access to health	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		health promotion, or disease prevention services and programs under this Act. (B) APPROVAL.– In addition to projects sescribed in paragraph (2), in any fiscal year, the Secretary is authorized under this paragraph to approve not more than 10 applications for health care delivery demonstration projects that meet the criteria described in subparagraph (C). (C) CRITERIA.—The Secretary shall approve under subparagraph (B) demonstration projects that meet all of the following criteria: "(i) The criteria set forth in paragraph (2)(A). "(ii) There is a lack of access to health care services at existing health care facilities, which may be due to limited hours of operation at those facilities or other factors. "(iii) The project— "(I) expands the availability of services; or "(II) reduces— "(aa) the burden on Contract Health Services; or "(bb) the need for emergency room visits.		care services at existing health care facilities, which may be due to limited hours of operation at those facilities or other factors. "(iii) The project— "(I) expands the availability of services; or "(II) reduces— "(aa) the burden on Contract Health Services; or "(bb) the need for emergency room visits.	
	RS 1790 IS included the peer review panels; RS did not. Same as R & E. S.1200 substituted paragraphs (1)(A) and (2)(C) of subsection (c)" for "subsection (d)". *Note: (1)(A) is found in the row above; (2)(C), which does not appear in any House bill. It is found in the next row.*		e) PEER REVIEW PANELS.— The Secretary may provide for the establishment of peer review panels, as necessary, to review and evaluate applications using the criteria developed pursuant to subsection (d).	"(d) Peer Review Panels.— The Secretary may provide for the establishment of peer review panels, as necessary, to review and evaluate applications using the criteria described in paragraphs (1)(A) and (2)(C) of subsection (c).	(2) The Secretary may provide for the establishment of peer review panels, as necessary to review and evaluate applications using the criteria developed pursuant to paragraph (1).
		(d) TECHNICAL ASSISTANCE.– On receipt of an application or request from an Indian tribe, a consortium of Indian tribes, or a tribal organization, the Secretary shall provide such technical and other assistance as may be necessary to enable applicants to comply with ~~the provisions of~~ this section, including information regarding the Service unit budget and available funding for carrying out the proposed demonstration project.	(g) TECHNICAL ASSISTANCE.— The Secretary shall provide such technical and other assistance as may be necessary to enable applicants to comply with the provisions of this section.	"(e) Technical Assistance.— The Secretary shall provide such technical and other assistance as may be necessary to enable applicants to comply with this section.	(d) TECHNICAL ASSISTANCE.– The Secretary shall provide such technical and other assistance as may be necessary to enable applicants to comply with the provisions of this section.
		(e) SERVICE TO INELIGIBLE PERSONS.-- ~~The~~ Subject to section 813, the authority to provide services to persons otherwise ineligible for the health care benefits of the Service, and the authority to extent hospital privileges in service facilities to non-Service health practitioners as provided in section 813 may be included, subject to the terms of ~~such~~ that section, in any demonstration	(h) SERVICE TO INELIGIBLE PERSONS.— Subject to section 806, the authority to provide services to persons otherwise ineligible for the health care benefits of the Service and the authority to extend hospital privileges in Service facilities to non-Service health practitioners as provided in section 806 may be included, subject to the terms of such section, in any demonstration project	"(f) Service to Ineligible Persons.— Subject to section 807, the authority to provide services to persons otherwise ineligible for the health care benefits of the Service, and the authority to extend hospital privileges in Service facilities to non-Service health practitioners as provided in section 807, may be included, subject to the terms of that section, in any demonstration project approved pursuant	(e) SERVICE TO INELIGIBLE PERSONS.– The authority to provide services to persons otherwise ineligible for the health care benefits of the Service and the authority to extend hospital privileges in ~~s~~Service facilities to non-Service health practitioners as provided in section ~~713~~ 807 may be included, subject to the terms of such section, in any demonstration project approved pursuant

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		project approved pursuant to this section.	approved pursuant to this section.	to this section.	to this section.
		(f) EQUITABLE TREATMENT.-- For purposes of subsection (c)~~(1)(a)~~, the Secretary, ~~shall,~~ in evaluating facilities operated under any contract or compact ~~entered into with the Service~~ under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), ahall use the same criteria that the Secretary uses in evaluating facilities operated directly by the Service.	(i) EQUITABLE TREATMENT.— For purposes of subsection (d)(1), the Secretary shall, in evaluating facilities operated under any contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), use the same criteria that the Secretary uses in evaluating facilities operated directly by the Service.	"(g) Equitable Treatment.— For purposes of subsection (c), the Secretary, in evaluating facilities operated under any contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), shall use the same criteria that the Secretary uses in evaluating facilities operated directly by the Service.	(f) EQUITABLE TREATMENT.– For purposes of subsection (c)(1)(a), the Secretary shall, in evaluating facilities operated under any funding agreement ~~contract~~ entered into with the Service under the Indian Self-Determination and Education Assistance Act, use the same criteria that the Secretary uses in evaluating facilities operated directly by the Service.
		(g) EQUITABLE INTEGRATION OF FACILITIES.--The Secretary shall ensure that the planning, design, construction, ~~and~~ renovation, and expansion needs of Service and non-Service facilities that ~~which~~ are the subject of a contract or compact ~~for health services entered into with the Service~~ under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) for health services~~,~~ are fully and equitably integrated into the implementation of the health care delivery demonstration projects under this section. ~~(h) (1) The Secretary shall submit to the President, for inclusion in the report which is required to be submitted to the Congress under section 801 for fiscal year 1997, an interim report on the findings and conclusions derived from the demonstration projects established under this section.~~ ~~(2) The Secretary shall submit to the President, for inclusion in the report which is required to be submitted to the Congress under section 801 for fiscal year 1999, a final report on the findings and conclusions derived from the demonstration projects established under this section, together with legislative recommendations.~~	(j) EQUITABLE INTEGRATION OF FACILITIES.— The Secretary shall ensure that the planning, design, construction, renovation, and expansion needs of Service and non-Service facilities which are the subject of a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) for health services are fully and equitably integrated into the implementation of the health care delivery demonstration projects under this section.	"(h) Equitable Integration of Facilities.— The Secretary shall ensure that the planning, design, construction, renovation, and expansion needs of Service and non-Service facilities that are the subject of a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) for health services are fully and equitably integrated into the implementation of the health care delivery demonstration projects under this section.	(g) EQUITABLE INTEGRATION OF FACILITIES.–The Secretary shall ensure that the planning, design, construction, ~~and~~ renovation and expansion needs of Service and non-Service facilities which are the subject of a funding agreement ~~contract~~ for health services entered into with the Service under the Indian Self-Determination and Education Assistance Act, are fully and equitably integrated into the implementation of the health care delivery demonstration projects under this section. ~~(h)(1) The Secretary shall submit to the President, for inclusion in the report which is required to be submitted to the Congress under section 801 for fiscal year 1997, an interim report on the findings and conclusions derived from the demonstration projects established under this section.~~ ~~(2) The Secretary shall submit to the President, for inclusion in the report which is required to be submitted to the Congress under section 801 for fiscal year 1999, a final report on the findings and conclusions derived from the demonstration projects established under this section, together with legislative recommendations.~~
	S.1790 did not change CL § 308.	LAND TRANSFER Sec. 308. The Bureau of Indian Affairs is authorized to transfer, at no cost, up to 5 acres of land at the Chemawa Indian School, Salem, Oregon, to the Service for the provision of health care services. The land authorized to be transferred by this section is that land adjacent to land under the jurisdiction of the Service and occupied by the Chemawa Indian Health Center.	SEC. 307. LAND TRANSFER. ''Notwithstanding any other provision of law, the Bureau of Indian Affairs and all other agencies and departments of the United States are authorized to transfer, at no cost, land and improvements to the Service for the provision of health care services. The Secretary is authorized to accept such land and improvements for such purposes.	"SEC. 307. LAND TRANSFER. "Notwithstanding any other provision of law, the Bureau of Indian Affairs and all other agencies and departments of the United States are authorized to transfer, at no cost, land and improvements to the Service for the provision of health care services. The Secretary is authorized to accept such land and improvements for such purposes.	LAND TRANSFER Sec. 308. (a) The Bureau of Indian Affairs is authorized to transfer, at no cost, up to 5 acres of land at the Chemawa Indian School, Salem, Oregon, to the Service for the provision of health care services. The land authorized to be transferred by this section is that land adjacent to land under the jurisdiction of the Service and occupied by the Chemawa Indian Health Center. (b) Notwithstanding any other provision of law, the Bureau of Indian Affairs and all other agencies and departments of the United States are authorized to transfer, at

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
					no cost, land and improvements to the Service for the provision of health care services. The Secretary is authorized to accept such land and improvements for such purposes.
	See, S. 1790 RS Sec. 144, which added a new 309.	SEC. 309. TRIBAL MANAGEMENT OF FEDERALLY OWNED QUARTERS. "(a) Rental Rates.— "(1) ESTABLISHMENT.—Notwithstanding any other provision of law, a tribal health program that operates a hospital or other health facility and the federally owned quarters associated with such a facility pursuant to a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) may establish the rental rates charged to the occupants of those quarters, on providing notice to the Secretary. "(2) OBJECTIVES.—In establishing rental rates under this subsection, a tribal health program shall attempt— "(A) to base the rental rates on the reasonable value of the quarters to the occupants of the quarters; and "(B) to generate sufficient funds to prudently provide for the operation and maintenance of the quarters, and at the discretion of the tribal health program, to supply reserve funds for capital repairs and replacement of the quarters. "(3) EQUITABLE FUNDING.—A federally owned quarters the rental rates for which are established by a tribal health program under this subsection shall remain eligible to receive improvement and repair funds to the same extent that all federally owned quarters used to house personnel in programs of the Service are eligible to receive those funds. "(4) NOTICE OF RATE CHANGE.—A tribal health program that establishes a rental rate under this subsection shall provide occupants of the federally owned quarters a notice of any change in the rental rate by not later than the date that is 60 days notice before the effective date of the change. "(5) RATES IN ALASKA.—A rental rate established by a tribal health program under this section for a federally owned quarters in the State of Alaska may be based on the cost of comparable private rental housing in the nearest established community with a year-round population of 1,500 or more individuals. "(b) Direct Collection of Rent.— "(1) IN GENERAL.—Notwithstanding any other provision of law, and subject to	SEC. 314. TRIBAL MANAGEMENT OF FEDERALLY OWNED QUARTERS. (a) RENTAL RATES.— (1) ESTABLISHMENT.— Notwithstanding any other provision of law, a Tribal Health Program which operates a hospital or other health facility and the federally owned quarters associated therewith pursuant to a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) shall have the authority to establish the rental rates charged to the occupants of such quarters by providing notice to the Secretary of its election to exercise such authority. (2) OBJECTIVES.— In establishing rental rates pursuant to authority of this subsection, a Tribal Health Program shall endeavor to achieve the following objectives: (A) To base such rental rates on the reasonable value of the quarters to the occupants thereof. (B) To generate sufficient funds to prudently provide for the operation and maintenance of the quarters, and subject to the discretion of the Tribal Health Program, to supply reserve funds for capital repairs and replacement of the quarters. (3) EQUITABLE FUNDING.— Any quarters whose rental rates are established by a Tribal Health Program pursuant to this subsection shall remain eligible for quarters improvement and repair funds to the same extent as all federally owned quarters used to house personnel in Services-supported programs. (4) NOTICE OF RATE CHANGE.— A Tribal Health Program which exercises the authority provided under this subsection shall provide occupants with no less than 60 days notice of any change in rental rates. " (b) DIRECT COLLECTION OF RENT.— (1) IN GENERAL.— Notwithstanding any other provision of law, and subject to paragraph (2), a Tribal Health Program shall have the authority to collect rents directly from Federal employees who occupy such quarters in accordance with the following:	"SEC. 314. TRIBAL MANAGEMENT OF FEDERALLY-OWNED QUARTERS. "(a) Rental Rates.— "(1) ESTABLISHMENT.— Notwithstanding any other provision of law, a Tribal Health Program which operates a hospital or other health facility and the federally-owned quarters associated therewith pursuant to a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) shall have the authority to establish the rental rates charged to the occupants of such quarters by providing notice to the Secretary of its election to exercise such authority. "(2) OBJECTIVES.— In establishing rental rates pursuant to authority of this subsection, a Tribal Health Program shall endeavor to achieve the following objectives: "(A) To base such rental rates on the reasonable value of the quarters to the occupants thereof. "(B) To generate sufficient funds to prudently provide for the operation and maintenance of the quarters, and subject to the discretion of the Tribal Health Program, to supply reserve funds for capital repairs and replacement of the quarters. "(3) EQUITABLE FUNDING.— Any quarters whose rental rates are established by a Tribal Health Program pursuant to this subsection shall remain eligible for quarters improvement and repair funds to the same extent as all federally-owned quarters used to house personnel in Services-supported programs. "(4) NOTICE OF RATE CHANGE.— A Tribal Health Program which exercises the authority provided under this subsection shall provide occupants with no less than 60 days notice of any change in rental rates. "(b) Direct Collection of Rent.— "(1) IN GENERAL.— Notwithstanding any other provision of law, and subject to paragraph (2), a Tribal Health Program shall have the authority to collect rents directly from Federal employees who occupy such quarters in accordance with the following: "(A) The Tribal Health Program shall notify the Secretary and the subject	TRIBAL MANAGEMENT OF FEDERALLY-OWNED QUARTERS Sec. 315 . (a)(1) Notwithstanding any other provision of law, an Indian Tribe or tribal organization which operates a hospital or other health facility and the federally-owned quarters associated therewith pursuant to a funding agreement under the Indian Self-Determination and Education Assistance Act shall have the authority to establish the rental rates charged to the occupants of such quarters by providing notice to the Secretary of its election to exercise such authority. (2) In establishing rental rates pursuant to authority of this subsection, an Indian Tribe or tribal organization shall endeavor to achieve the following objectives – (A) to base such rental rates on the reasonable value of the quarters to the occupants thereof, and (B) to generate sufficient funds to prudently provide for the operation and maintenance of the quarters, and, subject to the discretion of the Indian Tribe or tribal organization, to supply reserve funds for capital repairs and replacement of the quarters. (3) Any quarters whose rental rates are established by an Indian Tribe or tribal organization pursuant to authority of this subsection shall remain eligible for quarters improvement and repair (QI&R) funds to the same extent as all federally-owned quarters used to house personnel in IHS-supported programs; (4) An Indian Tribe or tribal organization which exercises the authority provided under this subsection shall provide occupants with no less than 60 days notice of any change in rental rates. (b)(1) Notwithstanding any other provision of law, and subject to paragraph (2) hereof, an Indian Tribe or a tribal organization which operates federally-owned quarters pursuant to a funding agreement under the Indian Self-Determination and Education Assistance Act shall have the authority to collect rents directly from federal employees who occupy such quarters in accordance with the following: (A) the Indian Tribe or tribal organization shall notify the Secretary and

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		paragraph (2), a tribal health program may collect rent directly from Federal employees who occupy federally owned quarters if the tribal health program submits to the Secretary and the employees a notice of the election of the tribal health program to collect rents directly from the employees. "(2) ACTION BY EMPLOYEES.—On receipt of a notice described in paragraph (1)— "(A) the affected Federal employees shall pay rent for occupancy of a federally owned quarters directly to the applicable tribal health program; and "(B) the Secretary shall not have the authority to collect rent from the employees through payroll deduction or otherwise. "(3) USE OF PAYMENTS.—The rent payments under this subsection— "(A) shall be retained by the applicable tribal health program in a separate account, which shall be used by the tribal health program for the maintenance (including capital repairs and replacement) and operation of the quarters, as the tribal health program determines to be appropriate; and "(B) shall not be made payable to, or otherwise be deposited with, the United States. "(4) RETROCESSION OF AUTHORITY.—If a tribal health program that elected to collect rent directly under paragraph (1) requests retrocession of the authority of the tribal health program to collect that rent, the retrocession shall take effect on the earlier of— "(A) the first day of the month that begins not less than 180 days after the tribal health program submits the request; and "(B) such other date as may be mutually agreed on by the Secretary and the tribal health program.	(A) The Tribal Health Program shall notify the Secretary and the subject Federal employees of its election to exercise its authority to collect rents directly from such Federal employees. " (B) Upon receipt of a notice described in subparagraph (A), the Federal employees shall pay rents for occupancy of such quarters directly to the Tribal Health Program and the Secretary shall have no further authority to collect rents from such employees through payroll deduction or otherwise. (C) Such rent payments shall be retained by the Tribal Health Program and shall not be made payable to or otherwise be deposited with the United States. (D) Such rent payments shall be deposited into a separate account which shall be used by the Tribal Health Program for the maintenance (including capital repairs and replacement) and operation of the quarters and facilities as the Tribal Health Program shall determine. (2) RETROCESSION OF AUTHORITY.— If a Tribal Health Program which has made an election under paragraph (1) requests retrocession of its authority to directly collect rents from Federal employees occupying federally owned quarters, such retrocession shall become effective on the earlier of— (A) the first day of the month that begins no less than 180 days after the Tribal Health Program notifies the Secretary of its desire to retrocede; or (B) such other date as may be mutually agreed by the Secretary and the Tribal Health Program. (c) RATES IN ALASKA.— To the extent that a Tribal Health Program, pursuant to authority granted in subsection (a), establishes rental rates for federally owned quarters provided to a Federal employee in Alaska, such rents may be based on the cost of comparable private rental housing in the nearest established community with a year-round population of 1,500 or more individuals.	Federal employees of its election to exercise its authority to collect rents directly from such Federal employees. "(B) Upon receipt of a notice described in subparagraph (A), the Federal employees shall pay rents for occupancy of such quarters directly to the Tribal Health Program and the Secretary shall have no further authority to collect rents from such employees through payroll deduction or otherwise. "(C) Such rent payments shall be retained by the Tribal Health Program and shall not be made payable to or otherwise be deposited with the United States. "(D) Such rent payments shall be deposited into a separate account which shall be used by the Tribal Health Program for the maintenance (including capital repairs and replacement) and operation of the quarters and facilities as the Tribal Health Program shall determine. "(2) RETROCESSION OF AUTHORITY.— If a Tribal Health Program which has made an election under paragraph (1) requests retrocession of its authority to directly collect rents from Federal employees occupying federally-owned quarters, such retrocession shall become effective on the earlier of— "(A) the first day of the month that begins no less than 180 days after the Tribal Health Program notifies the Secretary of its desire to retrocede; or "(B) such other date as may be mutually agreed by the Secretary and the Tribal Health Program. "(c) Rates in Alaska.— To the extent that a Tribal Health Program, pursuant to authority granted in subsection (a), establishes rental rates for federally-owned quarters provided to a Federal employee in Alaska, such rents may be based on the cost of comparable private rental housing in the nearest established community with a year-round population of 1,500 or more individuals.	the subject federal employees of its election to exercise its authority to collect rents directly from such federal employees; (B) upon receipt of a notice described in (A), the federal employees shall pay rents for occupancy of such quarters directly to the Indian Tribe or tribal organization and the Secretary shall have no further authority to collect rents from such employees through payroll deduction or otherwise; (C) such rent payments shall be retained by the Indian Tribe or tribal organization and shall not be made payable to or otherwise be deposited with the United States; and (D) such rent payments shall be deposited into a separate account which shall be used by the Indian Tribe or tribal organization for the maintenance (including capital repairs and replacement) and operation of the quarters and facilities as the Indian Tribe or tribal organization shall determine. (2) If an Indian Tribe or tribal organization which has made an election under paragraph (1) hereof requests retrocession of its authority to directly collect rents from federal employees occupying federally-owned quarters, such retrocession shall become effective on the earlier of— (A) the first day of the month that begins no less than 180 days after the Indian Tribe or tribal organization notifies the Secretary of its desire to retrocede; or (B) such other date as may be mutually agreed by the Secretary and the Indian Tribe or tribal organization. (c) To the extent that an Indian Tribe or tribal organization, pursuant to authority granted in subsection (a) hereof, establishes rental rates for federally-owned quarters provided to a federal employee in Alaska, such rents may be based on the cost of comparable private rental housing in the nearest established community with a year-round population of 1,500 or more individuals.
	See, S. 1790 Sec. 101(b)(6), which repealed CL § 309..	~~AUTHORIZATION OF APPROPRIATIONS.1200~~ ~~Sec. 309. There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2000 to carry out this title.~~	SEC. 317. AUTHORIZATION OF APPROPRIATIONS. ''There are authorized to be appropriated such sums as may be necessary to carry out this title.	"SEC. 317. AUTHORIZATION OF APPROPRIATIONS. "There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out this title.	Sec. 318 ~~309~~. There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2012 ~~2000~~ to carry out this title.
	See, S. 1790 Sec. 101(c)(3), which made conforming changes to	APPLICABILITY OF BUY AMERICAN REQUIREMENT	SEC. 315. APPLICABILITY OF BUY AMERICAN ACT REQUIREMENT.	"SEC. 315. APPLICABILITY OF BUY AMERICAN ACT REQUIREMENT.	APPLICABILITY OF BUY AMERICAN REQUIREMENT

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	CL § 310..	Sec. 310. (a) The Secretary shall ensure that the requirements of the Buy American Act apply to all procurements made with funds made available to carry out this title ~~provided pursuant to the authorization contained in section 309~~. (b) The Secretary shall submit to the Congress a report on the amount of procurements from foreign entities made in fiscal years 1993 and 1994 with funds made available to carry out this title ~~provided pursuant to the authorization contained in section 309~~. Such report shall separately indicate the dollar value of items procured with such funds for which the Buy American Act was waived pursuant to the Trade Agreement Act of 1979 or any international agreement to which the United States is a party. (C) If it has been finally determined by a court or Federal agency that any person intentionally affixed a label bearing a `Made in America' inscription, or any inscription with the same meaning, to any product sold in or shipped to the United States that is not made in the United States, such person shall be ineligible to receive any contract or subcontract made with funds made available to carry out this title ~~provided pursuant to the authorization contained in section 309~~, pursuant to the debarment, suspension, and ineligibility procedures described in sections 9.400 through 9.409 of title 48, Code of Federal Regulations. (d) For purposes of this section, the term "Buy American Act" means title III of the Act entitled "An Act making appropriations for the Treasury and Post Office Departments for the fiscal year ending June 30, 1934, and for other purposes", approved March 3, 1933 (41 U.S.C. 10a et seq.).	(a) APPLICABILITY.— The Secretary shall ensure that the requirements of the Buy American Act apply to all procurements made with funds provided pursuant to section 317. Indian Tribes and Tribal Organizations shall be exempt from these requirements. (b) EFFECT OF VIOLATION.— If it has been finally determined by a court or Federal agency that any person intentionally affixed a label bearing a 'Made in America' inscription or any inscription with the same meaning, to any product sold in or shipped to the United States that is not made in the United States, such person shall be ineligible to receive any contract or subcontract made with funds provided pursuant to section 317, pursuant to the debarment, suspension, and ineligibility procedures described in sections 9.400 through 9.409 of title 48, Code of Federal Regulations. (c) DEFINITIONS.— For purposes of this section, the term 'Buy American Act' means title III of the Act entitled 'An Act making appropriations for the Treasury and Post Office Departments for the fiscal year ending June 30, 1934, and for other purposes', approved March 3, 1933 (41 U.S.C. 10a et seq.).	"(a) Applicability.— The Secretary shall ensure that the requirements of the Buy American Act apply to all procurements made with funds provided pursuant to section 317. Indian Tribes and Tribal Organizations shall be exempt from these requirements. "(b) Effect of Violation.— If it has been finally determined by a court or Federal agency that any person intentionally affixed a label bearing a 'Made in America' inscription or any inscription with the same meaning, to any product sold in or shipped to the United States that is not made in the United States, such person shall be ineligible to receive any contract or subcontract made with funds provided pursuant to section 317, pursuant to the debarment, suspension, and ineligibility procedures described in sections 9.400 through 9.409 of title 48, Code of Federal Regulations. "(c) Definitions.— For purposes of this section, the term 'Buy American Act' means title III of the Act entitled 'An Act making appropriations for the Treasury and Post Office Departments for the fiscal year ending June 30, 1934, and for other purposes', approved March 3, 1933 (41 U.S.C. 10a et seq.).	Sec. 316 ~~310~~. (a) The Secretary shall ensure that the requirements of the Buy American Act apply to all procurements made with funds provided pursuant to the authorization contained in section ~~309~~ 318, provided that Indian Tribes and tribal organizations shall be exempt from these requirements. ~~(b) The Secretary shall submit to the Congress a report on the amount of procurements from foreign entities made in fiscal years 1993 and 1994 with funds provided pursuant to the authorization contained in section 309. Such report shall separately indicate the dollar value of items procured with such funds for which the Buy American Act was waived pursuant to the Trade Agreement Act of 1979 or any international agreement to which the United States is a party.~~ ~~(c)~~(b) If it has been finally determined by a court or federal agency that any person intentionally affixed a label bearing a 'Made in America' inscription, or any inscription with the same meaning, to any product sold in or shipped to the United States that is not made in the United States, such person shall be ineligible to receive any contract or subcontract made with funds provided pursuant to the authorization contained in section 309, pursuant to the debarment, suspension, and ineligibility procedures described in sections 9.400 through 9.409 of title 48, Code of federal Regulations. ~~(d)~~(c) For purposes of this section, the term "Buy American Act" means title III of the Act entitled "An Act making appropriations for the Treasury and Post Office Departments for the fiscal year ending June 30, 1934, and for other purposes,"~~;~~ approved March 3, 1933 (41 U.S.C. 10a et seq.).
	See, S. 1790 RS Sec. 145, which added a new §311.	SEC. 311. OTHER FUNDING, EQUIPMENT, AND SUPPLIES FOR FACILITIES. "(a) AUTHORIZATION.—	SEC. 316. OTHER FUNDING FOR FACILITIES.	"SEC. 316. OTHER FUNDING FOR FACILITIES.	OTHER FUNDING FOR FACILITIES Sec. 317.
x	RS Sec. 145 changed the new §311 from that in IS as noted with double underline and ~~redlined strikeout~~.	(1) AUTHORITY TO TRANSFER FUNDS.—The head of any Federal agency to which funds, equipment, or other supplies are made available for the planning, design, construction or operation of a health care or sanitation facility may transfer the funds, equipment, or supplies to the Secretary for the planning, design, construction or operation of a health care or sanitation facility to achieve— "(A) the purposes of this Act; and	(c) TRANSFERRED FUNDS.— Any Federal agency to which funds for the construction of health care facilities are appropriated is authorized to transfer such funds to the Secretary for the construction of health care facilities to carry out the purposes of this Act as well as the purposes for which such funds are appropriated to such other Federal agency.		(c) any federal agency to which funds for the construction of health care facilities are appropriated is authorized to transfer such funds to the Secretary for the construction of health care facilities to carry out the purposes of this Act as well as the purposes for which such funds are appropriated to such other federal agency.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		"(B) the purposes for which the funds, equipment, or supplies were made available to the Federal agency.			
		(2) AUTHORITY TO ACCEPT FUNDS.—The Secretary may— "(A) accept from any source, including Federal and State agencies, funds, equipment, or supplies that are available for the construction or operation of health care facilities; and "(B) use those funds, equipment, and supplies to plan, design, ~~and~~ construct, and operate health care or sanitation facilities for Indians, including pursuant to a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.). "(3) EFFECT OF RECEIPT.—Receipt of funds by the Secretary under this subsection shall not affect any priority established under section 301. "(b) Interagency Agreements.—The Secretary may enter into interagency agreements with Federal or State agencies and other entities, and accept funds, equipment, or other supplies from those entities, to provide for the planning, design, ~~and~~ construction and operation of health care or sanitation facilities to be administered by Indian health programs to achieve— "(1) the purposes of this Act; and "(2) the purposes for which the funds were appropriated or otherwise provided.	(a) AUTHORITY TO ACCEPT FUNDS.— The Secretary is authorized to accept from any source, including Federal and State agencies, funds that are available for the construction of health care facilities and use such funds to plan, design, and construct health care facilities for Indians and to place such funds into a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.). Receipt of such funds shall have no effect on the priorities established pursuant to section 301. (b) INTERAGENCY AGREEMENTS.— The Secretary is authorized to enter into interagency agreements with other Federal agencies or State agencies and other entities and to accept funds from such Federal or State agencies or other sources to provide for the planning, design, and construction of health care facilities to be administered by Indian Health Programs in order to carry out the purposes of this Act and the purposes for which the funds were appropriated or for which the funds were otherwise provided.	"(a) Authority to Accept Funds.— The Secretary is authorized to accept from any source, including Federal and State agencies, funds that are available for the construction of health care facilities and use such funds to plan, design, and construct health care facilities for Indians and to place such funds into a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.). Receipt of such funds shall have no effect on the priorities established pursuant to section 301. "(b) Interagency Agreements.— The Secretary is authorized to enter into interagency agreements with other Federal agencies or State agencies and other entities and to accept funds from such Federal or State agencies or other sources to provide for the planning, design, and construction of health care facilities to be administered by Indian Health Programs in order to carry out the purposes of this Act and the purposes for which the funds were appropriated or for which the funds were otherwise provided.	Notwithstanding any other provision of law, (a) the Secretary is authorized to accept from any source, including federal and State agencies, funds that are available for the construction of health care facilities and use such funds to plan, design and construct health care facilities for Indians and to place such funds into funding agreements authorized under the Indian Self-Determination and Education Assistance Act, 25 U.S.C. § 450f et seq., between the Secretary and an Indian Tribe or tribal organization, provided that receipt of such funds shall have not an effect on the priorities established pursuant to section 301. (b) the Secretary is authorized to enter into interagency agreements with other federal agencies or State agencies and other entities and to accept funds from such federal or State agencies or other sources to provide for the planning, design and construction of health care facilities to be administered by the Service or by Indian Tribes or tribal organizations under the Indian Self-Determination and Education Assistance Act in order to carry out the purposes of this Act, together with the purposes for which such funds are appropriated to such other federal department or State agency or for which the funds were otherwise provided.
		(c) Establishment of Standards.— (1) IN GENERAL.– The Secretary, acting through the Service, shall establish, by regulation, standards for the planning, design, ~~and~~ construction and operation of health care or sanitation facilities serving Indians under this Act. (2) OTHER REGULATIONS.– Notwithstanding any other provision of law, any other applicable regulations of the Department shall apply in carrying out projects using funds transferred under this section. (d) DEFINITION OF SANITATION FACILITY.– In this section, the term 'sanitation facilty' means a safe and adequate water supply system, sanitary sewage disposal system, or sanitary solid waste system (including all related equipment and support infrastructure)..	(d) ESTABLISHMENT OF STANDARDS.— The Secretary, through the Service, shall establish standards by regulation for the planning, design, and construction of health care facilities serving Indians under this Act.	"(c) Establishment of Standards.— The Secretary, through the Service, shall establish standards by regulation for the planning, design, and construction of health care facilities serving Indians under this Act.	(d) the Secretary, through the Service, shall establish standards by regulation, developed by rulemaking under Section 802, for the planning, design and construction of health care facilities serving Indians under this Act.
	See, S. 1790 Sec. 144,	SEC. 312. INDIAN COUNTRY			

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	which added new §312.	MODULAR COMPONENT FACILITIES DEMONSTRATION PROGRAM. "(a) Definition of Modular Component Health Care Facility.—In this section, the term 'modular component health care facility' means a health care facility that is constructed— "(1) off-site using prefabricated component units for subsequent transport to the destination location; and "(2) represents a more economical method for provision of health care facility than a traditionally constructed health care building. "(b) Establishment.—The Secretary, acting through the Service, shall establish a demonstration program under which the Secretary shall award no less than 3 grants for purchase, installation and maintenance of modular component health care facilities in Indian communities for provision of health care services. "(c) Selection of Locations.— "(1) PETITIONS.— "(A) SOLICITATION.—The Secretary shall solicit from Indian tribes petitions for location of the modular component health care facilities in the Service areas of the petitioning Indian tribes. "(B) PETITION.—To be eligible to receive a grant under this section, , an Indian tribe or tribal organization must submit to the Secretary a petition to construct a modular component health care facility in the Indian community of the Indian tribe, at such time, in such manner, and containing such information as the Secretary may require. "(2) SELECTION.—In selecting the location of each modular component health care facility to be provided under the demonstration program, the Secretary shall give priority to projects already on the Indian Health Service facilities construction priority list and petitions which demonstrate that erection of a modular component health facility— "(A) is more economical than construction of a traditionally constructed health care facility; "(B) can be constructed and erected on the selected location in less time than traditional construction; and "(C) can adequately house the health care services needed by the Indian population to be served. "(3) EFFECT OF SELECTION.—A modular component health care facility project selected for participation in the			

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		demonstration program shall not be eligible for entry on the facilities construction priorities list entitled 'IHS Health Care Facilities FY 2011 Planned Construction Budget' and dated May 7, 2009 (or any successor list). "(d) Eligibility.— "(1) IN GENERAL.—An Indian tribe may submit a petition under subsection (c)(1)(B) regardless of whether the Indian tribe is a party to any contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.). "(2) ADMINISTRATION.—At the election of an Indian tribe or tribal organization selected for participation in the demonstration program, the funds provided for the project shall be subject to the provisions of the Indian Self-Determination and Education Assistance Act. "(e) Reports.—Not later than 1 year after the date on which funds are made available for the demonstration program and annually thereafter, the Secretary shall submit to Congress a report describing— "(1) each activity carried out under the demonstration program, including an evaluation of the success of the activity; and "(2) the potential benefits of increased use of modular component health care facilities in other Indian communities. "(f) Authorization of Appropriations.—There are authorized to be appropriated $50,000,000 to carry out the demonstration program under this section for the first 5 fiscal years, and such sums as may be necessary to carry out the program in subsequent fiscal years.			
	See, S. 1790 Sec. 145, which added a new §313	SEC. 313. MOBILE HEALTH STATIONS DEMONSTRATION PROGRAM. "(a) Definitions.—In this section: "(1) ELIGIBLE TRIBAL CONSORTIUM.—The term 'eligible tribal consortium' means a consortium composed of 2 or more Service units between which a mobile health station can be transported by road in up to 8 hours. A Service unit operated by the Service or by an Indian tribe or tribal organization shall be equally eligible for participation in such consortium. "(2) MOBILE HEALTH STATION.—The term 'mobile health station' means a health care unit that— "(A) is constructed, maintained, and capable of being transported within a			

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		semi-trailer truck or similar vehicle; "(B) is equipped for the provision of 1 or more specialty health care services; and "(C) can be equipped to be docked to a stationary health care facility when appropriate. "(3) SPECIALTY HEALTH CARE SERVICE.— "(A) IN GENERAL.—The term 'specialty health care service' means a health care service which requires the services of a health care professional with specialized knowledge or experience. "(B) INCLUSIONS.—The term 'specialty health care service' includes any service relating to— "(i) dialysis; "(ii) surgery; "(iii) mammography; "(iv) dentistry; or "(v) any other specialty health care service. "(b) Establishment.—The Secretary, acting through the Service, shall establish a demonstration program under which the Secretary shall provide at least 3 mobile health station projects. "(c) Petition.—To be eligible to receive a mobile health station under the demonstration program, an eligible tribal consortium shall submit to the Secretary, a petition at such time, in such manner, and containing— "(1) a description of the Indian population to be served; "(2) a description of the specialty service or services for which the mobile health station is requested and the extent to which such service or services are currently available to the Indian population to be served; and "(3) such other information as the Secretary may require. "(d) Use of Funds.—The Secretary shall use amounts made available to carry out the demonstration program under this section— "(1)(A) to establish, purchase, lease, or maintain mobile health stations for the eligible tribal consortia selected for projects; and "(B) to provide, through the mobile health station, such specialty health care services as the affected eligible tribal consortium determines to be necessary for the Indian population served; "(2) to employ an existing mobile health station (regardless of whether the mobile health station is owned or rented and operated by the Service) to provide			

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		specialty health care services to an eligible tribal consortium; and "(3) to establish, purchase, or maintain docking equipment for a mobile health station, including the establishment or maintenance of such equipment at a modular component health care facility (as defined in section 312(a)), if applicable. "(e) Reports.—Not later than 1 year after the date on which the demonstration program is established under subsection (b) and annually thereafter, the Secretary, acting through the Service, shall submit to Congress a report describing— "(1) each activity carried out under the demonstration program including an evaluation of the success of the activity; and "(2) the potential benefits of increased use of mobile health stations to provide specialty health care services for Indian communities. "(f) Authorization of Appropriations.—There are authorized to be appropriated $5,000,000 per year to carry out the demonstration program under this section for the first 5 fiscal years, and such sums as may be needed to carry out the program in subsequent fiscal years.			
			SEC. 309. STUDY ON LOANS, LOAN GUARANTEES, AND LOAN REPAYMENT. (a) IN GENERAL.— The Secretary, in consultation with the Secretary of the Treasury, Indian Tribes, and Tribal Organizations, shall carry out a study to determine the feasibility of establishing a loan fund to provide to Indian Tribes and Tribal Organizations direct loans or guarantees for loans for the construction of health care facilities, including— (1) inpatient facilities; (2) outpatient facilities; (3) staff quarters; (4) hostels; and (5) specialized care facilities, such as behavioral health and elder care facilities.	"SEC. 309. STUDY ON LOANS, LOAN GUARANTEES, AND LOAN REPAYMENT. "(a) In General.— The Secretary, in consultation with the Secretary of the Treasury, Indian Tribes, and Tribal Organizations, shall carry out a study to determine the feasibility of establishing a loan fund to provide to Indian Tribes and Tribal Organizations direct loans or guarantees for loans for the construction of health care facilities, including— "(1) inpatient facilities; "(2) outpatient facilities; "(3) staff quarters; and "(4) specialized care facilities, such as behavioral health and elder care facilities.	LOANS, LOAN GUARANTEES AND LOAN REPAYMENT Sec. 310 (a) There is established in the Treasury of the United States a fund to be known as the Health Care Facilities Loan Fund (hereinafter HCFLF") to provide to Indian Tribes and tribal organizations direct loans, or guarantees for loans, for construction of health care facilities (including but not limited to inpatient facilities, outpatient facilities, associated staff quarters and specialized care facilities— such as behavioral health and elder care facilities). (b) The Secretary is authorized to issue regulations, developed through rulemaking as set out in Section 802, to provide standards and procedures for governing such loans and loan guarantees, subject to the following conditions:
			(b) DETERMINATIONS.— In carrying out the study under subsection (a), the Secretary shall determine—	"(b) Determinations.— In carrying out the study under subsection (a), the Secretary shall determine—	
			(1) the maximum principal amount of a loan or loan guarantee that should be offered to a recipient from the loan fund; (2) the percentage of eligible costs, not to exceed 100 percent, that may be covered by a loan or loan guarantee from the loan	"(1) the maximum principal amount of a loan or loan guarantee that should be offered to a recipient from the loan fund; "(2) the percentage of eligible costs, not to exceed 100 percent, that may be covered by a loan or loan guarantee from the loan	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			fund (including costs relating to planning, design, financing, site land development, construction, rehabilitation, renovation, conversion, improvements, medical equipment and furnishings, and other facility-related costs and capital purchase (but excluding staffing)); (3) the cumulative total of the principal of direct loans and loan guarantees, respectively, that may be outstanding at any 1 time; (4) the maximum term of a loan or loan guarantee that may be made for a facility from the loan fund; (5) the maximum percentage of funds from the loan fund that should be allocated for payment of costs associated with planning and applying for a loan or loan guarantee; (6) whether acceptance by the Secretary of an assignment of the revenue of an Indian Tribe or Tribal Organization as security for any direct loan or loan guarantee from the loan fund would be appropriate; (7) whether, in the planning and design of health facilities under this section, users eligible under section 806 (c) may be included in any projection of patient population; (8) whether funds of the Service provided through loans or loan guarantees from the loan fund should be eligible for use in matching other Federal funds under other programs; (9) the appropriateness of, and best methods for, coordinating the loan fund with the health care priority system of the Service under section 301; and (10) any legislative or regulatory changes required to implement recommendations of the Secretary based on results of the study.	fund (including costs relating to planning, design, financing, site land development, construction, rehabilitation, renovation, conversion, improvements, medical equipment and furnishings, and other facility-related costs and capital purchase (but excluding staffing)); "(3) the cumulative total of the principal of direct loans and loan guarantees, respectively, that may be outstanding at any 1 time; "(4) the maximum term of a loan or loan guarantee that may be made for a facility from the loan fund; "(5) the maximum percentage of funds from the loan fund that should be allocated for payment of costs associated with planning and applying for a loan or loan guarantee; "(6) whether acceptance by the Secretary of an assignment of the revenue of an Indian Tribe or Tribal Organization as security for any direct loan or loan guarantee from the loan fund would be appropriate; "(7) whether, in the planning and design of health facilities under this section, users eligible under section 807(c) may be included in any projection of patient population; "(8) whether funds of the Service provided through loans or loan guarantees from the loan fund should be eligible for use in matching other Federal funds under other programs; "(9) the appropriateness of, and best methods for, coordinating the loan fund with the health care priority system of the Service under section 301; and "(10) any legislative or regulatory changes required to implement recommendations of the Secretary based on results of the study.	
			(c) REPORT.— Not later than September 30, 2010, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources and the Committee on Energy and Commerce of the House of Representatives a report that describes— (1) the manner of consultation made as required by subsection (a); and (2) the results of the study, including any recommendations of the Secretary based on results of the study.	"(c) Report.— Not later than September 30, 2009, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources and the Committee on Energy and Commerce of the House of Representatives a report that describes— "(1) the manner of consultation made as required by subsection (a); and "(2) the results of the study, including any recommendations of the Secretary based on results of the study.	
					(1) The principal amount of a loan or loan guarantee may cover 100% of eligible costs, including but not limited to

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
					planning, design, financing, site land development, construction, rehabilitation, renovation, conversion, improvements, medical equipment and furnishings, other facility related costs and capital purchase (but excluding staffing); (2) The cumulative total of the principal of direct loans and loan guarantees, respectively, outstanding at any one time shall not exceed such limitations as may be specified in appropriation acts; (3) In the discretion of the Secretary, the program may be administered by the Service or the Health Resources and Services Administration (which shall be specified by regulation); (4) The Secretary may make or guarantee a loan with a term of the useful estimated life of the facility, or twenty-five (25) years, whichever is shorter. (5) The Secretary may allocate up to 100% of the funds available for loans or loan guarantees in any year for the purpose of planning and applying for a loan or loan guarantee. (6) The Secretary may accept an assignment of the revenue of an Indian Tribe or tribal organization as security for any direct loan or loan guarantee under this section. (7) In the planning and design of health facilities under this section, users eligible under Section 807(b) may be included in any projection of patient population. (8) The Secretary shall not collect loan application, processing or other similar fees from Indian Tribes or tribal organizations applying for direct loans or loan guarantees under this section. (9) Service funds authorized under loans or loan guarantees in this section shall be eligible for use in matching other federal funds.
					(c)(1) HCFLF shall consist of – (A) such sums as may be initially appropriated to HCFLF and as may be subsequently appropriated to the Fund under paragraph (2); (B) such amounts as may be collected from borrowers; and (C) all interest earned on amounts in HCFLF. (2) There are authorized to be appropriated such sums as may be necessary to initiate HCFLF. For each fiscal year after the initial year in which

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
					funds are appropriated to HCFLF, there are authorized to be appropriated an amount equal to the sum of the amount collected by HCFLF during the preceding fiscal year, and all accrued interest. (3) All amounts appropriated, collected or earned relative to HCFLF shall remain available until expended. (d) Amounts in HCFLF and available pursuant to appropriation Acts may be expended by the Secretary, acting through the Service, to make loans under this section to an Indian Tribe or tribal organization pursuant to a funding agreement entered into under the Indian Self-Determination and Education Assistance Act. (e) The Secretary of the Treasury shall invest such amounts of HCFLF as such Secretary determines are not required to meet current withdrawals from HCFLF. Such investments may be made only in interest-bearing obligations of the United States. For such purpose, such obligations may be acquired on original issue at the issue price, or by purchase of outstanding obligations at the market price. Any obligation acquired by the fund may be sold by the Secretary of the Treasury at the market price. (f) The Secretary is authorized to establish a program to provide grants to Indian Tribes and tribal organizations for the purpose of repaying all or part of any loan obtained by an Indian Tribe or tribal organization for construction and renovation of health care facilities (including inpatient facilities, outpatient facilities, associated staff quarters and specialized care facilities). Loans eligible for such repayment grants shall include loans that have been obtained under this Section or otherwise.
			SEC. 313. MAINTENANCE AND IMPROVEMENT OF HEALTH CARE FACILITIES. (a) REPORT.— The Secretary shall submit to the President, for inclusion in the report required to be transmitted to Congress under section 801, a report which identifies the backlog of maintenance and repair work required at both Service and tribal health care facilities, including new health care facilities expected to be in operation in the next fiscal year. The report shall also identify the need for renovation and expansion of existing facilities to support the growth of health care programs.	"SEC. 313. MAINTENANCE AND IMPROVEMENT OF HEALTH CARE FACILITIES. "(a) Report.— The Secretary shall submit to the President, for inclusion in the report required to be transmitted to Congress under section 801, a report which identifies the backlog of maintenance and repair work required at both Service and tribal health care facilities, including new health care facilities expected to be in operation in the next fiscal year. The report shall also identify the need for renovation and expansion of existing facilities to support the growth of health care programs.	MAINTENANCE AND IMPROVEMENT OF HEALTH CARE FACILITIES Sec. 314. (a) The Secretary shall submit to the President, for inclusion in the report required to be transmitted to the Congress under section 801, a report which identifies the backlog of maintenance and repair work required at both Service and tribal facilities, including new facilities expected to be in operation in the next fiscal year. The report shall also identify the need for renovation and expansion of existing facilities to support the growth of health care programs. (b) The Secretary is authorized to expend

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			(b) MAINTENANCE OF NEWLY CONSTRUCTED SPACE.— The Secretary, acting through the Service, is authorized to expend maintenance and improvement funds to support maintenance of newly constructed space only if such space falls within the approved supportable space allocation for the Indian Tribe or Tribal Organization. Supportable space allocation shall be defined through the health care facility priority system under section 301(c). (c) REPLACEMENT FACILITIES.— In addition to using maintenance and improvement funds for renovation, modernization, and expansion of facilities, an Indian Tribe or Tribal Organization may use maintenance and improvement funds for construction of a replacement facility if the costs of renovation of such facility would exceed a maximum renovation cost threshold. The Secretary shall consult with Indian Tribes and Tribal Organizations in determining the maximum renovation cost threshold.	"(b) Maintenance of Newly Constructed Space.— The Secretary, acting through the Service, is authorized to expend maintenance and improvement funds to support maintenance of newly constructed space only if such space falls within the approved supportable space allocation for the Indian Tribe or Tribal Organization. Supportable space allocation shall be defined through the health care facility priority system under section 301(c). "(c) Replacement Facilities.— In addition to using maintenance and improvement funds for renovation, modernization, and expansion of facilities, an Indian Tribe or Tribal Organization may use maintenance and improvement funds for construction of a replacement facility if the costs of renovation of such facility would exceed a maximum renovation cost threshold. The maximum renovation cost threshold shall be determined through the negotiated rulemaking process provided for under section 802.	maintenance and improvement funds to support maintenance of newly constructed space only if such space falls within the approved supportable space allocation for the Tribe or tribal organization. Supportable space allocation" shall be defined through the negotiated rulemaking process provided for under Section 802. (c) In addition to using maintenance and improvement funds for renovation, modernization and expansion of facilities, an Indian Tribe or tribal organization may use maintenance and improvement funds for construction of a replacement facility if the costs of renovation of such facility would exceed a maximum renovation cost threshold. The maximum renovation cost threshold" shall be determined through the negotiated rulemaking process provided for under Section 802.
		"TITLE IV— ACCESS TO HEALTH SERVICES			
	See, S. 1790 Sec. 151, which amended §401 and incorporated §402 into §401.	SEC. 401 TREATMENT OF PAYMENTS UNDER SOCIAL SECURITY ACT HEALTH BENEFITS ~~MEDICARE~~ PROGRAM~~S~~. (a) DISREGARD OF MEDICARE, MEDICAID, AND CHIP PAYMENTS IN DETERMINING APPROPRIATIONS.– Any payments received by an Indian health program or by an urban Indian organization ~~hospital or skilled nursing facility of the Service (whether operated by the Service or by an Indian tribe or tribal organization pursuant to a contract under the Indian Self-Determination Act) for services provided to Indians eligible for benefits~~ under title XVIII, XIX, or XXI of the Social Security Act for services provided to Indians eligible for benefits under such respective titles shall not be considered in determining appropriations for health care and services to Indians.	SEC. 401. TREATMENT OF PAYMENTS UNDER SOCIAL SECURITY ACT HEALTH BENEFITS PROGRAMS. (a) DISREGARD OF MEDICARE, MEDICAID, AND SCHIP PAYMENTS IN DETERMINING APPROPRIATIONS.— Any payments received by an Indian Health Program or by an urban Indian organization under title XVIII, XIX, or XXI of the Social Security Act for services provided to Indians eligible for benefits under such respective titles shall not be considered in determining appropriations for the provision of health care and services to Indians.	"SEC. 401. TREATMENT OF PAYMENTS UNDER SOCIAL SECURITY ACT HEALTH BENEFITS PROGRAMS. "(a) Disregard of Medicare, Medicaid, and SCHIP Payments in Determining Appropriations.— Any payments received by an Indian Health Program or by an urban Indian organization under title XVIII, XIX, or XXI of the Social Security Act for services provided to Indians eligible for benefits under such respective titles shall not be considered in determining appropriations for the provision of health care and services to Indians.	Sec. 401(a) Any payments received by ~~a hospital or skilled nursing facility of~~ the Service ~~(whether operated by the Service~~ or by an Indian Tribe, ~~or~~ tribal organization or tribal organization pursuant to a funding agreement ~~contract~~ under the Indian Self-Determination and Education Assistance Act) or by an urban Indian organization pursuant to title V of this Act for services provided to Indians eligible for benefits under title XVIII of the Social Security Act shall not be considered in determining appropriations for health care and services to Indians.
		~~Sec. 402(b) Any payments received by such facility for services provided to Indians eligible for benefits under title XIX of the Social Security Act shall not be considered in determining appropriations for the provision of health care and services to Indians.~~			Sec. 402 (b) Any payments received under section 1911 of the Social Security Act ~~by such facility~~ for services provided to Indians eligible for benefits under title XIX of the Social Security Act shall not be considered in determining appropriations for the provision of health care and services to Indians.
	Note: "XI" should be "XXI".	(b) NONPREFERENTIAL TREATMENT.–	(b) NONPREFERENTIAL	"(b) Nonpreferential Treatment.—	Sec. 401 (b) Nothing in this Act

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		Nothing in this Act authorizes the Secretary to provide services to an Indian ~~beneficiary~~ with coverage under title XVIII, XIX, or XI of the Social Security Act, as amended, in preference to an Indian beneficiary without such coverage.	TREATMENT.— Nothing in this Act authorizes the Secretary to provide services to an Indian with coverage under title XVIII, XIX, or XXI of the Social Security Act in preference to an Indian without such coverage.	Nothing in this Act authorizes the Secretary to provide services to an Indian with coverage under title XVIII, XIX, or XXI of the Social Security Act in preference to an Indian without such coverage.	authorizes the Secretary to provide services to an Indian beneficiary with coverage under title XVIII of the Social Security Act, as amended, in preference to an Indian beneficiary without such coverage.
	NOTE: CL §402 was wrapped into the amended amended §401. Also, see S. 1790 Sec. 152, which struck CL §402 and substituted new language.	~~TREATMENT OF PAYMENTS UNDER MEDICAID PROGRAM~~ ~~SEC. 402. (a)~~ (c) USE OF FUNDS.– (1) SPECIAL FUND.-- (A) 100 PERENT PASS-5HROUGH OF PAYMENTS DUE TO FACILITIES.– Notwithstanding any other provision of law, but subject to paragraph (2), payments to which any facility of the Service ~~(including a hospital, nursing facility, intermediate care facility for the mentally retarded, or any other type of facility which provides services for which payment is available under title XIX of the Social Security Act)~~ is entitled ~~under a State plan~~ by reason of a provision of title XVIII or XIX ~~section 1911~~ of ~~such~~ the Social Security Act shall be placed in a special fund to be held by the Secretary [*excerpt from CL 402(a) found below*] In making payments from such fund, the Secretary shall ensure that each service unit of the Service receives ~~at least 80~~ 100 percent of the amount~~s~~ to which the facilities of the Service, for which such service unit makes collections, are entitled by reason of a provision ~~section 1911~~ of either such title ~~the Social Security Act~~.	(c) USE OF FUNDS.— (1) SPECIAL FUND.— (A) 100 PERCENT PASS-THROUGH OF PAYMENTS DUE TO FACILITIES.— Notwithstanding any other provision of law, but subject to paragraph (2), payments to which a facility of the Service is entitled by reason of a provision of title XVIII or XIX of the Social Security Act shall be placed in a special fund to be held by the Secretary. In making payments from such fund, the Secretary shall ensure that each Service Unit of the Service receives 100 percent of the amount to which the facilities of the Service, for which such Service Unit makes collections, are entitled by reason of a provision of either such title.	"(c) Use of Funds.— "(1) SPECIAL FUND.— "(A) 100 PERCENT PASS-THROUGH OF PAYMENTS DUE TO FACILITIES.— Notwithstanding any other provision of law, but subject to paragraph (2), payments to which a facility of the Service is entitled by reason of a provision of the Social Security Act shall be placed in a special fund to be held by the Secretary. In making payments from such fund, the Secretary shall ensure that each Service Unit of the Service receives 100 percent of the amount to which the facilities of the Service, for which such Service Unit makes collections, are entitled by reason of a provision of the Social Security Act.	TREATMENT OF PAYMENTS UNDER MEDICAID PROGRAM SEC. 402. (a) Notwithstanding any other provision of law, payments to which any facility of the Service (including a hospital, nursing facility, intermediate care facility for the mentally retarded, or any other type of facility which provides services for which payment is available under title XIX of the Social Security Act) is entitled under a State plan by reason of section 1911 of such Act shall be placed in a special fund to be held by the Secretary . . . In making payments from such fund, the Secretary shall ensure that each service unit of the Service receives 100 ~~at least 80~~ percent of the amounts to which the facilities of the Service, for which such service unit makes collections, are entitled by reason of section 1911 of the Social Security Act.
		(B) USE OF FUNDS.—Amounts received by a facility of the Service under subparagraph (A)	(B) USE OF FUNDS.— Amounts received by a facility of the Service under subparagraph (A)	"(B) USE OF FUNDS.— Amounts received by a facility of the Service under subparagraph (A)	
		by reason of a provision of title XVIII or XIX of the Social Security Act	by reason of a provision of title XVIII or XIX of the Social Security Act		
		[Excerpted portion of CL §. 402(a) above.] shall first be ~~and~~ used ~~by him~~ (to such extent or in such amounts as are provided in appropriation Acts) ~~exclusively~~ for the purpose of making any improvements in the programs ~~facilities~~ of ~~such~~ the Service which may be necessary to achieve compliance with the applicable conditions and requirements of such respective title. Any amounts so received that are in excess of the amount necessary to achieve or maintain such conditions and requirements shall, subject to consultation with the Indian tribes being served by the Service unit, be used	shall first be used (to such extent or in such amounts as are provided in appropriation Acts) for the purpose of making any improvements in the programs of the Service operated by or through such facility which may be necessary to achieve or maintain compliance with the applicable conditions and requirements of such respective title. Any amounts so received that are in excess of the amount necessary to achieve or maintain such conditions and requirements shall, subject to consultation with the Indian Tribes being served by the Service Unit, be used	shall first be used (to such extent or in such amounts as are provided in appropriation Acts) for the purpose of making any improvements in the programs of the Service operated by or through such facility which may be necessary to achieve or maintain compliance with the applicable conditions and requirements of titles XVIII and XIX of the Social Security Act. Any amounts so received that are in excess of the amount necessary to achieve or maintain such conditions and requirements shall, subject to consultation with the Indian Tribes being served by the Service Unit, be used	*[Excerpted portion of sec. 402(a) above.)* and first used ~~by him~~ (to such extent or in such amounts as are provided in appropriation Acts) ~~exclusively~~ for the purpose of making any improvements in the facilities of such Service which may be necessary to achieve or maintain compliance with the applicable conditions and requirements of such title. Any payments which are in excess of the amount necessary to achieve or maintain such conditions and requirements shall, subject to the consultation with Tribes being served by the service unit, be used

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		for reducing the health resource deficiencies (as determined in section 201(c)) of such Indian tribes, including the provision of services pursuant to section 205.	for increasing the facility's capacity to provide, or improving the quality or accessibility of, services.	for reducing the health resource deficiencies (as determined under section 201(d)) of such Indian Tribes.	for reducing the health resource deficiencies of the Indian Tribes.
		(2)~~Sec. 405(b)(4).~~ DIRECT PAYMENT OPTION.– ~~Notwithstanding section 1880(c) of the Social Security Act (42 U.S.C.A. § 1395qq(c)) or section 402(a) of this title, no~~ Paragraph (1) shall not apply to a tribal health program upon the election of such program under subsection (d) to receive payments directly. No payment may be made out of the special funds described in such ~~sections~~ paragraph ~~for the benefit of any hospital or clinic during the period that the hospital or clinic participates in the program established under this section~~ with respect to reimbursement made for services provided by such program during the period of such election.	(2) DIRECT PAYMENT OPTION.— Paragraph (1) shall not apply to a Tribal Health Program upon the election of such Program under subsection (d) to receive payments directly. No payment may be made out of the special fund described in such paragraph with respect to reimbursement made for services provided by such Program during the period of such election.	"(2) DIRECT PAYMENT OPTION.— Paragraph (1) shall not apply to a Tribal Health Program upon the election of such Program under subsection (d) to receive payments directly. No payment may be made out of the special fund described in such paragraph with respect to reimbursement made for services provided by such Program during the period of such election.	*[Last sentence of sec. 402(a).]* The subsection shall not apply to Indian Tribes and tribal organizations that elect under Section 405 to receive payments directly.
		(d) ~~Sec. 405.~~ DIRECT BILLING ~~OF MEDICARE, MEDICAID, AND OTHER THIRD PARTY PAYORS~~ ~~(a) ESTABLISHMENT OF DIRECT BILLING PROGRAM~~ (1) IN GENERAL,– ~~The Secretary shall establish a program under which Indian tribes, tribal organizations, and Alaska Native health organizations that contract or compact for the operation of a hospital or clinic of the Service under the Indian Self- Determination and Education Assistance Act (25 U.S.C. 450 et seq.) may elect to directly bill for, and receive payment for, health care services provided by such hospital or clinic~~ Subject to complying with the requirements of paragraph (2), a tribal health program may elect to directly bill for, and receive payment for, health care items and services provided by such program for which payment is made under title XVIII, XIX, or XXI of the Social Security Act ~~(42 U.S.C. 1395 et seq.) (in this section referred to as the "medicare program"), under a State plan for medical assistance approved under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) (in this section referred to as the "medicaid program"),~~	(d) DIRECT BILLING.— (1) IN GENERAL.— Subject to complying with the requirements of paragraph (2), a Tribal Health Program may elect to directly bill for, and receive payment for, health care items and services provided by such Program for which payment is made under title XVIII, XIX, or XXI of the Social Security Act.	"(d) Direct Billing.— "(1) IN GENERAL.— Subject to complying with the requirements of paragraph (2), a Tribal Health Program may elect to directly bill for, and receive payment for, health care items and services provided by such Program for which payment is made under title XVIII or XIX of the Social Security Act	*[Note: Section 405 was amended in 2000 to make a direct billing and reimbursement demonstration permanent. The NSC edits predate the amendment and are not shown here.]*
		or from any other third party payor.		or from any other third party payor.	
		(2)~~(b)~~ DIRECT REIMBURSEMENT.– (A)~~(1)~~ USE OF FUNDS.– Each tribal health program ~~hospital or clinic~~ making the election ~~participating in the program~~ described in paragraph (1)	(2) DIRECT REIMBURSEMENT.— (A) USE OF FUNDS.— Each Tribal Health Program making the election described in para graph (1) with respect to a program under title XVIII, XIX, or XXI	"(2) DIRECT REIMBURSEMENT.— "(A) USE OF FUNDS.— Each Tribal Health Program making the election described in paragraph (1) with respect to a program under a title of the Social Security Act	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~subsection(a) of this section~~ with respect to a program under a title of the Social Security Act shall be reimbursed directly by that ~~under the medicare and medicaid~~ programs for items and services furnished~~,~~ without regard to subsection (c)(1), except that all amounts ~~the provisions of section 1880(c) of the Social Security Act (42 U.S.C. 1395qq(c)) and sections 402 (a) and 813(b)(2)(A) of this title, but all funds~~ so reimbursed shall first be used by the tribal health program ~~hospital or clinic~~ for the purpose of making any improvements in ~~the hospital or clinic~~ facilities of the tribal health program that may be necessary to achieve or maintain compliance with the conditions and requirements applicable generally to such items and services under the program under such title ~~facilities of such type under the medicare or medicaid programs. Any funds so reimbursed which are in excess of the amount necessary to achieve or maintain such conditions shall be used--~~	of the Social Security Act shall be reimbursed directly by that program for items and services furnished without regard to subsection (c)(1), but all amounts so reimbursed shall be used by the Tribal Health Program	shall be reimbursed directly by that program for items and services furnished without regard to subsection (c)(1), but all amounts so reimbursed shall be used by the Tribal Health Program	
	2708 = E; R = S. 1200.	and to provide additional health care services, improvements in health care facilities and tribal health programs, any health care-related purpose (including coverage for a service or service within a contract health service delivery area or any portion of a contract health service delivery area that would otherwise be provided as a contract health service), or otherwise to achieve the objectives provided in section 3 of this Act ~~(A) solely for improving the health resources deficiency level of the Indian tribe; and (B) in accordance with the regulations of the Service applicable to funds provided by the Service under any contract entered into under the Indian Self- Determination Act (25 U.S.C. 450f et seq.).~~	for the same purposes with respect to such Program for which payment under subparagraph (A) of subsection (c)(1) to a facility of the Service may be used pursuant to subparagraph (B) of such subsection with respect to the Service.	for the purpose of making any improvements in facilities of the Tribal Health Program that may be necessary to achieve or maintain compliance with the conditions and requirements applicable generally to such items and services under the program under such title and to provide additional health care services, improvements in health care facilities and Tribal Health Programs, any health care related purpose, or otherwise to achieve the objectives provided in section 3 of this Act.	*[Last sentence of Sec. 405(b)*Any funds so reimbursed which are in excess of the amount necessary to achieve or maintain such conditions or requirements shall be used to provide additional health services, improvements in its health care facilities, or otherwise to achieve the health objectives provided for under section 3 of this Act.
		(B)~~(2)~~ AUDITS.– The amounts paid to ~~the hospitals and clinics participating in the program established under this section~~ a tribal health program making the election described in paragraph (1) with respect to a program under title XVIII, XIX, or XXI of the Social Security Act shall be subject to all auditing requirements applicable to the program~~s~~ under such title, as well as all auditing requirements applicable to programs administered by an Indian health program. Nothing in the preceding sentence shall be construed as limiting the application of auditing requirements	(B) AUDITS.— The amounts paid to a Tribal Health Program making the election described in paragraph (1) with respect to a program under title XVIII, XIX, or XXI of the Social Security Act shall be subject to all auditing requirements applicable to the program under such title, as well as all auditing requirements applicable to programs administered by an Indian Health Program. Nothing in the preceding sentence shall be construed as limiting the application of auditing requirements applicable to amounts paid under title XVIII, XIX, or XXI of the Social Security Act.	"(B) AUDITS.— The amounts paid to a Tribal Health Program making the election described in paragraph (1) with respect to a program under a title of the Social Security Act shall be subject to all auditing requirements applicable to the program under such title, as well as all auditing requirements applicable to programs administered by an Indian Health Program. Nothing in the preceding sentence shall be construed as limiting the application of auditing requirements applicable to amounts paid under title XVIII, XIX, or XXI of the Social Security Act.	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		applicable to amounts paid under title XVIII, XIX, or XXI of the Social Security Act. ~~administered directly by the Service and to facilities participating in the medicare and medicaid programs.~~			
		(B)~~(3) SECRETARIAL OVERSIGHT~~ IDENTIFICATION OF SOURCE OF PAYMENTS.—Any tribal health program that receives reimbursements or payments under title XVIII, XIX, or XXI of the Social Security Act shall provide to the Service a list of each provider enrollment number (or other identifier) under which such program receives such reimbursements or payments. ~~The Secretary shall monitor the performance of hospitals and clinics participating in the program established under this section, and shall require such hospitals and clinics to submit reports on the program to the Secretary on an annual basis.~~	(C) IDENTIFICATION OF SOURCE OF Payments.— Any Tribal Health Program that receives reimbursements or payments under title XVIII, XIX, or XXI of the Social Security Act shall provide to the Service a list of each provider enrollment number (or other identifier) under which such Program receives such reimbursements or payments.	"(C) IDENTIFICATION OF SOURCE OF PAYMENTS.— Any Tribal Health Program that receives reimbursements or payments under title XVIII, XIX, or XXI of the Social Security Act, shall provide to the Service a list of each provider enrollment number (or other identifier) under which such Program receives such reimbursements or payments.	(b) If an Indian Tribe, or tribal organization receives funding from the Service under the Indian Self-Determination and Education Assistance Act or an urban Indian organization receives funding from the Indian Health Service under Title V of the Indian Health Care Improvement Act receives reimbursements or payments under Title XVIII (Medicare), Title XIX (Medicaid) or Title XXI (children's health insurance program) of the Social Security Act, such Indian Tribe, tribal organization, or urban Indian organization shall provide to the Service a list of each provider enrollment number (or other identifier) under which it receives payments.
		~~(c) Requirements for participation~~ ~~(1) Application~~ ~~Except as provided in paragraph (2)(B), in order to be eligible for participation in the program established under this section, an Indian tribe, tribal organization, or Alaska Native health organization shall submit an application to the Secretary that establishes to the satisfaction of the Secretary that--~~ ~~(A) the Indian tribe, tribal organization, or Alaska Native health organization contracts or compacts for the operation of a facility of the Service;~~ ~~(B) the facility is eligible to participate in the medicare or medicaid programs under section 1880 or 1911 of the Social Security Act (42 U.S.C. 1395qq; 1396j);~~ ~~(C) the facility meets the requirements that apply to programs operated directly by the Service; and~~ ~~(D) the facility--~~ ~~(i) is accredited by an accrediting body as eligible for reimbursement under the medicare or medicaid programs; or~~ ~~(ii) has submitted a plan, which has been approved by the Secretary, for achieving such accreditation.~~ ~~(2) Approval~~ ~~(A) In general~~ ~~The Secretary shall review and approve a qualified application not later than 90 days after the date the application is submitted to the Secretary unless the Secretary determines that any of the criteria set forth in paragraph (1) are not met.~~			

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~(B) Grandfather of demonstration program participants~~ ~~Any participant in the demonstration program authorized under this section as in effect on November 1, 2000, shall be deemed approved for participation in the program established under this section and shall not be required to submit an application in order to participate in the program.~~ ~~(C) Duration~~ ~~An approval by the Secretary of a qualified application under subparagraph (A), or a deemed approval of a demonstration program under subparagraph (B), shall continue in effect as long as the approved applicant or the deemed approved demonstration program meets the requirements of this section.~~			
		(3)~~(d)~~ EXAMINATION AND IMPLEMENTATION OF CHANGES.– (1) IN GENERAL.– The Secretary, acting through the Service, and with the assistance of the Administrator of the Centers for Medicare & Medicaid Services, shall examine on an ongoing basis and implement~~ (A)~~ any administrative changes that may be necessary to facilitate direct billing and reimbursement under the program established under this subsection, including any agreements with States that may be necessary to provide for direct billing under ~~the medicaid program; and~~ a program under title XIX or XXI of the Social Security Act.	(3) EXAMINATION AND IMPLEMENTATION OF CHANGES.— (A) IN GENERAL.— The Secretary, acting through the Service and with the assistance of the Administrator of the Centers for Medicare & Medicaid Services, shall examine on an ongoing basis and implement any administrative changes that may be necessary to facilitate direct billing and reimbursement under the program established under this subsection, including any agreements with States that may be necessary to provide for direct billing under a program under title XIX or XXI of the Social Security Act.	"(3) EXAMINATION AND IMPLEMENTATION OF CHANGES.— "(A) IN GENERAL.— The Secretary, acting through the Service and with the assistance of the Administrator of the Centers for Medicare & Medicaid Services, shall examine on an ongoing basis and implement any administrative changes that may be necessary to facilitate direct billing and reimbursement under the program established under this subsection, including any agreements with States that may be necessary to provide for direct billing under a program under a title of the Social Security Act.	405(c) EXAMINATION AND IMPLEMENTATION OF CHANGES.— The Secretary, acting through the Service, and with the assistance of the Administrator of the Health Care Financing Administration, shall examine on an ongoing basis and implement any administrative changes that may be necessary to facilitate direct billing and reimbursement under the program established under this section, including any agreements with States that may be necessary to provide for direct billing under the medicaid or children's health insurance program.
		(B) COORDINATION OF INFORMATION.—The Service shall provide the Administrator of the Centers for Medicare & Medicaid Services with copies of the lists submitted to the Service under paragraph (2)(C), enrollment data regarding patients served by the Service (and by tribal health programs, to the extent such data is available to the Service), and such other information as the Administrator may require for purposes of administering title XVIII, XIX, or XXI of the Social Security Act. ~~any changes that may be necessary to enable participants in the program established under this section to provide to the Service medical records information on patients served under the program that is consistent with the medical records information system of the Service.~~	(B) COORDINATION OF INFORMATION.— The Service shall provide the Administrator of the Centers for Medicare & Medicaid Services with copies of the lists submitted to the Service under paragraph (2)(C), enrollment data regarding patients served by the Service (and by Tribal Health Programs, to the extent such data is available to the Service), and such other information as the Administrator may require for purposes of administering title XVIII, XIX, or XXI of the Social Security Act.	"(B) COORDINATION OF INFORMATION.— The Service shall provide the Administrator of the Centers for Medicare & Medicaid Services with copies of the lists submitted to the Service under paragraph (2)(C), enrollment data regarding patients served by the Service (and by Tribal Health Programs, to the extent such data is available to the Service), and such other information as the Administrator may require for purposes of administering title XVIII, XIX, or XXI of the Social Security Act.	~~(B) any changes which may be necessary to enable participants in such demonstration program to provide to the Service medical records information on patients served by such demonstration program which is consistent with the medical records information system of the Service.~~
		~~(d)(2)The accounting information that a participant in the program established~~			

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~under this section shall be required to report shall be the same as the information required to be reported by participants in the demonstration program authorized under this section as in effect on the day before November 1, 2000. The Secretary may from time to time, after consultation with the program participants, change the accounting information submission requirements.~~			
		(e) WITHDRAWAL FROM PROGRAM.– ~~A participant in~~ A tribal health program that bills directly under the program established under this subsection may withdraw from participation in the same manner and under the same conditions that an Indian tribe or tribal organization may retrocede a contracted program to the Secretary under the authority of the Indian Self-Determination and Education Assistance Act (25 U.S.C.A. § 450~~f~~ et seq.). All cost accounting and billing authority under the program established under this subsection shall be returned to the Secretary upon the Secretary's acceptance of the withdrawal of participation in this program.	(4) WITHDRAWAL FROM PROGRAM.— A Tribal Health Program that bills directly under the program established under this subsection may with draw from participation in the same manner and under the same conditions that an Indian Tribe or Tribal Organization may retrocede a contracted program to the Secretary under the authority of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.). All cost accounting and billing authority under the program established under this subsection shall be returned to the Secretary upon the Secretary's acceptance of the withdrawal of participation in this program.	"(4) WITHDRAWAL FROM PROGRAM.— A Tribal Health Program that bills directly under the program established under this subsection may withdraw from participation in the same manner and under the same conditions that an Indian Tribe or Tribal Organization may retrocede a contracted program to the Secretary under the authority of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.). All cost accounting and billing authority under the program established under this subsection shall be returned to the Secretary upon the Secretary's acceptance of the withdrawal of participation in this program.	(d) WITHDRAWAL FROM PROGRAM.— A participant in the program established under this section may withdraw from participation in the same manner and under the same conditions that an Indian Tribe or tribal organization may retrocede a contracted program to the Secretary under authority of the Indian Self-Determination and Education Assistance Act (25 USC § 450 et seq.) All cost accounting and billing authority under the program established under this section shall be returned to the Secretary upon the Secretary's acceptance of the withdrawal of participation in this program.
		(5) TERMINATION FOR FAILURE TO COMPLY WITH REQUIREMENTS.—The Secretary may terminate the participation of a tribal health program or in the direct billing program established under this subsection if the Secretary determines that the program has failed to comply with the requirements of paragraph (2). The Secretary shall provide a tribal health program with notice of a determination that the program has failed to comply with any such requirement and a reasonable opportunity to correct such noncompliance prior to terminating the program's participation in the direct billing program established under this subsection.	(5) TERMINATION FOR FAILURE TO COMPLY WITH REQUIREMENTS.— The Secretary may termi9 nate the participation of a Tribal Health Program or in the direct billing program established under this subsection if the Secretary determines that the Program has failed to comply with the requirements of paragraph (). The Secretary shall provide a Tribal Health Program with notice of a determination that the Program has failed to comply with any such requirement and a reasonable opportunity to correct such noncompliance prior to terminating the Program's participation in the direct billing program established under this subsection.	"(5) TERMINATION FOR FAILURE TO COMPLY WITH REQUIREMENTS.— The Secretary may terminate the participation of a Tribal Health Program or in the direct billing program established under this subsection if the Secretary determines that the Program has failed to comply with the requirements of paragraph (2). The Secretary shall provide a Tribal Health Program with notice of a determination that the Program has failed to comply with any such requirement and a reasonable opportunity to correct such noncompliance prior to terminating the Program's participation in the direct billing program established under this subsection.	
		(e) Related Provisions Under the Social Security Act.—For provisions related to subsections (c) and (d), see sections 1880, 1911, and 2107(e)(1)(D) of the Social Security Act.	(e) RELATED PROVISIONS UNDER THE SOCIAL SE CURITY ACT.— For provisions related to subsections (c) and (d), see sections 1880, 1911, and 21070(e)(1)(D) of the Social Security Act.	"(e) Related Provisions Under the Social Security Act.— For provisions related to subsections (c) and (d), see sections 1880, 1911, and 2107(e)(1)(D) of the Social Security Act.	
		~~{"(c) Notwithstanding any other provision of this title, payments to which any hospital or skilled nursing facility of the Indian Health Service is entitled by reason of this section shall be placed in a special fund to be held by the Secretary and used by him (to such extent or in such amounts as are provided in appropriation Acts) exclusively for the purpose of~~			(c) ~~Sec. 1880(c)~~ Notwithstanding any other provision of this title or of Title XVIII of the Social Security Act, payments to which ~~any hospital or skilled nursing~~ facility of the ~~Indian Health~~ Service is entitled by reason of this section shall be placed in a special fund to be held by the Secretary and first used ~~by him~~ (to such extent or in such amounts as are

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~making any improvements in the hospitals and skilled nursing facilities of such Service which may be necessary to achieve compliance with the applicable conditions and requirements of this title. The preceding sentence shall cease to apply when the Secretary determines and certifies that substantially all of the hospitals and skilled nursing facilities of such Service in the United States are in compliance with such conditions and requirements.~~ ~~{"(d) The annual report of the Secretary which is required by section 701 of the Indian Health Care Improvement Act shall include (along with the matters specified in section 403 of such Act) a detailed statement of the status of the hospitals and skilled nursing facilities of the Service in terms of their compliance with the applicable conditions and requirements of this title and of the progress being made by such hospitals and facilities (under plans submitted under subsection (b) and otherwise) toward the achievement of such compliance."}~~			provided in appropriation Acts) ~~exclusively~~ for the purpose of making any improvements in the programs ~~hospitals and skilled nursing facilities~~ of the ~~such~~ Service which may be necessary to achieve or maintain compliance with the applicable conditions and requirements of this title and of Title XVIII of the Social Security Act. Any funds to be reimbursed which are in excess of the amount necessary to achieve or maintain such conditions and requirements shall, subject to the consultation with Tribes being served by the service unit, be used for reducing the health resource deficiencies of the Indian Tribes. This paragraph ~~The preceding sentence~~ shall not ~~cease to~~ apply ~~when the Secretary determines and certifies that substantially all of the hospitals and skilled nursing facilities of such Service in the United States are in compliance with such conditions and requirements~~ upon the election of an Indian Tribe or tribal organization under section 405 of the Indian Health Care Improvement Act to receive payments directly.
	See, S. 1790 Sec. 152, which struck CL §402 and substituted this new §402.	SEC. 402. PURCHASING HEALTH CARE COVERAGE. "(a) In General.—Insofar as amounts are made available under law (including a provision of the Social Security Act, the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), or other law, other than under section 404) to Indian tribes, tribal organizations, and urban Indian organizations for health benefits for Service beneficiaries, Indian tribes, tribal organizations, and urban Indian organizations may use such amounts to purchase health benefits coverage (including coverage for a service, or service within a contract health service delivery area, or any portion of a contract health service delivery area that would otherwise be provided as a contract health service)	SEC. 405. PURCHASING HEALTH CARE COVERAGE. (a) PURCHASING COVERAGE.— (1) IN GENERAL.— Insofar as amounts are made available under law (including a provision of the Social Security Act, the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), or other law, other than under section 402) to Indian Tribes, Tribal Organizations, and urban Indian organizations for health benefits for Service beneficiaries, Indian Tribes, Tribal Organizations, and urban Indian organizations may use such amounts to purchase health benefits coverage	"SEC. 405. PURCHASING HEALTH CARE COVERAGE. "(a) In General.— Insofar as amounts are made available under law (including a provision of the Social Security Act, the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), or other law, other than under section 402) to Indian Tribes, Tribal Organizations, and urban Indian organizations for health benefits for Service beneficiaries, Indian Tribes, Tribal Organizations, and urban Indian organizations may use such amounts to purchase health benefits coverage	PURCHASING HEALTH CARE COVERAGE ~~MANAGED CARE~~ SEC. 408 ~~210~~. ~~(a)~~ Tribes, tribal organizations and urban Indian organizations are authorized to utilize funding from the Secretary under this Act to purchase managed care coverage for IHS beneficiaries (including authority to purchase insurance to limit the financial risks of such entities.) ~~(b) The Secretary, acting through the Service, shall conduct a study to assess the feasibility of allowing an Indian Tribe to purchase, directly or through the Service, managed care coverage for all members of the Tribe~~ from– (1) a tribally owned and operated managed care plan; ~~or~~ (2) a State or locally-authorized or licensed managed care plan or (3) health insurance provider. ~~(b~~c~~) Not later than the date which is 12 months after the date of the enactment of this section, the Secretary shall transmit to the Congress a report containing~~ ~~(1) a detailed description of the~~ any ~~study conducted pursuant to this section; and~~ ~~(2) a discussion of the findings and conclusions of~~ any ~~such study.~~
			that qualifies as creditable coverage under		

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			section 2701(c)(1) of the Public Health Service Act		
		for such beneficiaries in any manner, including through—	for such beneficiaries, including, subject to paragraph (2), through—	for such beneficiaries in any manner, including through—	
		(1) a tribally owned and operated health care plan; "(2) a State or locally authorized or licensed health care plan; "(3) a health insurance provider or managed care organization; "(4) a self-insured plan; or	(A) a tribally owned and operated health care plan; (B) a State or locally authorized or licensed health care plan; (C) a health insurance provider or managed care organization; or (D) a self-insured plan.	"(1) a tribally owned and operated health care plan; "(2) a State or locally authorized or licensed health care plan; "(3) a health insurance provider or managed care organization; or "(4) a self-insured plan; or	
		(5) a high deductible or health savings account plan.		(5) a high deductible or health savings account plan.	
			(2) EXCEPTION.— The coverage provided under paragraph (1) may not include coverage consisting of— (A) benefits provided under a health flexible spending arrangement (as defined in section 106(c)(2) of the Internal Revenue Code of 1986); or (B) a high deductible health plan (as defined in section 223(c)(2) of such Code), without regard to whether the plan is purchased in conjunction with a health savings account (as defined under section 223(d) of such Code).		
		(b) FINANCIAL NEED.— The purchase of coverage under subsection (a) by an Indian tribe, tribal organization, or urban Indian organization may be based on the financial needs of such beneficiaries (as determined by the 1 or more Indian tribes being served based on a schedule of income levels developed or implemented by such 1 ore more Indian tribes).	(3) PERMITTING PURCHASE OF COVERAGE BASED ON FINANCIAL NEED.— The purchase of coverage by an Indian Tribe, Tribal Organization, or urban Indian organization under this subsection may be based on the financial needs of beneficiaries (as determined by the Indian Tribe or Tribes being served based on a schedule of income levels developed or implemented by such Indian Tribe or Tribes).		
		"(c) EXPENSES FOR SELF-INSURED PLAN.— In the case of a self-insured plan under subsection (a)(4), the amounts may be used for expenses of operating the plan, including administration and insurance to limit the financial risks to the entity offering the plan.	(b) EXPENSES FOR SELF-INSURED PLAN.— In the case of a self-insured plan under subsection (a)(4), the amounts may be used for expenses of operating the plan, including administration and insurance to limit the financial risks to the entity offering the plan.	"(b) Expenses for Self-Insured Plan.— In the case of a self-insured plan under subsection (a)(4), the amounts may be used for expenses of operating the plan, including administration and insurance to limit the financial risks to the entity offering the plan.	
		(d) CONSTRUCTION.— Nothing in this section shall be construed as affecting the use of any amounts not referred to in subsection (a).".	(c) CONSTRUCTION.— Nothing in this section shall be construed as affecting the use of any amounts not referred to in subsection (a).	"(c) Construction.— Nothing in this section shall be construed as affecting the use of any amounts not referred to in subsection (a).	
	S.1790 did not change CL § 403.	REPORT Sec. 403. The Secretary shall submit to the President, for inclusion in the report required to be transmitted to the Congress under section 801, an accounting on the amount and use of funds made available to the Service pursuant to this title as a result of reimbursements through title XVIII and XIX of the Social Security Act, as			REPORT Sec. 403. (a) The Secretary shall submit to the President, for inclusion in the report required to be transmitted to the Congress under section 801, an accounting on the amount and use of funds made available to the Service pursuant to this title as a result of reimbursements through title XVIII and XIX of the Social Security Act, as

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		amended. REPORT			amended.
	See, S. 1790 Sec. 153, which amends §404.	Sec. 404. 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. (a) INDIAN TRIBES AND TRIBAL ORGANIZATIONS.— The Secretary, acting through the Service, shall make grants to or enter into contracts with Indian tribes and tribal organizations to assist such tribes and tribal organizations in establishing and administering programs on or near ~~Federal Indian~~ reservations and trust lands ~~areas and in or near Alaska Native villages~~	SEC. 402. GRANTS TO AND CONTRACTS WITH THE SERV0 ICE, INDIAN TRIBES, TRIBAL ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS TO FACILITATE OUTREACH, ENROLLMENT, AND COVERAGE OF INDIANS UNDER SOCIAL SECURITY ACT HEALTH BENEFIT PROGRAMS. (a) INDIAN TRIBES AND TRIBAL ORGANIZATIONS.— The Secretary, acting through the Service, shall make grants to or enter into contracts with Indian Tribes and Tribal Organizations to assist such Tribes and Tribal Organizations in establishing and administering programs on or near reservations and trust lands,	"SEC. 402. GRANTS TO AND CONTRACTS WITH THE SERVICE, INDIAN TRIBES, TRIBAL ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS TO FACILITATE OUTREACH, ENROLLMENT, AND COVERAGE OF INDIANS UNDER SOCIAL SECURITY ACT HEALTH BENEFIT PROGRAMS AND OTHER HEALTH BENEFITS PROGRAMS. "(a) Indian Tribes and Tribal Organizations.— From funds appropriated to carry out this title in accordance with section 417, the Secretary, acting through the Service, shall make grants to or enter into contracts with Indian Tribes and Tribal Organizations to assist such Tribes and Tribal Organizations in establishing and administering programs on or near reservations and trust lands,	GRANTS TO AND FUNDING AGREEMEN~~TS CONTRAC~~TS WITH THE SERVICE, INDIAN TRIBES, TRIBAL ORGANIZATIONS AND URBAN INDIAN ORGANIZATIONS. Sec. 404. (a) The Secretary~~, acting through the Service,~~ shall make grants to or enter into funding agreements ~~contract~~ with Indian Tribes and tribal organizations to assist such organizations in establishing and administering programs on or near federal Indian reservations and trust areas and in or near Alaska Native villages
		including programs to provide outreach and enrollment through video, electronic delivery methods, or telecommunication devices that allow real-time or time-delayed communication between individual Indians and the benefit program,	including programs to provide out reach and enrollment through video, electronic delivery methods, or telecommunication devices that allow real time or time-delayed communication between individual Indians and the benefit program,	including programs to provide outreach and enrollment through video, electronic delivery methods, or telecommunication devices that allow real-time or time-delayed communication between individual Indians and the benefit program,	
		to assist individual Indians to– (1) to enroll ~~under section 1818 of part A and sections 1836 and 1837 of part B of~~ for benefits under a program established under title XVIIII, XIX, or XXI of the Social Security Act and other health benefits programs; and; (2) with respect to such programs for which the charging of premiums and cost sharing is not prohibited under such programs, to pay ~~monthly~~ premiums or cost sharing for coverage for such benefits, which may be based on ~~due to~~ financial need ~~of such individual, and~~ (as determined by the Indian tribe or tribes or tribal organizations being served based on a schedule of income levels developed or implemented by such tribe, tribes, or tribal organizations). ~~(3) apply for medical assistance provided pursuant to title XIX of the Social Security Act.~~	to assist individual Indians— (1) to enroll for benefits under a program established under title XVIII, XIX, or XXI of the Social Security Act; and (2) with respect to such programs for which the charging of premiums and cost sharing is not prohibited under such programs, to pay premiums or cost sharing for coverage for such benefits, which may be based on financial need (as determined by the Indian Tribe or Tribes or Tribal Organizations being served based on a schedule of income levels developed or implemented by such Tribe, Tribes, or Tribal Organizations).	to assist individual Indians— "(1) to enroll for benefits under a program established under title XVIII, XIX, or XXI of the Social Security Act and other health benefits programs; and "(2) with respect to such programs for which the charging of premiums and cost sharing is not prohibited under such programs, to pay premiums or cost sharing for coverage for such benefits, which may be based on financial need (as determined by the Indian Tribe or Tribes or Tribal Organizations being served based on a schedule of income levels developed or implemented by such Tribe, Tribes, or Tribal Organizations).	to assist individual Indians to– (1) enroll under section 1818 of part A and sections 1836 and 1837 of part B of title XVIII of the Social Security Act; (2) pay ~~monthly~~ premiums for coverage ~~due to financial need of such individual~~; and (3) apply for medical assistance provided pursuant to title XIX (medicaid) and XXI (children's health insurance program) of the Social Security Act.
		(b) CONDITIONS.— The Secretary, acting through the Service, shall place conditions as deemed necessary to effect the purpose of this section in any grant or contract ~~or grant~~ which the Secretary makes with any Indian tribe or tribal organization pursuant	(b) CONDITIONS.— The Secretary, acting through the Service, shall place conditions as deemed necessary to effect the purpose of this section in any grant or contract which the Secretary makes with any Indian Tribe or Tribal Organization	"(b) Conditions.— The Secretary, acting through the Service, shall place conditions as deemed necessary to effect the purpose of this section in any grant or contract which the Secretary makes with any Indian Tribe or Tribal Organization	(b) The Secretary~~, acting through the Service,~~ shall place conditions as deemed necessary to effect the purpose of this section in any funding agreement ~~contract~~ or grant which the Secretary makes with any Indian Tribe or tribal organization

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		to this section. Such conditions shall include~~, but are not limited to,~~ requirements that the Indian tribe or tribal organization successfully undertake ~~to~~– (1) to determine the population of Indians ~~to be served that are or could be recipients of~~ eligible for the benefits described in subsection (a) ~~under titles XVIII and XIX of the Social Security Act~~; (2) to educate Indians with respect to the benefits available under the respective programs; ~~assist individual Indians in becoming familiar with and utilizing such benefits;~~ (3) to provide transportation to such individual Indians to the appropriate offices for enrollment or applications for such benefits ~~medical assistance~~; (4) to develop and implement~~--~~ ~~(A) a schedule of income levels to determine the extent of payments of premiums by such organizations for coverage of needy individuals; and~~ ~~(B)~~ methods of improving the participation of Indians ~~in~~ receiving ~~the~~ benefits ~~provided~~ under such programs. ~~titles XVIII and XIX of the Social Security Act.~~	pursuant to this section. Such conditions shall include requirements that the Indian Tribe or Tribal Organization successfully undertake— (1) to determine the population of Indians eligible for the benefits described in subsection (a); (2) to educate Indians with respect to the benefits available under the respective programs; (3) to provide transportation for such individual Indians to the appropriate offices for enrollment or applications for such benefits; and (4) to develop and implement methods of improving the participation of Indians in receiving benefits under such programs.	pursuant to this section. Such conditions shall include requirements that the Indian Tribe or Tribal Organization successfully undertake— "(1) to determine the population of Indians eligible for the benefits described in subsection (a); "(2) to educate Indians with respect to the benefits available under the respective programs; "(3) to provide transportation for such individual Indians to the appropriate offices for enrollment or applications for such benefits; and "(4) to develop and implement methods of improving the participation of Indians in receiving benefits under such programs.	pursuant to this section. Such conditions shall include, but are not limited to, requirements that the organization successfully undertake to– (1) determine the population of Indians to be served that are or could be recipients of benefits under titles XVIII, ~~and~~ XIX and XXI of the Social Security Act; (2) assist individual Indians in becoming familiar with and utilizing such benefits; (3) provide transportation to such individual Indians to the appropriate offices for enrollment or applications for medical assistance; (4) develop and implement-- (A) a schedule of income levels to determine the extent of payments of premiums by such organizations for coverage of needy individuals; and (B) methods of improving the participation of Indians in receiving the benefits provided under titles XVIII, ~~and~~ XIX and XXI of the Social Security Act.
		(c) APPLICATION TO URBAN INDIAN ORGANIZATIONS.— "(1) IN GENERAL.—The provisions of subsection (a) shall apply with respect to grants and other funding to urban Indian organizations with respect to populations served by such organizations in the same manner they apply to grants and contracts with Indian tribes and tribal organizations with respect to programs on or near reservations. "(2) REQUIREMENTS.—The Secretary shall include in the grants or contracts made or provided under paragraph (1) requirements that are— "(A) consistent with the requirements imposed by the Secretary under subsection (b); "(B) appropriate to urban Indian organizations and urban Indians; and "(C) necessary to effect the purposes of this section.	(c) APPLICATION TO URBAN INDIAN ORGANIZATIONS.— (1) IN GENERAL.— The provisions of subsection (a) shall apply with respect to grants and other funding to urban Indian organizations with respect to populations served by such organizations in the same manner they apply to grants and contracts with Indian Tribes and Tribal Organizations with respect to programs on or near reservations. (2) REQUIREMENTS.— The Secretary shall include in the grants or contracts made or provided under paragraph () requirements that are— (A) consistent with the requirements imposed by the Secretary under subsection (b); (B) appropriate to urban Indian organizations and urban Indians; and (C) necessary to effect the purposes of this section.	"(c) Application to urban Indian organizations.— "(1) IN GENERAL.— The provisions of subsection (a) shall apply with respect to grants and other funding to urban Indian organizations with respect to populations served by such organizations in the same manner they apply to grants and contracts with Indian Tribes and Tribal Organizations with respect to programs on or near reservations. "(2) REQUIREMENTS.— The Secretary shall include in the grants or contracts made or provided under paragraph (1) requirements that are— "(A) consistent with the requirements imposed by the Secretary under subsection (b); "(B) appropriate to urban Indian organizations and urban Indians; and "(C) necessary to effect the purposes of this section.	
		(d) FACILITATING COOPERATION.—The Secretary, acting through the Centers for Medicare & Medicaid Services, shall develop and disseminate best practices that will serve to facilitate cooperation with, and agreements between, States and	(d) FACILITATING COOPERATION IN ENROLLMENT AND RETENTION.— The Secretary, acting through the Centers for Medicare & Medicaid Services, shall consult with States, the Service, Indian Tribes, Tribal Organizations, and urban	"(d) Facilitating Cooperation.— The Secretary, acting through the Centers for Medicare & Medicaid Services, shall develop and disseminate best practices that will serve to facilitate cooperation with, and agreements between, States and	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		the Service, Indian tribes, tribal organizations, or urban Indian organizations	Indian organizations to develop and disseminate best practices	the Service, Indian Tribes, Tribal Organizations, or urban Indian organizations	
		with respect to the provision of health care items and services to Indians under the programs established under title XVIII, XIX, or XXI of the Social Security Act.	with respect to facilitating agreements between the States and Indian Tribes, Tribal Organizations, and urban Indian organizations relating to enrollment and retention of Indians in programs established under titles XVIII, XIX, and XXI of the Social Security Act.	with respect to the provision of health care items and services to Indians under the programs established under title XVIII, XIX, or XXI of the Social Security Act.	
		(e)~~(c)~~ AGREEMENTS RELATING TO IMPROVING ENROLLMENT OF INDIANS UNDER SOCIAL SECURITY ACT HEALTH BENEFITS PROGRAMS.— ~~The~~ For provisions relating to agreements of the Secretary, acting through the Service, ~~may enter into an agreement with an Indian tribe, tribal organization, or urban Indian organization which provides~~ for the ~~receipt and processing~~ of applications for ~~medical~~ assistance under the Medicaid and children's health insurance programs established under titles XIX and XXI of the Social Security Act and benefits under the Medicare program established under title XVIII of such ~~the Social Security~~ Act, see subsection (a) and (b) of section 1139 of the Social Security Act. ~~at a Service facility or a health care facility administered by such tribe or organization pursuant to a contract under the Indian Self- Determination Act.~~	(e) AGREEMENTS TO IMPROVE ENROLLMENT OF INDIANS UNDER SOCIAL SECURITY ACT HEALTH BENEFITS PROGRAMS.— For provisions relating to agreements between the Secretary and the Service, Indian Tribes, Tribal Organizations, and urban Indian organizations for the collection, preparation, and submission of applications by Indians for assistance under the Medicaid and children's health insurance programs established under titles XIX and XXI of the Social Security Act, and benefits under the Medicare program established under title XVIII of such Act, see subsections (a) and (b) of section 1139 of the Social Security Act.	"(e) Agreements Relating to Improving Enrollment of Indians Under Social Security Act Health Benefits Programs.— For provisions relating to agreements between the Secretary, acting through the Service, and Indian Tribes, Tribal Organizations, and urban Indian organizations for the collection, preparation, and submission of applications by Indians for assistance under the Medicaid and State children's health insurance programs established under titles XIX and XXI of the Social Security Act, and benefits under the Medicare program established under title XVIII of such Act, see subsections (a) and (b) of section 1139 of the Social Security Act.	(c) The Secretary~~, acting through the Service,~~ may enter into an agreement with an Indian Tribe, tribal organization, or urban Indian organization which provides for the receipt and processing of applications for medical assistance under title XIX of the Social Security Act and benefits under title XVIII and XXI of the Social Security Act by ~~at~~ a Service facility or a health care program ~~facility~~ administered by such Indian Tribe, tribal organization or urban Indian organization pursuant to a funding agreement ~~contract~~ under the Indian Self-Determination and Education Assistance Act or a grant or contract entered into with an urban Indian organization under title V of this Act.
		(f) Definition of Premiums and Cost Sharing.—In this section: "(1) PREMIUM.—The term 'premium' includes any enrollment fee or similar charge. "(2) COST SHARING.—The term 'cost sharing' includes any deduction, deductible, copayment, coinsurance, or similar charge.	(f) DEFINITIONS.— In this section: (1) PREMIUM.— The term 'premium' includes any enrollment fee or similar charge. (2) COST SHARING.— The term 'cost sharing' includes any deduction, deductible, copayment, coinsurance, or similar charge.	"(f) Definition of Premiums and Cost Sharing.— In this section: "(1) PREMIUM.— The term 'premium' includes any enrollment fee or similar charge. "(2) COST SHARING.— The term 'cost sharing' includes any deduction, deductible, copayment, coinsurance, or similar charge.	
	E included the definition of "benefits" found in 2708.		(3) BENEFITS.— The term 'benefits' means, with respect to— (A) title XVIII of the Social Security Act, benefits under such title; (B) title XIX of such Act, medical assistance under such title; and (C) title XXI of such Act, assistance under such title.		
	See, S. 1790 Sec. 154, which substituted a new §405 for CL §405, which is at §401(d)(2), as amended. *NOTE: Section 816 was not deleted in S. 1790, although it was functionally amended by*	Sec. 405 ~~816~~. ~~INDIAN HEALTH SERVICE AND DEPARTMENT OF VETERAN'S AFFAIRS HEALTH FACILITIES AND SERVICES~~ SHARING ARRANGEMENTS WITH FEDERAL AGENCIES. (a) AUTHORITY.	SEC. 406. SHARING ARRANGEMENTS WITH FEDERAL AGENCIES. (a) AUTHORITY.— (1) IN GENERAL.— The Secretary may enter into (or expand) arrangements for the sharing of medical facilities and services between the Service, Indian Tribes, and Tribal Organizations and the	"SEC. 406. SHARING ARRANGEMENTS WITH FEDERAL AGENCIES. "(a) Authority.— "(1) IN GENERAL.— The Secretary may enter into (or expand) arrangements for the sharing of medical facilities and services between the Service, Indian	INDIAN HEALTH SERVICE, ~~AND~~ DEPARTMENT OF VETERAN'S AFFAIRS, AND OTHER FEDERAL AGENCY HEALTH FACILITIES AND SERVICES SHARING Sec. 409 ~~816~~. (a) The Secretary shall examine the feasibility of entering into ~~an~~ arrangements or expanding existing

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	this new §405. §816 should be deleted.	"(1) IN GENERAL.— The Secretary may enter into (or expand) ~~shall examine the feasibility of entering into an~~ arrangements for the sharing of medical facilities and services between the ~~Indian Health~~ Service, Indian tribes, and tribal organizations and the Department of Veterans' ~~Administration~~ Veterans Affairs and the Department of Defense. ~~and shall, in accordance with subsection (b), prepare a report on the feasibility of such an arrangement and submit such report to the Congress by no later than September 30, 1990.~~	Department of Veterans Affairs and the Department of Defense.	Tribes, and Tribal Organizations and the Department of Veterans Affairs and the Department of Defense.	arrangements for the sharing of medical facilities and services between the Indian Health Service and the Veterans' Administration, and other appropriate federal agencies, including those within the Department, and shall, in accordance with subsection (b), prepare a report on the feasibility of such an arrangement and submit such report to the Congress by no later than September 30, ~~1990~~ 2000, provided that the Secretary may not finalize any such agreement without first consulting with the affected Indian Tribes.
		(2) CONSULTATION BY SECRETARY REQUIRED.— The Secretary may not finalize any arrangement between the Service and a Department described in paragraph (1) without first consulting with the Indian tribes which will be significantly affected by the arrangement.	(2) CONSULTATION BY SECRETARY REQUIRED.— The Secretary may not finalize any arrangement between the Service and a Department described in paragraph (1) without first consulting with the Indian Tribes which will be significantly affected by the arrangement.	"(2) CONSULTATION BY SECRETARY REQUIRED.— The Secretary may not finalize any arrangement between the Service and a Department described in paragraph (1) without first consulting with the Indian Tribes which will be significantly affected by the arrangement.	
		(b) The Secretary shall not take any action under this section or under subchapter IV of chapter 81 of title 38, United States Code, which would impair– (1) the priority access of any Indian to health care services provided through the ~~Indian Health~~ Service and the eligibility of any Indian to receive health services through the Service; (2) the quality of health care services provided to any Indian through the ~~Indian Health~~ Service; (3) the priority access of any veteran to health care services provided by the Department of Veterans' Affairs ~~Administration~~; (4) the quality of health care services provided ~~to any veteran~~ by the Department of Veteran~~'s~~ Affairs ~~Administration~~; ~~(5) the eligibility of any Indian to receive health services through the Indian Health Service;~~ or (5)~~(6)~~ the eligibility of any Indian who is a veteran to receive health services through the Department of Veterans' Affairs ~~Administration~~.	(b) LIMITATIONS.— The Secretary shall not take any action under this section or under subchapter IV of chapter 81 of title 38, United States Code, which would impair— (1) the priority access of any Indian to health care services provided through the Service and the eligibility of any Indian to receive health services through the Service; (2) the quality of health care services provided to any Indian through the Service; (3) the priority access of any veteran to health care services provided by the Department of Veterans Affairs; (4) the quality of health care services provided by the Department of Veterans Affairs or the Department of Defense; or (5) the eligibility of any Indian who is a veteran to receive health services through the Department of Veterans Affairs.	"(b) Limitations.— The Secretary shall not take any action under this section or under subchapter IV of chapter 81 of title 38, United States Code, which would impair— "(1) the priority access of any Indian to health care services provided through the Service and the eligibility of any Indian to receive health services through the Service; "(2) the quality of health care services provided to any Indian through the Service; "(3) the priority access of any veteran to health care services provided by the Department of Veterans Affairs; "(4) the quality of health care services provided by the Department of Veterans Affairs or the Department of Defense; or "(5) the eligibility of any Indian who is a veteran to receive health services through the Department of Veterans Affairs.	(b) The Secretary shall not take any action under this section or under subchapter IV of chapter 81 of title 38, United States Code, which would impair– (1) the priority access of any Indian to health care services provided through the Indian Health Service; (2) the quality of health care services provided to any Indian through the Indian Health Service; (3) the priority access of any veteran to health care services provided by the Veterans' Administration; (4) the quality of health care services provided to any veteran by the Veteran's Administration; (5) the eligibility of any Indian to receive health services through the Indian Health Service; or (6) the eligibility of any Indian who is a veteran to receive health services through the Veterans' Administration
		(c) Reimbursement.—The Service, Indian tribe, or tribal organization shall be reimbursed by the Department of Veterans Affairs or the Department of Defense (as the case may be) where services are provided through the Service, an Indian tribe, or a tribal organization to beneficiaries eligible for services from either such Department, notwithstanding any other provision of law.	(c) REIMBURSEMENT.— The Service, Indian Tribe, or Tribal Organization shall be reimbursed by the Department of Veterans Affairs or the Department of Defense (as the case may be) where services are provided through the Service, an Indian Tribe, or a Tribal Organization to beneficiaries eligible for services from either such Department, notwithstanding any other provision of law.	"(c) Reimbursement.— The Service, Indian Tribe, or Tribal Organization shall be reimbursed by the Department of Veterans Affairs or the Department of Defense (as the case may be) where services are provided through the Service, an Indian Tribe, or a Tribal Organization to beneficiaries eligible for services from either such Department, notwithstanding any other provision of law.	provided, however, the Service, the Indian Tribe or tribal organization shall be reimbursed by the VA where services are provided through the Service, Indian Tribes or tribal organizations to beneficiaries eligible for services from the VA, notwithstanding any other provision of law.
		~~(c) (1) Within 30 days after the date of~~			

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~enactment of this section, the Director of the Indian Health Service and the Administrator of Veterans' Affairs are authorized and directed to implement an agreement which--~~ ~~(A) individuals in the vicinity of Roosevelt, Utah, who are eligible for health care from the Veterans' Administration could obtain health care services at the facilities of the Indian Health Service located at Fort Duchesne, Utah, and~~ ~~(B) individuals eligible for health care from the Indian Health Service at Fort Duchesne, Utah, could obtain health care services at the Veterans' Administration medical center located in Salt Lake City, Utah.~~ ~~(2) Not later than 2 years after the date of enactment of this section, the Secretary and the Administrator of Veterans' Affairs shall jointly submit a report to the Congress on the health care services provided as a result of paragraph (1).~~			
		(d) CONSTRUCTION.– Nothing in this section may be construed as creating any right of a non-Indian veteran to obtain health services from the ~~Indian Health~~ Service ~~except as provided in an agreement under subsection (c)~~.	d) CONSTRUCTION.— Nothing in this section may be construed as creating any right of a non-Indian veteran to obtain health services from the Service.	"(d) Construction.— Nothing in this section may be construed as creating any right of a non-Indian veteran to obtain health services from the Service.	~~(d)~~ The Director is authorized to enter into agreements with other federal agencies to assist in achieving parity in services for Indians. Nothing in this section may be construed as creating any right of a veteran to obtain health services from the Indian Health Service ~~except as provided in an agreement under subsection (c)~~.
	S.1790 did not change CL §406.	AUTHORIZATION FOR EMERGENCY CONTRACT HEALTH SERVICES. SEC. 406. With respect to an elderly or disabled Indian receiving emergency medical care or services from a non-Service provider or in a non-Service facility under the authority of this Act, the time limitation (as a condition of payment) for notifying the Service of such treatment or admission shall be 30 days.	SEC. 222. NOTIFICATION OF PROVISION OF EMERGENCY CONTRACT HEALTH SERVICES. ''With respect to an elderly Indian or an Indian with a disability receiving emergency medical care or services from a non-Service provider or in a non-Service facility under the authority of this Act, the time limitation (as a condition of payment) for notifying the Service of such treatment or admission shall be 30 days.	"SEC. 222. NOTIFICATION OF PROVISION OF EMERGENCY CONTRACT HEALTH SERVICES. "With respect to an elderly Indian or an Indian with a disability receiving emergency medical care or services from a non-Service provider or in a non-Service facility under the authority of this Act, the time limitation (as a condition of payment) for notifying the Service of such treatment or admission shall be 30 days.	AUTHORIZATION FOR EMERGENCY CONTRACT HEALTH SERVICES. Sec. 222 ~~406~~. With respect to an elderly Indian or an ~~disabled~~ Indian with a disability receiving emergency medical care or services from a non-Service provider or in a non-Service facility under the authority of this Act, the time limitation (as a condition of payment) for notifying the Service of such treatment or admission shall be 30 days.
	See, S. 1790 Sec. 155, which added a new §407. R&E did not include this section.	SEC. 407. ELIGIBLE INDIAN VETERAN SERVICES. "(a) FINDINGS; PURPOSE.— "(1) FINDINGS.—Congress finds that— "(A) collaborations between the Secretary and the Secretary of Veterans Affairs regarding the treatment of Indian veterans at facilities of the Service should be encouraged to the maximum extent practicable; and "(B) increased enrollment for services of the Department of Veterans Affairs by veterans who are members of Indian tribes	SEC. 407. ELIGIBLE INDIAN VETERAN SERVICES. (a) FINDINGS; PURPOSE.— (1) FINDINGS.— Congress finds that— (A) collaborations between the Secretary and the Secretary of Veterans Affairs regarding the treatment of Indian veterans at facilities of the Service should be encouraged to the maximum extent practicable; and (B) increased enrollment for services of the Department of Veterans Affairs by veterans who are members of Indian tribes	"SEC. 407. ELIGIBLE INDIAN VETERAN SERVICES. "(a) Findings; Purpose.— "(1) FINDINGS.— Congress finds that— "(A) collaborations between the Secretary and the Secretary of Veterans Affairs regarding the treatment of Indian veterans at facilities of the Service should be encouraged to the maximum extent practicable; and "(B) increased enrollment for services of the Department of Veterans Affairs by veterans who are members of Indian tribes	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		should be encouraged to the maximum extent practicable. "(2) PURPOSE.—The purpose of this section is to reaffirm the goals stated in the document entitled 'Memorandum of Understanding Between the VA/Veterans Health Administration And HHS/Indian Health Service' and dated February 25, 2003 (relating to cooperation and resource sharing between the Veterans Health Administration and Service). "(b) DEFINITIONS.—In this section: "(1) ELIGIBLE INDIAN VETERAN.—The term 'eligible Indian veteran' means an Indian or Alaska Native veteran who receives any medical service that is— "(A) authorized under the laws administered by the Secretary of Veterans Affairs; and "(B) administered at a facility of the Service (including a facility operated by an Indian tribe or tribal organization through a contract or compact with the Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) pursuant to a local memorandum of understanding. "(2) LOCAL MEMORANDUM OF UNDERSTANDING.—The term 'local memorandum of understanding' means a memorandum of understanding between the Secretary (or a designee, including the director of any area office of the Service) and the Secretary of Veterans Affairs (or a designee) to implement the document entitled 'Memorandum of Understanding Between the VA/Veterans Health Administration And HHS/Indian Health Service' and dated February 25, 2003 (relating to cooperation and resource sharing between the Veterans Health Administration and Indian Health Service). "(c) ELIGIBLE INDIAN VETERANS EXPENSES.— "(1) IN GENERAL.— Notwithstanding any other provision of law, the Secretary shall provide for veteran-related expenses incurred by eligible Indian veterans as described in subsection (b)(1)(B). "(2) METHOD OF PAYMENT.—The Secretary shall establish such guidelines as the Secretary determines to be appropriate regarding the method of payments to the Secretary of Veterans Affairs under paragraph (1). "(d) TRIBAL APPROVAL OF MEMORANDA.—In negotiating a local memorandum of understanding with the	should be encouraged to the maximum extent practicable. (2) PURPOSE.— The purpose of this section is to reaffirm the goals stated in the document entitled 'Memorandum of Understanding Between the VA/Veterans Health Administration And HHS/Indian Health Service' and dated February 25, 2003 (relating to cooperation and resource sharing between the Veterans Health Administration and Service). (b) DEFINITIONS.— In this section: (1) ELIGIBLE INDIAN VETERAN.— The term 'eligible Indian veteran' means an Indian or Alaska Native veteran who receives any medical service that is— (A) authorized under the laws administered by the Secretary of Veterans Affairs; and (B) administered at a facility of the Service (including a facility operated by an Indian tribe or tribal organization through a contract or compact with the Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) pursuant to a local memorandum of understanding. (2) LOCAL MEMORANDUM OF UNDERSTANDING.— The term 'local memorandum of understanding' means a memorandum of understanding between the Secretary (or a designee, including the director of any Area Office of the Service) and the Secretary of Veterans Affairs (or a designee) to implement the document entitled 'Memorandum of Understanding Between the VA/Veterans Health Administration And HHS/Indian Health Service' and dated February 25, 2003 (relating to cooperation and resource sharing between the Veterans Health Administration and Indian Health Service). (c) ELIGIBLE INDIAN VETERANS' EXPENSES.— (1) IN GENERAL.— Notwithstanding any other provision of law, the Secretary shall provide for veteran-related expenses incurred by eligible Indian veterans as described in subsection (b)(1)(B). (2) METHOD OF PAYMENT.— The Secretary shall establish such guidelines as the Secretary determines to be appropriate regarding the method of payments to the Secretary of Veterans Affairs under paragraph (1). (d) TRIBAL APPROVAL OF MEMORANDA.— In negotiating a local memorandum of	should be encouraged to the maximum extent practicable. "(2) PURPOSE.— The purpose of this section is to reaffirm the goals stated in the document entitled 'Memorandum of Understanding Between the VA/Veterans Health Administration And HHS/Indian Health Service' and dated February 25, 2003 (relating to cooperation and resource sharing between the Veterans Health Administration and Service). "(b) Definitions.— In this section: "(1) ELIGIBLE INDIAN VETERAN.— The term 'eligible Indian veteran' means an Indian or Alaska Native veteran who receives any medical service that is— "(A) authorized under the laws administered by the Secretary of Veterans Affairs; and "(B) administered at a facility of the Service (including a facility operated by an Indian tribe or tribal organization through a contract or compact with the Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) pursuant to a local memorandum of understanding. "(2) LOCAL MEMORANDUM OF UNDERSTANDING.— The term 'local memorandum of understanding' means a memorandum of understanding between the Secretary (or a designee, including the director of any Area Office of the Service) and the Secretary of Veterans Affairs (or a designee) to implement the document entitled 'Memorandum of Understanding Between the VA/Veterans Health Administration And HHS/Indian Health Service' and dated February 25, 2003 (relating to cooperation and resource sharing between the Veterans Health Administration and Indian Health Service). "(c) Eligible Indian Veterans' Expenses.— "(1) IN GENERAL.— Notwithstanding any other provision of law, the Secretary shall provide for veteran-related expenses incurred by eligible Indian veterans as described in subsection (b)(1)(B). "(2) METHOD OF PAYMENT.— The Secretary shall establish such guidelines as the Secretary determines to be appropriate regarding the method of payments to the Secretary of Veterans Affairs under paragraph (1). "(d) Tribal Approval of Memoranda.— In negotiating a local memorandum of	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		Secretary of Veterans Affairs regarding the provision of services to eligible Indian veterans, the Secretary shall consult with each Indian tribe that would be affected by the local memorandum of understanding. "(e) Funding.— "(1) TREATMENT.— Expenses incurred by the Secretary in carrying out subsection (c)(1) shall not be considered to be Contract Health Service expenses. "(2) USE OF FUNDS.—Of funds made available to the Secretary in appropriations Acts for the Service (excluding funds made available for facilities, Contract Health Services, or contract support costs), the Secretary shall use such sums as are necessary to carry out this section.	understanding with the Secretary of Veterans Affairs regarding the provision of services to eligible Indian veterans, the Secretary shall consult with each Indian tribe that would be affected by the local memorandum of understanding. (e) FUNDING.— (1) TREATMENT.— Expenses incurred by the Secretary in carrying out subsection (c)(1) shall not be considered to be Contract Health Service expenses. (2) USE OF FUNDS.— Of funds made available to the Secretary in appropriations Acts for the Service (excluding funds made available for facilities, Contract Health Services, or contract support costs), the Secretary shall use such sums as are necessary to carry out this section.	understanding with the Secretary of Veterans Affairs regarding the provision of services to eligible Indian veterans, the Secretary shall consult with each Indian tribe that would be affected by the local memorandum of understanding. "(e) Funding.— "(1) TREATMENT.— Expenses incurred by the Secretary in carrying out subsection (c)(1) shall not be considered to be Contract Health Service expenses. "(2) USE OF FUNDS.— Of funds made available to the Secretary in appropriations Acts for the Service (excluding funds made available for facilities, Contract Health Services, or contract support costs), the Secretary shall use such sums as are necessary to carry out this section.	
	See, S. 1790 Sec. 156, which added a new §408. H.R. 3962 did not include §409 from H.R. 2708. E did not include this section. R= S. 1200.	SEC. 408. NONDISCRIMINATION UNDER FEDERAL HEALTH CARE PROGRAMS IN QUALIFICATIONS FOR REIMBURSEMENT FOR SERVICES. "(a) REQUIREMENT TO SATISFY GENERALLY APPLICABLE PARTICIPATION REQUIREMENTS.— "(1) IN GENERAL.—A Federal health care program must accept an entity that is operated by the Service, an Indian tribe, tribal organization, or urban Indian organization as a provider eligible to receive payment under the program for health care services furnished to an Indian on the same basis as any other provider qualified to participate as a provider of health care services under the program if the entity meets generally applicable State or other requirements for participation as a provider of health care services under the program. "(2) SATISFACTION OF STATE OR LOCAL LICENSURE OR RECOGNITION REQUIREMENTS.—Any requirement for participation as a provider of health care services under a Federal health care program that an entity be licensed or recognized under the State or local law where the entity is located to furnish health care services shall be deemed to have been met in the case of an entity operated by the Service, an Indian tribe, tribal organization, or urban Indian organization if the entity meets all the applicable standards for such licensure or recognition, regardless of whether the entity obtains a license or other documentation under such State or local law. In accordance with section 221, the absence of the licensure of a health	~~SEC. 409. NONDISCRIMINATION UNDER FEDERAL HEALTH CARE PROGRAMS IN QUALIFICATIONS FOR REIMBURSEMENT FOR SERVICES.~~ ~~(a) REQUIREMENT TO SATISFY GENERALLY APPLICABLE PARTICIPATION REQUIREMENTS.—~~ ~~(1) IN GENERAL.— A Federal health care program must accept an entity that is operated by the Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization as a provider eligible to receive payment under the program for health care services furnished to an Indian on the same basis as any other provider qualified to participate as a provider of health care services under the program if the entity meets generally applicable State or other requirements for participation as a provider of health care services under the program.~~ ~~(2) SATISFACTION OF STATE OR LOCAL LICENSURE OR RECOGNITION REQUIREMENTS.— Any requirement for participation as a provider of health care services under a Federal health care program that an entity be licensed or recognized under the State or local law where the entity is located to furnish health care services shall be deemed to have been met in the case of an entity operated by the Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization if the entity meets all the applicable standards for such licensure or recognition, regardless of whether the entity obtains a license or other documentation under such State or local law. In accordance with section 221, the absence of the licensure of a health care~~	"SEC. 409. NONDISCRIMINATION UNDER FEDERAL HEALTH CARE PROGRAMS IN QUALIFICATIONS FOR REIMBURSEMENT FOR SERVICES. "(a) Requirement to Satisfy Generally Applicable Participation Requirements.— "(1) IN GENERAL.— A Federal health care program must accept an entity that is operated by the Service, an Indian Tribe, Tribal Organization, or urban Indian organization as a provider eligible to receive payment under the program for health care services furnished to an Indian on the same basis as any other provider qualified to participate as a provider of health care services under the program if the entity meets generally applicable State or other requirements for participation as a provider of health care services under the program. "(2) SATISFACTION OF STATE OR LOCAL LICENSURE OR RECOGNITION REQUIREMENTS.— Any requirement for participation as a provider of health care services under a Federal health care program that an entity be licensed or recognized under the State or local law where the entity is located to furnish health care services shall be deemed to have been met in the case of an entity operated by the Service, an Indian Tribe, Tribal Organization, or urban Indian organization if the entity meets all the applicable standards for such licensure or recognition, regardless of whether the entity obtains a license or other documentation under such State or local law. In accordance with section 221, the absence of the licensure of a health care professional employed by such an entity	RIGHT TO RECOVER FROM FEDERAL HEALTH CARE PROGRAMS. Sec. 411. Notwithstanding any other provision of law, the Indian Health Service, Indian Tribes, tribal organizations and urban Indian organizations (notwithstanding limitations on who is eligible to receive services from such entity) shall be entitled to receive payment or reimbursement for services provided by such entities from any federally funded health care program, unless there is an explicit prohibition on such payments in the applicable authorizing statute.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		professional employed by such an entity under the State or local law where the entity is located shall not be taken into account for purposes of determining whether the entity meets such standards, if the professional is licensed in another State. "(b) APPLICATION OF EXCLUSION FROM PARTICIPATION IN FEDERAL HEALTH CARE PROGRAMS.— "(1) EXCLUDED ENTITIES.—No entity operated by the Service, an Indian tribe, tribal organization, or urban Indian organization that has been excluded from participation in any Federal health care program or for which a license is under suspension or has been revoked by the State where the entity is located shall be eligible to receive payment or reimbursement under any such program for health care services furnished to an Indian. "(2) EXCLUDED INDIVIDUALS.—No individual who has been excluded from participation in any Federal health care program or whose State license is under suspension shall be eligible to receive payment or reimbursement under any such program for health care services furnished by that individual, directly or through an entity that is otherwise eligible to receive payment for health care services, to an Indian. "(3) FEDERAL HEALTH CARE PROGRAM DEFINED.—In this subsection, the term, 'Federal health care program' has the meaning given that term in section 1128B(f) of the Social Security Act (42 U.S.C. 1320a–7b(f)), except that, for purposes of this subsection, such term shall include the health insurance program under chapter 89 of title 5, United States Code. "(c) RELATED PROVISIONS.—For provisions related to nondiscrimination against providers operated by the Service, an Indian tribe, tribal organization, or urban Indian organization, see section 1139(c) of the Social Security Act (42 U.S.C. 1320b–9(c)).	~~professional employed by such an entity under the State or local law where the entity is located shall not be taken into account for purposes of determining whether the entity meets such standards, if the professional is licensed in another State.~~ ~~(b) APPLICATION OF EXCLUSION FROM PARTICIPATION IN FEDERAL HEALTH CARE PROGRAMS.—~~ ~~(1) EXCLUDED ENTITIES.— No entity operated by the Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization that has been excluded from participation in any Federal health care program or for which a license is under suspension or has been revoked by the State where the entity is located shall be eligible to receive payment or reimbursement under any such program for health care services furnished to an Indian.~~ ~~(2) EXCLUDED INDIVIDUALS.— No individual who has been excluded from participation in any Federal health care program or whose State license is under suspension shall be eligible to receive payment or reimbursement under any such program for health care services furnished by that individual, directly or through an entity that is otherwise eligible to receive payment for health care services, to an Indian.~~ ~~(3) FEDERAL HEALTH CARE PROGRAM DEFINED.— In this subsection, the term, 'Federal health care program' has the meaning given that term in section 1128B(f) of the Social Security Act (42 U.S.C. 1320a–7b(f)), except that, for purposes of this subsection, such term shall include the health insurance program under chapter 89 of title 5, United States Code.~~ ~~(c) RELATED PROVISIONS.— For provisions related to nondiscrimination against providers operated by the Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization, see section 1139(c) of the Social Security Act (42 U.S.C. 1320b–9(c)).~~	under the State or local law where the entity is located shall not be taken into account for purposes of determining whether the entity meets such standards, if the professional is licensed in another State. "(b) Application of Exclusion From Participation in Federal Health Care Programs.— "(1) EXCLUDED ENTITIES.— No entity operated by the Service, an Indian Tribe, Tribal Organization, or urban Indian organization that has been excluded from participation in any Federal health care program or for which a license is under suspension or has been revoked by the State where the entity is located shall be eligible to receive payment or reimbursement under any such program for health care services furnished to an Indian. "(2) EXCLUDED INDIVIDUALS.— No individual who has been excluded from participation in any Federal health care program or whose State license is under suspension shall be eligible to receive payment or reimbursement under any such program for health care services furnished by that individual, directly or through an entity that is otherwise eligible to receive payment for health care services, to an Indian. "(3) FEDERAL HEALTH CARE PROGRAM DEFINED.— In this subsection, the term, 'Federal health care program' has the meaning given that term in section 1128B(f) of the Social Security Act (42 U.S.C. 1320a–7b(f)), except that, for purposes of this subsection, such term shall include the health insurance program under chapter 89 of title 5, United States Code. "(c) Related Provisions.— For provisions related to nondiscrimination against providers operated by the Service, an Indian Tribe, Tribal Organization, or urban Indian organization, see section 1139(c) of the Social Security Act (42 U.S.C. 1320b–9(c)).	
	See, S. 1790 Sec. 157, which added a new §409.	SEC. 409. ACCESS TO FEDERAL INSURANCE. "Notwithstanding the provisions of title 5, United States Code, Executive order, or administrative regulation, an Indian tribe or tribal organization carrying out programs under the Indian Self-Determination and Education Assistance			ACCESS TO FEDERAL INSURANCE SEC. 413. Notwithstanding the provisions of title 5, United States Code, executive order, or administrative regulation, an Indian Tribe or tribal organization carrying out programs under the Indian Self-Determination and Education Assistance Act or an urban

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		Act (25 U.S.C. 450 et seq.) or an urban Indian organization carrying out programs under title V of this Act shall be entitled to purchase coverage, rights, and benefits for the employees of such Indian tribe or tribal organization, or urban Indian organization, under chapter 89 of title 5, United States Code, and chapter 87 of such title if necessary employee deductions and agency contributions in payment for the coverage, rights, and benefits for the period of employment with such Indian tribe or tribal organization, or urban Indian organization, are currently deposited in the applicable Employee's Fund under such title.			Indian organization carrying out programs under title V of this Act shall be entitled to purchase coverage, rights and benefits for the employees of such Indian Tribe, tribal organization, or urban Indian organization under Title 89 of Title V (health insurance) and title 87 of Title V (life insurance) if necessary employee deductions and agency contributions in payment for the coverage, rights, and benefits for the period of employment with such Indian Tribe, tribal organization or urban Indian organization are currently deposited in the applicable Employee's Fund under title 5, United States Code.
	See, S. 1790 Sec. 158, which added a new §410.	SEC. 410. GENERAL EXCEPTIONS. "The requirements of this title shall not apply to any excepted benefits described in paragraph (1)(A) or (3) of section 2791(c) of the Public Health Service Act (42 U.S.C. 300gg–91).	SEC. 414 ~~416~~. EXCEPTION FOR EXCEPTED BENEFITS. ''The previous provisions of this title shall not apply to the provision of excepted benefits described in paragraph (1)(A) or (3) of section 2791(c) of the Public Health Service Act (42 U.S.C. 300gg–91(c)).	"SEC. 416. GENERAL EXCEPTIONS. "The requirements of this title shall not apply to any excepted benefits described in paragraph (1)(A) or (3) of section 2791(c) of the Public Health Service Act (42 U.S.C. 300gg–91).	*NSC endorsed this new provision.*
	See, S. 1790 Sec. 101(b)(7), which repealed this section.	~~AUTHORIZATION OF APPROPRIATIONS. SEC. 407. There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2000 to carry out this title.~~	SEC. 415 ~~417~~. AUTHORIZATION OF APPROPRIATIONS. ''There are authorized to be appropriated such sums as may be necessary to carry out this title.	"SEC. 417. AUTHORIZATION OF APPROPRIATIONS. "There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out this title.	AUTHORIZATION OF APPROPRIATIONS. SEC. 407. There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year ~~2010~~ ~~2000~~ to carry out this title.
x	S. 1790 IS did not include this provision. RS Sec. 159 added a new §411.	SEC. 411. NAVAJO NATION MEDICAID AGENCY FEASIBILITY STUDY. (a) STUDY.— The Secretary shall conduct a study to determine the feasibility of treating the Navajo Nation as a State for the purposes of title XIX of the Social Security Act, to provide services to Indians living within the boundaries of the Navajo Nation through an entity established having the same authority and performing the same functions as single-State Medicaid agencies responsible for the administration of the State plan under title XIX of the Social Security Act. (b) CONSIDERATIONS.— In conducting the study, the Secretary shall consider the feasibility of— (1) assigning and paying all expenditures for the provision of services and related administration funds, under title XIX of the Social Security Act, to Indians living within the boundaries of the Navajo Nation that are currently paid to or would otherwise be paid to the State of Arizona, New Mexico, or Utah; (2) providing assistance to the Navajo	SEC. 413 ~~415~~. NAVAJO NATION MEDICAID AGENCY FEASIBILITY STUDY. (a) STUDY.— The Secretary shall conduct a study to determine the feasibility of treating the Navajo Nation as a State for the purposes of title XIX of the Social Security Act, to provide services to Indians living within the boundaries of the Navajo Nation through an entity established having the same authority and performing the same functions as single-State Medicaid agencies responsible for the administration of the State plan under title XIX of the Social Security Act. (b) CONSIDERATIONS.— In conducting the study, the Secretary shall consider the feasibility of— (1) assigning and paying all expenditures for the provision of services and related administration funds, under title XIX of the Social Security Act, to Indians living within the boundaries of the Navajo Nation that are currently paid to or would otherwise be paid to the State of Arizona, New Mexico, or Utah; (2) providing assistance to the Navajo	"SEC. 415. NAVAJO NATION MEDICAID AGENCY FEASIBILITY STUDY. "(a) Study.— The Secretary shall conduct a study to determine the feasibility of treating the Navajo Nation as a State for the purposes of title XIX of the Social Security Act, to provide services to Indians living within the boundaries of the Navajo Nation through an entity established having the same authority and performing the same functions as single-State medicaid agencies responsible for the administration of the State plan under title XIX of the Social Security Act. "(b) Considerations.— In conducting the study, the Secretary shall consider the feasibility of— "(1) assigning and paying all expenditures for the provision of services and related administration funds, under title XIX of the Social Security Act, to Indians living within the boundaries of the Navajo Nation that are currently paid to or would otherwise be paid to the State of Arizona, New Mexico, or Utah; "(2) providing assistance to the Navajo	NAVAJO NATION MEDICAID AGENCY Sec. 430. (1) Notwithstanding any other provision of law, the Secretary is authorized to treat the Navajo Nation as a State for the purposes of Title XIX of the Social Security Act, to provide services to Indians living within the boundaries of the Navajo Nation. (2) Notwithstanding any other provision of law, the Secretary shall have the authority to assign and pay all funds for the provision of services to Indians living within the boundaries of the Navajo Nation under Title XIX of the Social Security Act and related administrative funds under Title XIX (medicaid) of the Social Security Act, which are currently paid to or would otherwise be paid to the States of Arizona, New Mexico and Utah, to an entity established by the Navajo Nation and approved by the Secretary, which shall be denominated the Navajo Nation Medicaid Agency. (3) The Navajo Nation Medicaid Agency shall serve Indians living within the boundaries of the Navajo Nation and

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		Nation in the development and implementation of such entity for the administration, eligibility, payment, and delivery of medical assistance under title XIX of the Social Security Act; (3) providing an appropriate level of matching funds for Federal medical assistance with respect to amounts such entity expends for medical assistance for services and related administrative costs; and (4) authorizing the Secretary, at the option of the Navajo Nation, to treat the Navajo Nation as a State for the purposes of title XIX of the Social Security Act (relating to the State children's health insurance program) under terms equivalent to those described in paragraphs (2) through (4). (c) REPORT.— Not later than 3 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2009, the Secretary shall submit to the Committee on Indian Affairs and Committee on Finance of the Senate and the Committee on Natural Resources and Committee on Energy and Commerce of the House of Representatives a report that includes— (1) the results of the study under this section; (2) a summary of any consultation that occurred between the Secretary and the Navajo Nation, other Indian Tribes, the States of Arizona, New Mexico, and Utah, counties which include Navajo Lands, and other interested parties, in conducting this study; (3) projected costs or savings associated with establishment of such entity, and any estimated impact on services provided as described in this section in relation to probable costs or savings; and (4) legislative actions that would be required to authorize the establishment of such entity if such entity is determined by the Secretary to be feasible.	Nation in the development and implementation of such entity for the administration, eligibility, payment, and delivery of medical assistance under title XIX of the Social Security Act; (3) providing an appropriate level of matching funds for Federal medical assistance with respect to amounts such entity expends for medical assistance for services and related administrative costs; and (4) authorizing the Secretary, at the option of the Navajo Nation, to treat the Navajo Nation as a State for the purposes of title XIX of the Social Security Act (relating to the State children's health insurance program) under terms equivalent to those described in paragraphs (2) through (4). (c) REPORT.— Not later than 3 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2009, the Secretary shall submit to the Committee on Indian Affairs and Committee on Finance of the Senate and the Committee on Natural Resources and Committee on Energy and Commerce of the House of Representatives a report that includes— (1) the results of the study under this section; (2) a summary of any consultation that occurred between the Secretary and the Navajo Nation, other Indian Tribes, the States of Arizona, New Mexico, and Utah, counties which include Navajo Lands, and other interested parties, in conducting this study; (3) projected costs or savings associated with establishment of such entity, and any estimated impact on services provided as described in this section in relation to probable costs or savings; and (4) legislative actions that would be required to authorize the establishment of such entity if such entity is determined by the Secretary to be feasible.	Nation in the development and implementation of such entity for the administration, eligibility, payment, and delivery of medical assistance under title XIX of the Social Security Act; "(3) providing an appropriate level of matching funds for Federal medical assistance with respect to amounts such entity expends for medical assistance for services and related administrative costs; and "(4) authorizing the Secretary, at the option of the Navajo Nation, to treat the Navajo Nation as a State for the purposes of title XIX of the Social Security Act (relating to the State children's health insurance program) under terms equivalent to those described in paragraphs (2) through (4). "(c) Report.— Not later then 3 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall submit to the Committee on Indian Affairs and Committee on Finance of the Senate and the Committee on Natural Resources and Committee on Energy and Commerce of the House of Representatives a report that includes— "(1) the results of the study under this section; "(2) a summary of any consultation that occurred between the Secretary and the Navajo Nation, other Indian Tribes, the States of Arizona, New Mexico, and Utah, counties which include Navajo Lands, and other interested parties, in conducting this study; "(3) projected costs or savings associated with establishment of such entity, and any estimated impact on services provided as described in this section in relation to probable costs or savings; and "(4) legislative actions that would be required to authorize the establishment of such entity if such entity is determined by the Secretary to be feasible.	shall have the same authority and perform the same functions as other single State medicaid agencies. (4) The Secretary is authorized to directly assist the Navajo Nation in the development and implementation of a Navajo Nation Medicaid Agency for the administration, eligibility, payment and delivery of Medicaid eligible services, including western and traditional Navajo healing services, within the Navajo Nation. (5) Notwithstanding section 1905(b) of the Social Security Act, the federal medical assistance percentage shall be 100 per centum with respect to amounts the Navajo Nation Medicaid agency expends for medical assistance for services and for related administrative costs. (6) The Secretary is further authorized to assist the Navajo Nation by providing funding including demonstration grant funding for this project. (7) The Secretary shall have the authority to waive applicable provisions of Title XIX of the Social Security Act to establish, develop and implement the Navajo Nation Medicaid Agency. (8) In the option of the Navajo Nation, the Secretary is authorized to treat the Navajo Nation as a State for the purposes of Title XXI (children's health insurance program) under terms equivalent to those described in paragraphs (1) through (7) of this subsection.
	E included a subsection not included in HR 2708.		SEC. 408. PAYOR OF LAST RESORT. Indian Health Programs and health care programs operated by Urban Indian Organizations shall be thepayor of last resort for services provided to persons eligible for services from Indian Health Programs and Urban Indian Organizations, notwithstanding any Federal, State, or local law to the contrary.	"SEC. 408. PAYOR OF LAST RESORT. "Indian Health Programs and health care programs operated by urban Indian organizations shall be the payor of last resort for services provided to persons eligible for services from Indian Health Programs and urban Indian organizations, notwithstanding any Federal, State, or local law to the contrary.	PAYOR OF LAST RESORT Sec. 410. The Indian Health Service, and programs operated by Tribes, tribal organizations, or urban Indian organizations shall be the payor of last resort for services provided to persons eligible for services from these programs, notwithstanding any federal, state or local law to the contrary, unless such law explicitly provides otherwise.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			SEC. 409 ~~410~~. CONSULTATION. For provisions related to consultation with representatives of Indian Health Programs and urban Indian organizations with respect to the health care programs established under titles XVIII, XIX, and XXI of the Social Security Act, see section 1139(d) of the Social Security Act (42 U.S.C. 1320b–9(d)).	"SEC. 410. CONSULTATION. "For provisions related to consultation with representatives of Indian Health Programs and urban Indian organizations with respect to the health care programs established under titles XVIII, XIX, and XXI of the Social Security Act, see section 1139(d) of the Social Security Act (42 U.S.C. 1320b–9(d)).	*The NSC proposal is found parallel to sec. 206(b) in Title II.*
			SEC. 410 ~~411~~. STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP). ''For provisions relating to— (1) outreach to families of Indian children likely to be eligible for child health assistance under the State children's health insurance program established under title XXI of the Social Security Act, see sections 2105(c)(2)(C) and 1139(a) of such Act (42 U.S.C. 1397ee(c)(2), 1320b–9); and (2) ensuring that child health assistance is provided under such program to targeted low-income children who are Indians and that payments are made under such program to Indian Health Programs and urban Indian organizations operating in the State that provide such assistance, see sections 2102(b)(3)(D) and 2105(c)(6)(B) of such Act (42 U.S.C. 1397bb(b)(3)(D), 1397ee(c)(6)(B)).	"SEC. 411. STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP). "For provisions relating to— "(1) outreach to families of Indian children likely to be eligible for child health assistance under the State children's health insurance program established under title XXI of the Social Security Act, see sections 2105(c)(2)(C) and 1139(a) of such Act (42 U.S.C. 1397ee(c)(2), 1320b–9); and "(2) ensuring that child health assistance is provided under such program to targeted low-income children who are Indians and that payments are made under such program to Indian Health Programs and urban Indian organizations operating in the State that provide such assistance, see sections 2102(b)(3)(D) and 2105(c)(6)(B) of such Act (42 U.S.C. 1397bb(b)(3)(D), 1397ee(c)(6)(B)).	*See Sec. 203 in Title II.*
	H.R. 3962 did not include §412 from H.R. 2708.		~~SEC. 412. EXCLUSION WAIVER AUTHORITY FOR AFFECTED INDIAN HEALTH PROGRAMS AND SAFE HARBOR TRANSACTIONS UNDER THE SOCIAL SECURITY ACT.~~ ~~For provisions relating to—~~ ~~(1) exclusion waiver authority for affected Indian Health Programs under the Social Security Act, see section 1128(k) of the Social Security Act (42 U.S.C. 1320a–7(k)); and~~ ~~(2) certain transactions involving Indian Health Programs deemed to be in safe harbors under that Act, see section 1128B(b)(4) of the Social Security Act (42 U.S.C. 1320a–7b(b)(4)).~~	"SEC. 412. EXCLUSION WAIVER AUTHORITY FOR AFFECTED INDIAN HEALTH PROGRAMS AND SAFE HARBOR TRANSACTIONS UNDER THE SOCIAL SECURITY ACT. "For provisions relating to— "(1) exclusion waiver authority for affected Indian Health Programs under the Social Security Act, see section 1128(k) of the Social Security Act (42 U.S.C. 1320a–7(k)); and "(2) certain transactions involving Indian Health Programs deemed to be in safe harbors under that Act, see section 1128B(b)(4) of the Social Security Act (42 U.S.C. 1320a–7b(b)(4)).	*Also see Title II, Section 207 of HR. 2708.*
			SEC. 411 ~~413~~. PREMIUM AND COST SHARING PROTECTIONS AND ELIGIBILITY DETERMINATIONS UNDER MEDICAID AND SCHIP AND PROTECTION OF CERTAIN INDIAN PROPERTY FROM MEDICAID ESTATE RECOVERY. ''For provisions relating to— (1) premiums or cost sharing protections for Indians furnished items or services	"SEC. 413. PREMIUM AND COST SHARING PROTECTIONS AND ELIGIBILITY DETERMINATIONS UNDER MEDICAID AND SCHIP AND PROTECTION OF CERTAIN INDIAN PROPERTY FROM MEDICAID ESTATE RECOVERY. "For provisions relating to— "(1) premiums or cost sharing protections for Indians furnished items or services	*See Sec. 204 in Title II.*

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			directly by Indian Health Programs or through referral under the contract health service under the Medicaid program established under title XIX of the Social Security Act, see sections 1916(j) and 1916A(a)(1) of the Social Security Act (42 U.S.C. 1396o(j), 1396o–1(a)(1)); (2) rules regarding the treatment of certain property for purposes of determining eligibility under such programs, see sections 1902(e)(13) and 2107(e)(1)(B) of such Act (42 U.S.C. 1396a(e)(13), 1397gg(e)(1)(B)); and (3) the protection of certain property from estate recovery provisions under the Medicaid program, see section 1917(b)(3)(B) of such Act (42 U.S.C. 1396p(b)(3)(B)).	directly by Indian Health Programs or through referral under the contract health service under the Medicaid program established under title XIX of the Social Security Act, see sections 1916(j) and 1916A(a)(1) of the Social Security Act (42 U.S.C. 1396o(j), 1396o–1(a)(1)); "(2) rules regarding the treatment of certain property for purposes of determining eligibility under such programs, see sections 1902(e)(13) and 2107(e)(1)(B) of such Act (42 U.S.C. 1396a(e)(13), 1397gg(e)(1)(B)); and "(3) the protection of certain property from estate recovery provisions under the Medicaid program, see section 1917(b)(3)(B) of such Act (42 U.S.C. 1396p(b)(3)(B)).	
			SEC. 412 ~~414~~. TREATMENT UNDER MEDICAID AND SCHIP MANAGED CARE. ''For provisions relating to the treatment of Indians enrolled in a managed care entity under the Medicaid program under title XIX of the Social Security Act and Indian Health Programs and urban Indian organizations that are providers of items or services to such Indian enrollees, see sections 1932(h) and 2107(e)(1)(H) of the Social Security Act (42 U.S.C. 1396u–2(h), 1397gg(e)(1)(H)).	"SEC. 414. TREATMENT UNDER MEDICAID AND SCHIP MANAGED CARE. "For provisions relating to the treatment of Indians enrolled in a managed care entity under the Medicaid program under title XIX of the Social Security Act and Indian Health Programs and urban Indian organizations that are providers of items or services to such Indian enrollees, see sections 1932(h) and 2107(e)(1)(H) of the Social Security Act (42 U.S.C. 1396u–2(h), 1397gg(e)(1)(H)).	*See Sec. 208 in Title II.*
	Note: The NSC §412 was withdrawn by it some years ago.				TUBA CITY DEMONSTRATION PROJECT Sec. 412. Notwithstanding any other provision of law, including the Anti-Deficiency Act, provided the Indian Tribes to be served approve, the Service in the Tuba City Service Unit is authorized to enter into a demonstration project with the State of Arizona under which the Service would provide certain specified Medicaid services to IHS/Medicaid eligibles in return for payment on a capitated basis from the State of Arizona and is authorized to purchase insurance to limit its financial risks under this project. This project may be extended to other service units in Arizona, subject to the approval of the Indian Tribes to be served in such service units, the Service and the State of Arizona.
					RULEMAKING. The Health Care Financing Administration shall participate in the negotiated rulemaking provided for under Title VIII of this Act with regard to any regulations necessary to implement the provisions of this Title IV that relate to

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
					the Social Security Act.
					LIMITATION ON SECRETARY'S WAIVER AUTHORITY Sec. 424. Notwithstanding any other provision of law, the Secretary may not waive the application of section 1902(a)(13)(D) to any State Plan under Title XIX of the Social Security Act.
			"TITLE V— HEALTH SERVICES FOR URBAN INDIANS		
	S.1790 did not change CL § 501.	PURPOSE Sec. 501. The purpose of this title is to establish programs in urban centers to make health services more accessible to urban Indians.	SEC. 501. PURPOSE. ''The purpose of this title is to establish and maintain programs in Urban Centers to make health services more accessible and available to Urban Indians.	"SEC. 501. PURPOSE. "The purpose of this title is to establish and maintain programs in urban centers to make health services more accessible and available to urban Indians.	PURPOSE Sec. 501. The purpose of this title is to establish programs in urban centers to make health services more accessible and available to urban Indians.
	See, S. 1790 RS Sec. 163(b), which amended §502.	CONTRACTS WITH, AND GRANTS TO, URBAN INDIAN ORGANIZATIONS Sec. 502. (a) IN GENERAL.— Pursuant to ~~Under authority of~~ the Act of November 2, 1921 (25 U.S.C. 13)~~, popularly~~ (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, shall enter into contracts with, or make grants to, urban Indian organizations to assist the ~~such~~ urban Indian organizations in the establishment and administration, within ~~the~~ urban centers, ~~in which such organizations are situated,~~ of programs that ~~which~~ meet the requirements ~~set forth in~~ of this title. (b) CONDITIONS.—Subject to section 506, the ~~The~~ Secretary, acting through the Service, shall include such conditions as the Secretary considers necessary to effect the purpose of this title in any contract into which the Secretary enters ~~into~~ with, or in any grant the Secretary makes to, any urban Indian organization pursuant to this title.	SEC. 502. CONTRACTS WITH, AND GRANTS TO, URBAN INDIAN ORGANIZATIONS. ''Under authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, shall enter into contracts with, or make grants to, urban Indian organizations to assist such organizations in the establishment and administration, within Urban Centers, of programs which meet the requirements set forth in this title. Subject to section 506, the Secretary, acting through the Service, shall include such conditions as the Secretary considers necessary to effect the purpose of this title in any contract into which the Secretary enters with, or in any grant the Secretary makes to, any urban Indian organization pursu7 ant to this title.	"SEC. 502. CONTRACTS WITH, AND GRANTS TO, URBAN INDIAN ORGANIZATIONS. "Under authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, shall enter into contracts with, or make grants to, urban Indian organizations to assist such organizations in the establishment and administration, within urban centers, of programs which meet the requirements set forth in this title. Subject to section 506, the Secretary, acting through the Service, shall include such conditions as the Secretary considers necessary to effect the purpose of this title in any contract into which the Secretary enters with, or in any grant the Secretary makes to, any urban Indian organization pursuant to this title.	CONTRACTS WITH, AND GRANTS TO, URBAN INDIAN ORGANIZATIONS Sec. 502. Under authority of the Act of November 2, 1921 (25 U.S.C. 13), popularly known as the Snyder Act, the Secretary, through the Service, shall enter into contracts with, or make grants to, urban Indian organizations to assist such organizations in the establishment and administration, within ~~the~~ urban centers ~~in which such organizations are situated~~, of programs which meet the requirements set forth in this title. The Secretary, through the Service, subject to subsection 506, shall include such conditions as the Secretary considers necessary to effect the purpose of this title in any contract which the Secretary enters into with, or in any grant the Secretary makes to, any urban Indian organization pursuant to this title.
	S.1790 did not change CL § 503.	SEC. 503. CONTRACTS AND GRANTS FOR THE PROVISION OF HEALTH CARE AND REFERRAL SERVICES	SEC. 503. CONTRACTS AND GRANTS FOR THE PROVISION OF HEALTH CARE AND REFERRAL SERVICES.	"SEC. 503. CONTRACTS AND GRANTS FOR THE PROVISION OF HEALTH CARE AND REFERRAL SERVICES.	CONTRACTS AND GRANTS FOR THE PROVISION OF HEALTH CARE AND REFERRAL SERVICES
		(a) Under authority of the Act of November 2, 1921 (25 U.S.C. 13), popularly known as the Snyder Act, the Secretary, through the Service, shall enter into contracts with, make grants to, urban Indian organizations for the provision of health care and referral services for urban Indians residing in the urban centers in which such organizations are situated. Any such contract or grant shall include requirements that the urban Indian organization successfully undertake to--	(a) REQUIREMENTS FOR GRANTS AND CONTRACTS.— Under authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, shall enter into contracts with, and make grants to, urban Indian organizations for the provision of health care and referral services for Urban Indians. Any such contract or grant shall include requirements that the urban Indian organization successfully undertake to—	"(a) Requirements for Grants and Contracts.— Under authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, shall enter into contracts with, and make grants to, urban Indian organizations for the provision of health care and referral services for urban Indians. Any such contract or grant shall include requirements that the urban Indian organization successfully undertake to—	Sec. 503. (a) Under authority of the Act of November 2, 1921 (25 U.S.C. 13), popularly known as the Snyder Act, the Secretary, through the Service, shall enter into contracts with~~,~~ and make grants to, urban Indian organizations for the provision of health care and referral services for urban Indians ~~residing in the urban centers in which such organizations are situated~~. Any such contract or grant shall include requirements that the urban Indian organization successfully undertake

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
					to–
		(1) estimate the population of urban Indians residing in the urban center in which such organization is situated who are or could be recipients of health care or referral services; (2) estimate the current health status of urban Indians residing in such urban center; (3) estimate the current health care needs of urban Indians residing in such urban center; (4) identify all public and private health services resources within such urban center which are or may be available to urban Indians; (5) determine the use of public and private health services resources by the urban Indians residing in such urban center; (6) assist such health services resources in providing services to urban Indians; (7) assist urban Indians in becoming familiar with and utilizing such health services resources; (8) provide basic health education, including health promotion and disease prevention education, to urban Indians; (9) establish and implement training programs to accomplish the referral and education tasks set forth in paragraphs (6) through (8) of this subsection; (10)identify gaps between unmet health needs of urban Indians and the resources available to meet such needs; (11)make recommendations to the Secretary and Federal, State, local, and other resource agencies on methods of improving health service programs to meet the needs of urban Indians; and (12)where necessary, provide, or enter into contracts for the provision of, health care services for urban Indians.	(1) estimate the population of Urban Indians residing in the Urban Center or centers that the organization proposes to serve who are or could be recipients of health care or referral services; (2) estimate the current health status of Urban Indians residing in such Urban Center or centers; (3) estimate the current health care needs of Urban Indians residing in such Urban Center or centers; (4) provide basic health education, including health promotion and disease prevention education, to Urban Indians; (5) make recommendations to the Secretary and Federal, State, local, and other resource agencies on methods of improving health service programs to meet the needs of Urban Indians; and (6) where necessary, provide, or enter into contracts for the provision of, health care services for Urban Indians.	"(1) estimate the population of urban Indians residing in the urban Center or centers that the organization proposes to serve who are or could be recipients of health care or referral services; "(2) estimate the current health status of urban Indians residing in such urban Center or centers; "(3) estimate the current health care needs of urban Indians residing in such urban Center or centers; "(4) provide basic health education, including health promotion and disease prevention education, to urban Indians; "(5) make recommendations to the Secretary and Federal, State, local, and other resource agencies on methods of improving health service programs to meet the needs of urban Indians; and "(6) where necessary, provide, or enter into contracts for the provision of, health care services for urban Indians.	(1) estimate the population of urban Indians residing in the urban center ~~in which such organization is situated~~ or centers that the organization proposes to serve who are or could be recipients of health care or referral services; (2) estimate the current health status of urban Indians residing in such urban center or centers; (3) estimate the current health care needs of urban Indians residing in such urban center or centers; (4) ~~identify all public and private health services resources within such urban center which are or may be available to urban Indians;~~ ~~(5) determine the use of public and private health services resources by the urban Indians residing in such urban center;~~ ~~(6) assist such health services resources in providing services to urban Indians;~~ ~~(7) assist urban Indians in becoming familiar with and utilizing such health services resources;~~ ~~(8)~~ provide basic health education, including health promotion and disease prevention education, to urban Indians; ~~(9) establish and implement training programs to accomplish the referral and education tasks set forth in paragraphs (6) through (8) of this subsection;~~ ~~(10)identify gaps between unmet health needs of urban Indians and the resources available to meet such needs;~~ (5) ~~(11)~~ make recommendations to the Secretary and federal, State, local, and other resource agencies on methods of improving health service programs to meet the needs of urban Indians; and (6) ~~(12)~~ where necessary, provide, or enter into contracts for the provision of, health care services for urban Indians.
		(b) The Secretary, through the Service, shall by regulation prescribe the criteria for selecting urban Indian organizations to enter into contracts or receive grants under this section. Such criteria shall, among other factors, include-- (1) the extent of unmet health care needs of urban Indians in the urban center involved; (2) the size of the urban Indian population in the urban center involved; (3) the accessibility to, and utilization of, health care services (other than	(b) CRITERIA.— The Secretary, acting through the Service, shall, by regulation, prescribe the criteria for selecting urban Indian organizations to enter into contracts or receive grants under this section. Such criteria shall, among other factors, include— (1) the extent of unmet health care needs of Urban Indians in the Urban Center or centers involved; (2) the size of the urban Indian population in the Urban Center or centers involved; (3) the extent, if any, to which the activities set forth in subsection (a) would	"(b) Criteria.— The Secretary, acting through the Service, shall, by regulation, prescribe the criteria for selecting urban Indian organizations to enter into contracts or receive grants under this section. Such criteria shall, among other factors, include— "(1) the extent of unmet health care needs of urban Indians in the urban Center or centers involved; "(2) the size of the urban Indian population in the urban Center or centers involved; "(3) the extent, if any, to which the	(b) The Secretary, through the Service, shall by regulation adopted pursuant to section 520 prescribe the criteria for selecting urban Indian organizations to enter into contracts or receive grants under this section. Such criteria shall, among other factors, include– (1) the extent of unmet health care needs of urban Indians in the urban center or centers involved; (2) the size of the urban Indian population in the urban center or centers involved; (3) ~~the accessibility to, and utilization of, health care services (other than services~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		services provided under this title) by urban Indians in the urban center involved; (4) the extent, if any, to which the activities set forth in subsection (a) would duplicate-- (A) any previous or current public or private health services project in an urban center that was or is funded in a manner other than pursuant to this title; or (B) any project funded under this title; (5) the capability of an urban Indian organization to perform the activities set forth in subsection (a) and to enter into a contract with the Secretary or to meet the requirements for receiving a grant under this section; (6) the satisfactory performance and successful completion by an urban Indian organization of other contracts with the Secretary under this title; (7) the appropriateness and likely effectiveness of conducting the activities set forth in subsection (a) in an urban center; and (8) the extent of existing or likely future participation in the activities set forth in subsection (a) by appropriate health and health-related Federal, State, local, and other agencies.	duplicate any project funded under this title, or under any current public health service project funded in a manner other than pursuant to this title; (4) the capability of an urban Indian organization to perform the activities set forth in subsection (a) and to enter into a contract with the Secretary or to meet the requirements for receiving a grant under this section; (5) the satisfactory performance and successful completion by an urban Indian organization of other contracts with the Secretary under this title; (6) the appropriateness and likely effectiveness of conducting the activities set forth in subsection (a) in an Urban Center or centers; and (7) the extent of existing or likely future participation in the activities set forth in subsection (a) by appropriate health and health-related Federal, State, local, and other agencies.	activities set forth in subsection (a) would duplicate any project funded under this title, or under any current public health service project funded in a manner other than pursuant to this title; "(4) the capability of an urban Indian organization to perform the activities set forth in subsection (a) and to enter into a contract with the Secretary or to meet the requirements for receiving a grant under this section; "(5) the satisfactory performance and successful completion by an urban Indian organization of other contracts with the Secretary under this title; "(6) the appropriateness and likely effectiveness of conducting the activities set forth in subsection (a) in an urban center or centers; and "(7) the extent of existing or likely future participation in the activities set forth in subsection (a) by appropriate health and health-related Federal, State, local, and other agencies.	~~provided under this title) by urban Indians in the urban center involved;~~ ~~(4)~~ the extent, if any, to which the activities set forth in subsection (a) would duplicate~~=~~ ~~(A) any previous or current public or private health services project in an urban center that was or is funded in a manner other than pursuant to this title; or~~ ~~(B)~~ any project funded under this title; (4) ~~(5)~~ the capability of an urban Indian organization to perform the activities set forth in subsection (a) and to enter into a contract with the Secretary or to meet the requirements for receiving a grant under this section; (5) ~~(6)~~ the satisfactory performance and successful completion by an urban Indian organization of other contracts with the Secretary under this title; (6) ~~(7)~~ the appropriateness and likely effectiveness of conducting the activities set forth in subsection (a) in an urban center or centers; and (7) ~~(8)~~ the extent of existing or likely future participation in the activities set forth in subsection (a) by appropriate health and health-related federal, State, local, and other agencies.
		(c) The Secretary, acting through the Service, shall facilitate access to, or provide, health promotion and disease prevention services for urban Indians through grants made to urban Indian organizations administering contracts entered into pursuant to this section or receiving grants under subsection (a).	(c) ACCESS TO HEALTH PROMOTION AND DISEASE PREVENTION PROGRAMS.— The Secretary, acting through the Service, shall facilitate access to or provide health promotion and disease prevention services for Urban Indians through grants made to urban Indian organizations administering contracts entered into or receiving grants25 under subsection (a).	"(c) Access to Health Promotion and Disease Prevention Programs.— The Secretary, acting through the Service, shall facilitate access to or provide health promotion and disease prevention services for urban Indians through grants made to urban Indian organizations administering contracts entered into or receiving grants under subsection (a).	(c) The Secretary, acting through the Service, shall facilitate access to, or provide, health promotion and disease prevention services for urban Indians through grants made to urban Indian organizations administering contracts entered into pursuant to this section or receiving grants under subsection (a).
		(d)(1) The Secretary, acting through the Service, shall facilitate access to, or provide, immunization services for urban Indians through grants made to urban Indian organizations administering contracts entered into pursuant to this section or receiving grants under subsection (a). (2) In making any grant to carry out this subsection, the Secretary shall take into consideration-- (A) the size of the urban Indian population to be served; (B) the immunization levels of the urban Indian population, particularly the immunization levels of infants, children, and the elderly; (C) the utilization by the urban	(d) IMMUNIZATION SERVICES.— (1) ACCESS OR SERVICES PROVIDED.— The Secretary, acting through the Service, shall facilitate access to, or provide, immunization services for Urban Indians through grants made to urban Indian organizations administering contracts entered into or receiving grants under this section. (2) DEFINITION.— For purposes of this subsection, the term 'immunization services' means services to provide without charge immunizations against vaccine-preventable diseases.	"(d) Immunization Services.— "(1) ACCESS OR SERVICES PROVIDED.— The Secretary, acting through the Service, shall facilitate access to, or provide, immunization services for urban Indians through grants made to urban Indian organizations administering contracts entered into or receiving grants under this section. "(2) DEFINITION.— For purposes of this subsection, the term 'immunization services' means services to provide without charge immunizations against vaccine-preventable diseases.	(d)(1) The Secretary, acting through the Service, shall facilitate access to, or provide, immunization services for urban Indians through grants made to urban Indian organizations administering contracts entered, ~~into pursuant to this section~~ or receiving grants, under this section ~~subsection (a)~~. (2) ~~In making any grant to carry out this subsection, the Secretary shall take into consideration--~~ ~~(A) the size of the urban Indian population to be served;~~ ~~(B) the immunization levels of the urban Indian population, particularly the immunization levels of infants, children, and the elderly;~~ ~~(C) the utilization by the urban Indians of~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		Indians of alternative resources from State and local governments for no-cost or low-cost immunization services to the general population; and (D) the capability of the urban Indian organization to carry out services pursuant to this subsection. (3) For purposes of this subsection, the term "immunization services" means services to provide without charge immunizations against vaccine-preventable diseases.			~~alternative resources from State and local governments for no-cost or low-cost immunization services to the general population, and~~ ~~(D) the capability of the urban Indian organization to carry out services pursuant to this subsection.~~ ~~(3)~~ For purposes of this subsection, the term "immunization services" means services to provide without charge immunizations against vaccine-preventable diseases.
		(e)(1) The Secretary, acting through the Service, shall facilitate access to, or provide, mental health services for urban Indians through grants made to urban Indian organizations administering contracts entered into pursuant to this section or receiving grants under subsection (a). (2) A grant may not be made under this subsection to an urban Indian organization until that organization has prepared, and the Service has approved, an assessment of the mental health needs of the urban Indian population concerned, the mental health services and other related resources available to that population, the barriers to obtaining those services and resources, and the needs that are unmet by such services and resources. (3) Grants may be made under this subsection-- (A) to prepare assessments required under paragraph (2); (B) to provide outreach, educational, and referral services to urban Indians regarding the availability of direct mental health services, to educate urban Indians about mental health issues and services, and effect coordination with existing mental health providers in order to improve services to urban Indians; (C) to provide outpatient mental health services to urban Indians, including the identification and assessment of illness, therapeutic treatments, case management, support groups, family treatment, and other treatment; and (D) to develop innovative mental health service delivery models which incorporate Indian cultural support systems and resources.	(e) BEHAVIORAL HEALTH SERVICES.— (1) ACCESS OR SERVICES PROVIDED.— The Secretary, acting through the Service, shall facilitate access to, or provide, behavioral health services for Urban Indians through grants made to urban Indian organizations administering contracts entered into or receiving grants under subsection (a). (2) ASSESSMENT REQUIRED.— Except as provided by paragraph (3)(A), a grant may not be made under this subsection to an urban Indian organization until that organization has prepared, and the Service has approved, an assessment of the following: (A) The behavioral health needs of the urban Indian population concerned. (B) The behavioral health services and other related resources available to that population. (C) The barriers to obtaining those services and resources. (D) The needs that are unmet by such services and resources. (3) PURPOSES OF GRANTS.— Grants may be made under this subsection for the following: (A) To prepare assessments required under paragraph (2). (B) To provide outreach, educational, and referral services to Urban Indians regarding the availability of direct behavioral health services, to educate Urban Indians about behavioral health issues and services, and effect coordination with existing behavioral health providers in order to improve services to Urban Indians. (C) To provide outpatient behavioral health services to Urban Indians, including the identification and assessment of illness, therapeutic treatments, case management, support groups, family treatment, and other treatment.	"(e) Behavioral Health Services.— "(1) ACCESS OR SERVICES PROVIDED.— The Secretary, acting through the Service, shall facilitate access to, or provide, behavioral health services for urban Indians through grants made to urban Indian organizations administering contracts entered into or receiving grants under subsection (a). "(2) ASSESSMENT REQUIRED.— Except as provided by paragraph (3)(A), a grant may not be made under this subsection to an urban Indian organization until that organization has prepared, and the Service has approved, an assessment of the following: "(A) The behavioral health needs of the urban Indian population concerned. "(B) The behavioral health services and other related resources available to that population. "(C) The barriers to obtaining those services and resources. "(D) The needs that are unmet by such services and resources. "(3) PURPOSES OF GRANTS.— Grants may be made under this subsection for the following: "(A) To prepare assessments required under paragraph (2). "(B) To provide outreach, educational, and referral services to urban Indians regarding the availability of direct behavioral health services, to educate urban Indians about behavioral health issues and services, and effect coordination with existing behavioral health providers in order to improve services to urban Indians. "(C) To provide outpatient behavioral health services to urban Indians, including the identification and assessment of illness, therapeutic treatments, case management, support groups, family treatment, and other treatment. "(D) To develop innovative behavioral	(e)(1) The Secretary, acting through the Service, shall facilitate access to, or provide, mental health services for urban Indians through grants made to urban Indian organizations administering contracts entered into pursuant to this section or receiving grants under subsection (a). (2) A grant may not be made under this subsection to an urban Indian organization until that organization has prepared, and the Service has approved, an assessment of the mental health needs of the urban Indian population concerned, the mental health services and other related resources available to that population, the barriers to obtaining those services and resources, and the needs that are unmet by such services and resources. (3) Grants may be made under this subsection– (A) to prepare assessments required under paragraph (2); (B) to provide outreach, educational, and referral services to urban Indians regarding the availability of direct behavioral ~~mental~~ health services, to educate urban Indians about behavioral ~~mental~~ health issues and services, and effect coordination with existing behavioral ~~mental~~ health providers in order to improve services to urban Indians; (C) to provide outpatient behavioral ~~mental~~ health services to urban Indians, including the identification and assessment of illness, therapeutic treatments, case management, support groups, family treatment, and other treatment; and (D) to develop innovative behavioral ~~mental~~ health service delivery models which incorporate Indian cultural support systems and resources.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			(D) To develop innovative behavioral health service delivery models which incorporate Indian cultural support systems and resources.	health service delivery models which incorporate Indian cultural support systems and resources.	
		(f)(1) The Secretary acting through the Service, shall facilitate access to, or provide, services for urban Indians through grants to urban Indian organizations administering contracts entered into pursuant to this section or receiving grants under subsection (a) to prevent and treat child abuse (including sexual abuse) among urban Indians. (2) A grant may not be made under this subsection to an urban Indian organization until that organization has prepared, and the Service has approved, an assessment that documents the prevalence of child abuse in the urban Indian population concerned and specifies the services and programs (which may not duplicate existing services and programs) for which the grant is requested. (3) Grants may be made under this subsection-- (A) to prepare assessments required under paragraph (2); (B) for the development of prevention, training, and education programs for urban Indian populations, including child education, parent education, provider training on identification and intervention, education on reporting requirements, prevention campaigns, and establishing service networks of all those involved in Indian child protection; and (C) to provide direct outpatient treatment services (including individual treatment, family treatment, group therapy, and support groups) to urban Indians who are child victims of abuse (including sexual abuse) or adult survivors of child sexual abuse, to the families of such child victims, and to urban Indian perpetrators of child abuse (including sexual abuse). (4) In making grants to carry out this subsection, the Secretary shall take into consideration-- (A) the support for the urban Indian organization demonstrated by the child protection authorities in the area, including committees or other services funded under the Indian Child Welfare Act of 1978 (25 U.S.C. 1901 et seq.), if any; (B) the capability and expertise demonstrated by the urban Indian	(f) PREVENTION OF CHILD ABUSE.— (1) ACCESS OR SERVICES PROVIDED.— The Secretary, acting through the Service, shall facilitate access to or provide services for Urban Indians through grants to urban Indian organizations administering contracts entered into or receiving grants under subsection (a) to prevent and treat child abuse (including sexual abuse) among Urban Indians. (2) EVALUATION REQUIRED.— Except as provided by paragraph (3)(A), a grant may not be made under this subsection to an urban Indian organization until that organization has prepared, and the Service has approved, an assessment that documents the prevalence of child abuse in the urban Indian population concerned and specifies the services and programs (which may not duplicate existing services and programs) for which the grant is requested. (3) PURPOSES OF GRANTS.— Grants may be made under this subsection for the following: (A) To prepare assessments required under paragraph (2). (B) For the development of prevention, training, and education programs for Urban Indians, including child education, parent education, provider training on identification and intervention, education on reporting requirements, prevention campaigns, and establishing service networks of all those involved in Indian child protection. (C) To provide direct outpatient treatment services (including individual treatment, family treatment, group therapy, and support groups) to Urban Indians who are child victims of abuse (including sexual abuse) or adult survivors of child sexual abuse, to the families of such child victims, and to urban Indian perpetrators of child abuse (including sexual abuse). (4) CONSIDERATIONS WHEN MAKING GRANTS.— In making grants to carry out this subsection, the Secretary shall take into consideration— (A) the support for the urban Indian organization demonstrated by the child protection authorities in the area,	"(f) Prevention of Child Abuse.— "(1) ACCESS OR SERVICES PROVIDED.— The Secretary, acting through the Service, shall facilitate access to or provide services for urban Indians through grants to urban Indian organizations administering contracts entered into or receiving grants under subsection (a) to prevent and treat child abuse (including sexual abuse) among urban Indians. "(2) EVALUATION REQUIRED.— Except as provided by paragraph (3)(A), a grant may not be made under this subsection to an urban Indian organization until that organization has prepared, and the Service has approved, an assessment that documents the prevalence of child abuse in the urban Indian population concerned and specifies the services and programs (which may not duplicate existing services and programs) for which the grant is requested. "(3) PURPOSES OF GRANTS.— Grants may be made under this subsection for the following: "(A) To prepare assessments required under paragraph (2). "(B) For the development of prevention, training, and education programs for urban Indians, including child education, parent education, provider training on identification and intervention, education on reporting requirements, prevention campaigns, and establishing service networks of all those involved in Indian child protection. "(C) To provide direct outpatient treatment services (including individual treatment, family treatment, group therapy, and support groups) to urban Indians who are child victims of abuse (including sexual abuse) or adult survivors of child sexual abuse, to the families of such child victims, and to urban Indian perpetrators of child abuse (including sexual abuse). "(4) CONSIDERATIONS WHEN MAKING GRANTS.— In making grants to carry out this subsection, the Secretary shall take into consideration— "(A) the support for the urban Indian organization demonstrated by the child protection authorities in the area, including committees or other services funded under the Indian Child Welfare	(f)(1) The Secretary, acting through the Service, shall facilitate access to, or provide, services for urban Indians through grants to urban Indian organizations administering contracts entered into pursuant to this section or receiving grants under subsection (a) to prevent and treat child abuse (including sexual abuse) among urban Indians. (2) A grant may not be made under this subsection to an urban Indian organization until that organization has prepared, and the Service has approved, an assessment that documents the prevalence of child abuse in the urban Indian population concerned and specifies the services and programs (which may not duplicate existing services and programs) for which the grant is requested. (3) Grants may be made under this subsection– (A) to prepare assessments required under paragraph (2); (B) for the development of prevention, training, and education programs for urban Indian populations, including child education, parent education, provider training on identification and intervention, education on reporting requirements, prevention campaigns, and establishing service networks of all those involved in Indian child protection; and (C) to provide direct outpatient treatment services (including individual treatment, family treatment, group therapy, and support groups) to urban Indians who are child victims of abuse (including sexual abuse) or adult survivors of child sexual abuse, to the families of such child victims, and to urban Indian perpetrators of child abuse (including sexual abuse). (4) In making grants to carry out this subsection, the Secretary shall take into consideration– (A) the support for the urban Indian organization demonstrated by the child protection authorities in the area, including committees or other services funded under the Indian Child Welfare Act of 1978 (25 U.S.C. 1901 et seq.), if any; (B) the capability and expertise demonstrated by the urban Indian organization to address the complex problem of child sexual abuse in the

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		organization to address the complex problem of child sexual abuse in the community; and (C) the assessment required under paragraph (2).	including committees or other services funded under the Indian Child Welfare Act of 1978 (25 U.S.C. 1901 et seq.), if any; (B) the capability and expertise demonstrated by the urban Indian organization to address the complex problem of child sexual abuse in the community; and (C) the assessment required under paragraph (2).	Act of 1978 (25 U.S.C. 1901 et seq.), if any; "(B) the capability and expertise demonstrated by the urban Indian organization to address the complex problem of child sexual abuse in the community; and "(C) the assessment required under paragraph (2).	community; and (C) the assessment required under paragraph (2).
			(g) OTHER GRANTS.— The Secretary, acting through the Service, may enter into a contract with or make grants to an urban Indian organization that provides or arranges for the provision of health care services (through satellite facilities, provider networks, or otherwise) to Urban Indians in more than 1 Urban Center.	"(g) Other Grants.— The Secretary, acting through the Service, may enter into a contract with or make grants to an urban Indian organization that provides or arranges for the provision of health care services (through satellite facilities, provider networks, or otherwise) to urban Indians in more than 1 urban Center.`	(g) The Secretary, through the Service, may enter into a contract with, or make grants to, an urban Indian organization that provides or arranges for the provision of health care services (through satellite facilities, provider networks, or otherwise) to urban Indians in more than one urban center.
	S.1790 did not change CL § 504.	CONTRACTS AND GRANTS FOR THE DETERMINATION OF UNMET HEALTH CARE NEEDS SEC. 504. (a) Under authority of the Act of November 2, 1921 (25 U.S.C. 13), popularly known as the Snyder Act, the Secretary, through the Service, may enter into contracts with, or make grants to, urban Indian organizations situated in urban centers for which contracts have not been entered into, or grants have not been made, under section 503. The purpose of a contract or grant made under this section shall be the determination of the matters described in subsection (b)(1) in order to assist the Secretary in assessing the health status and health care needs of urban Indians in the urban center involved and determining whether the Secretary should enter into a contract or make a grant under section 503 with respect to the urban Indian organization which the Secretary has entered into a contract with, or made a grant to, under this section. (b) Any contract entered into, or grant made, by the Secretary under this section shall include requirements that-- (1) the urban Indian organization successfully undertake to-- (A) document the health care status and unmet health care needs of urban Indians in the urban center involved; and (B) with respect to urban Indians in the urban center involved, determine the matters described in clauses (2), (3), (4), and (8) of section 503(b); and (2) the urban Indian organization complete performance of the contract, or carry out the requirements of the grant,	SEC. 505. CONTRACTS AND GRANTS FOR THE DETERMINATION OF UNMET HEALTH CARE NEEDS. (a) GRANTS AND CONTRACTS AUTHORIZED.— Under authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, may enter into contracts with or make grants to urban Indian organizations situated in Urban Centers for which contracts have not been entered into or grants have not been made under section 503. (b) PURPOSE.— The purpose of a contract or grant made under this section shall be the determination of the matters described in subsection (c)(1) in order to assist the Secretary in assessing the health status and health care needs of Urban Indians in the Urban Center involved and determining whether the Secretary should enter into a contract or make a grant under section 503 with respect to the urban Indian organization which the Secretary has entered into a contract with, or made a grant to, under this section. (c) GRANT AND CONTRACT REQUIREMENTS.— Any contract entered into, or grant made, by the Secretary under this section shall include requirements that— (1) the urban Indian organization successfully undertakes to— (A) document the health care status and unmet health care needs of urban Indians in the Urban Center involved; and (B) with respect to urban Indians in the Urban Center involved, determine the	"SEC. 504. CONTRACTS AND GRANTS FOR THE DETERMINATION OF UNMET HEALTH CARE NEEDS. "(a) Grants and Contracts Authorized.— Under authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, may enter into contracts with or make grants to urban Indian organizations situated in urban Centers for which contracts have not been entered into or grants have not been made under section 503. "(b) Purpose.— The purpose of a contract or grant made under this section shall be the determination of the matters described in subsection (c)(1) in order to assist the Secretary in assessing the health status and health care needs of urban Indians in the urban center involved and determining whether the Secretary should enter into a contract or make a grant under section 503 with respect to the urban Indian organization which the Secretary has entered into a contract with, or made a grant to, under this section. "(c) Grant and Contract Requirements.— Any contract entered into, or grant made, by the Secretary under this section shall include requirements that— "(1) the urban Indian organization successfully undertakes to— "(A) document the health care status and unmet health care needs of urban Indians in the urban Center involved; and "(B) with respect to urban Indians in the urban Center involved, determine the matters described in paragraphs (2), (3), (4), and (7) of section 503(b); and	CONTRACTS AND GRANTS FOR THE DETERMINATION OF UNMET HEALTH CARE NEEDS Sec. 504. (a) Under authority of the Act of November 2, 1921 (25 U.S.C. 13), popularly known as the Snyder Act, the Secretary, through the Service, may enter into contracts with, or make grants to, urban Indian organizations situated in urban centers for which contracts have not been entered into, or grants have not been made, under section 503. The purpose of a contract or grant made under this section shall be the determination of the matters described in subsection (b)(1) in order to assist the Secretary in assessing the health status and health care needs of urban Indians in the urban center involved and determining whether the Secretary should enter into a contract or make a grant under section 503 with respect to the urban Indian organization which the Secretary has entered into a contract with, or made a grant to, under this section. (b) Any contract entered into, or grant made, by the Secretary under this section shall include requirements that– (1) the urban Indian organization successfully undertake to– (A) document the health care status and unmet health care needs of urban Indians in the urban center involved; and (B) with respect to urban Indians in the urban center involved, determine the matters described in clauses (2), (3), (4), and (7) ~~(8)~~ of section 503(b); and (2) the urban Indian organization complete performance of the contract, or carry out the requirements of the grant,

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		within one year after the date on which the Secretary and such organization enter into such contract, or within one year after such organization receives such grant, whichever is applicable. (c) The Secretary may not renew any contract entered into, or grant made, under this section.	matters described in paragraphs (2), (3), (4), and (7) of section 503(b); and (2) the urban Indian organization complete performance of the contract, or carry out the requirements of the grant, within 1 year after the date on which the Secretary and such organization enter into such contract, or within 1 year after such organization receives such grant, whichever is applicable. (d) NO RENEWALS.— The Secretary may not renew any contract entered into or grant made under this section.	"(2) the urban Indian organization complete performance of the contract, or carry out the requirements of the grant, within 1 year after the date on which the Secretary and such organization enter into such contract, or within 1 year after such organization receives such grant, whichever is applicable. "(d) No Renewals.— The Secretary may not renew any contract entered into or grant made under this section.	within one year after the date on which the Secretary and such organization enter into such contract, or within one year after such organization receives such grant, whichever is applicable. (c) The Secretary may not renew any contract entered into, or grant made, under this section.
	S.1790 did not change CL § 505.	EVALUATIONS; RENEWALS Sec. 505. (a) The Secretary, through the Service, shall develop procedures to evaluate compliance with grant requirements under this title and compliance with, and performance of contracts entered into by urban Indian organizations under this title. Such procedures shall include provisions for carrying out the requirements of this section.	SEC. 506. EVALUATIONS; RENEWALS. (a) PROCEDURES FOR EVALUATIONS.— The Secretary, acting through the Service, shall develop procedures to evaluate compliance with grant requirements and compliance with and performance of contracts entered into by urban Indian organizations under this title. Such procedures shall include provisions for carrying out the requirements of this section.	"SEC. 505. EVALUATIONS; RENEWALS. "(a) Procedures for Evaluations.— The Secretary, acting through the Service, shall develop procedures to evaluate compliance with grant requirements and compliance with and performance of contracts entered into by urban Indian organizations under this title. Such procedures shall include provisions for carrying out the requirements of this section.	EVALUATIONS; RENEWALS Sec. 505. (a) The Secretary, through the Service, shall develop procedures to evaluate compliance with grant requirements under this title and compliance with, and performance of contracts entered into by urban Indian organizations under this title. Such procedures shall include provisions for carrying out the requirements of this section.
		(b) The Secretary, through the Service shall conduct an annual onsite evaluation of each urban Indian organization which has entered into a contract or received a grant under section 503 for purposes of determining the compliance of such organization with, and evaluating the performance of such organization under, such contract or the terms of such grant.	(b) EVALUATIONS.— The Secretary, acting through the Service, shall evaluate the compliance of each Urban Indian Organization which has entered into a contract or received a grant under section 503 with the terms of such contract or grant. For purposes of this evaluation, the Secretary shall— (1) acting through the Service, conduct an annual onsite evaluation of the organization; or (2) accept in lieu of such onsite evaluation evidence of the organization's provisional or full accreditation by a private independent entity recognized by the Secretary for purposes of conducting quality reviews of providers participating in the Medicare program under title XVIII of the Social Security Act.	"(b) Evaluations.— The Secretary, acting through the Service, shall evaluate the compliance of each urban Indian organization which has entered into a contract or received a grant under section 503 with the terms of such contract or grant. For purposes of this evaluation, the Secretary shall— "(1) acting through the Service, conduct an annual onsite evaluation of the organization; or "(2) accept in lieu of such onsite evaluation evidence of the organization's provisional or full accreditation by a private independent entity recognized by the Secretary for purposes of conducting quality reviews of providers participating in the Medicare program under title XVIII of the Social Security Act.	(b) The Secretary, through the Service, shall evaluate the compliance ~~conduct an annual onsite evaluation~~ of each urban Indian organization which has entered into a contract or received a grant under section 503 with ~~for purposes of determining the compliance of such organization with, and evaluating the performance of such organization under, such contract or~~ the terms of such contract or grant. For purposes of this evaluation, the Secretary, in determining the capacity of an urban Indian organization to deliver quality patient care shall, at the option of the organization— (1) through the Service conduct an annual onsite evaluation of the organization; or (2) accept in lieu of such onsite evaluation evidence of the organization's provisional or full accreditation by a private independent entity recognized by the Secretary for purposes of conducting quality reviews or providers participating in the Medicare program under Title XVIII of the Social Security Act.
		(c) If, as a result of the evaluations conducted under this section, the Secretary determines that an urban Indian organization has not complied with the requirements of a grant or complied with or satisfactorily performed a contract under section 503, the Secretary shall,	(c) NONCOMPLIANCE; UNSATISFACTORY PERFORMANCE.— If, as a result of the evaluations conducted under this section, the Secretary determines that an urban Indian organization has not complied with the requirements of a grant or complied	"(c) Noncompliance; Unsatisfactory Performance.— If, as a result of the evaluations conducted under this section, the Secretary determines that an urban Indian organization has not complied with the requirements of a grant or complied with or satisfactorily performed a contract	(c) If, as a result of the evaluations conducted under this section, the Secretary determines that an urban Indian organization has not complied with the requirements of a grant or complied with or satisfactorily performed a contract under section 503, the Secretary shall,

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		prior to renewing such contract or grant, attempt to resolve with such organization the areas of noncompliance or unsatisfactory performance and modify such contract or grant to prevent future occurrences of such noncompliance or unsatisfactory performance. If the Secretary determines that such noncompliance or unsatisfactory performance cannot be resolved and prevented in the future, the Secretary shall not renew such contract or grant with such organization and is authorized to enter into a contract or make a grant under section 503 with another urban Indian organization which is situated in the same urban center as the urban Indian organization whose contract or grant is not renewed under this section. (d) In determining whether to renew a contract or grant with an urban Indian organization under section 503 which has completed performance of a contract or grant under section 504, the Secretary shall review the records of the urban Indian organization, the reports submitted under section 507, and, in the case of a renewal of a contract or grant under section 503, shall consider the results of the onsite evaluations conducted under subsection (b).	with or satisfactorily performed a contract under section 503, the Secretary shall, prior to renewing such contract or grant, attempt to resolve with the organization the areas of noncompliance or unsatisfactory performance and modify the contract or grant to prevent future occurrences of noncompliance or unsatisfactory performance. If the Secretary determines that the noncompliance or unsatisfactory performance cannot be resolved and prevented in the future, the Secretary shall not renew the contract or grant with the organization and is authorized to enter into a contract or make a grant under section 503 with another urban Indian organization which is situated in the same Urban Center as the urban Indian organization whose contract or grant is not renewed under this section. (d) CONSIDERATIONS FOR RENEWALS.— In determining whether to renew a contract or grant with an urban Indian organization under section 503 which has completed performance of a contract or grant under section 504, the Secretary shall review the records of the urban Indian organization, the reports submitted under 22 section 507, and shall consider the results of the onsite evaluations or accreditations under subsection (b).	under section 503, the Secretary shall, prior to renewing such contract or grant, attempt to resolve with the organization the areas of noncompliance or unsatisfactory performance and modify the contract or grant to prevent future occurrences of noncompliance or unsatisfactory performance. If the Secretary determines that the noncompliance or unsatisfactory performance cannot be resolved and prevented in the future, the Secretary shall not renew the contract or grant with the organization and is authorized to enter into a contract or make a grant under section 503 with another urban Indian organization which is situated in the same urban Center as the urban Indian organization whose contract or grant is not renewed under this section. "(d) Considerations for Renewals.— In determining whether to renew a contract or grant with an urban Indian organization under section 503 which has completed performance of a contract or grant under section 504, the Secretary shall review the records of the urban Indian organization, the reports submitted under section 507, and shall consider the results of the onsite evaluations or accreditations under subsection (b).	prior to renewing such contract or grant, attempt to resolve with such organization the areas of noncompliance or unsatisfactory performance and modify such contract or grant to prevent future occurrences of such noncompliance or unsatisfactory performance. If the Secretary determines that such noncompliance or unsatisfactory performance cannot be resolved and prevented in the future, the Secretary shall not renew such contract or grant with such organization and is authorized to enter into a contract or make a grant under section 503 with another urban Indian organization which is situated in the same urban center as the urban Indian organization whose contract or grant is not renewed under this section. (d) In determining whether to renew a contract or grant with an urban Indian organization under section 503 which has completed performance of a contract or grant under section 504, the Secretary shall review the records of the urban Indian organization, the reports submitted under section 507, and, in the case of a renewal of a contract or grant under section 503, shall consider the results of the onsite evaluations or accreditations ~~conducted~~ under subsection (b).
		OTHER CONTRACT AND GRANT REQUIREMENTS Sec. 506. (a) Contracts with urban Indian organizations entered into pursuant to this title shall be in accordance with all Federal contracting laws and regulations except that, in the discretion of the Secretary, such contracts may be negotiated without advertising and need not conform to the provisions of the Act of August 24, 1935 (40 U.S.C. 270a, et seq.). (b) Payments under any contracts or grants pursuant to this title may be made in advance or by way of reimbursement and in such installments and on such conditions as the Secretary deems necessary to carry out the purposes of this title. (c) Notwithstanding any provision of law to the contrary, the Secretary may, at the request or consent of an urban Indian organization, revise or amend any contract entered into by the Secretary with such organization under this title as necessary to carry out the purposes of this title. (d) In connection with any contract	SEC. 507. OTHER CONTRACT AND GRANT REQUIREMENTS. (a) PROCUREMENT.— Contracts with urban Indian organizations entered into pursuant to this title shall be in accordance with all Federal contracting laws and regulations relating to procurement except that in the discretion of the Secretary, such contracts may be negotiated without advertising and need not conform to the provisions of sections 1304 and 3131 through 3133 of title 40, United States Code. (b) PAYMENTS UNDER CONTRACTS OR GRANTS.— (1) IN GENERAL.— Payments under any contracts or grants pursuant to this title, notwithstanding any term or condition of such contract or grant— (A) may be made in a single advance payment by the Secretary to the urban Indian organization by no later than the end of the first 30 days of the funding period with respect to which the payments apply, unless the Secretary determines through an evaluation under section 505	"SEC. 506. OTHER CONTRACT AND GRANT REQUIREMENTS. "(a) Procurement.— Contracts with urban Indian organizations entered into pursuant to this title shall be in accordance with all Federal contracting laws and regulations relating to procurement except that in the discretion of the Secretary, such contracts may be negotiated without advertising and need not conform to the provisions of sections 1304 and 3131 through 3133 of title 40, United States Code. "(b) Payments Under Contracts or Grants.— "(1) IN GENERAL.— Payments under any contracts or grants pursuant to this title, notwithstanding any term or condition of such contract or grant— "(A) may be made in a single advance payment by the Secretary to the urban Indian organization by no later than the end of the first 30 days of the funding period with respect to which the payments apply, unless the Secretary determines through an evaluation under section 505 that the organization is not capable of	OTHER CONTRACT AND GRANT REQUIREMENTS Sec. 506. (a) Contracts with urban Indian organizations entered into pursuant to this title shall be in accordance with all federal contracting laws and regulations relating to procurement except that in the discretion of the Secretary, such contracts may be negotiated without advertising and need not conform to the provisions of the Act of August 24, 1935 (40 U.S.C. 270a et seq.). (b) Payments under any contracts or grants pursuant to this title ~~may be made in advance or by way of reimbursement and in such installments and on such conditions as the Secretary deems necessary to carry out the purposes of this title~~ shall, notwithstanding any term or condition of such contract or grant— (1) be made in their entirety by the Secretary to the urban Indian organization by no later than the end of the first 30 days of the funding period with respect to which the payments apply, unless the Secretary determines through an

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		or grant entered into pursuant to this title, the Secretary may permit an urban Indian organization to utilize, in carrying out such contract or grant, existing facilities owned by the Federal Government within the Secretary's jurisdiction under such terms and conditions as may be agreed upon for the use and maintenance of such facilities. (e) Contracts with or grants to urban Indian organizations and regulations adopted pursuant to this title shall include provisions to assure the fair and uniform provision to urban Indians of services and assistance under such contracts or grants by such organizations. (f) Urban Indians, as defined under section 4(f) of this Act, shall be eligible for health care or referral services provided pursuant to this title.	that the organization is not capable of administering such a single advance payment; and (B) if any portion thereof is unexpended by the urban Indian organization during the funding period with respect to which the payments initially apply, shall be carried forward for expenditure with respect to allowable or reimbursable costs incurred by the organization during 1 or more subsequent funding periods without additional justification or documentation by the organization as a condition of carrying forward the availability for expenditure of such funds. (2) SEMIANNUAL AND QUARTERLY PAYMENTS AND REIMBURSEMENTS.— If the Secretary determines under paragraph (1)(A) that an urban Indian organization is not capable of administering an entire single advance payment, on request of the urban Indian organization, the payments may be made— (A) in semiannual or quarterly payments by not later than 30 days after the date on which the funding period with respect to which the payments apply begins; or (B) by way of reimbursement. (c) REVISION OR AMENDMENT OF CONTRACTS.— Notwithstanding any provision of law to the contrary, the Secretary may, at the request and consent of an urban Indian organization, revise or amend any contract entered into by the Secretary with such organization under this title as necessary to carry out the purposes of this title. (d) FAIR AND UNIFORM SERVICES AND ASSISTANCE.— Contracts with or grants to urban Indian organizations and regulations adopted pursuant to this title shall include provisions to assure the fair and uniform provision to urban Indians of services and assistance under such contracts or grants by such organizations.	administering such a single advance payment; and "(B) if any portion thereof is unexpended by the urban Indian organization during the funding period with respect to which the payments initially apply, shall be carried forward for expenditure with respect to allowable or reimbursable costs incurred by the organization during 1 or more subsequent funding periods without additional justification or documentation by the organization as a condition of carrying forward the availability for expenditure of such funds. "(2) SEMIANNUAL AND QUARTERLY PAYMENTS AND REIMBURSEMENTS.— If the Secretary determines under paragraph (1)(A) that an urban Indian organization is not capable of administering an entire single advance payment, on request of the urban Indian organization, the payments may be made— "(A) in semiannual or quarterly payments by not later than 30 days after the date on which the funding period with respect to which the payments apply begins; or "(B) by way of reimbursement. "(c) Revision or Amendment of Contracts.— Notwithstanding any provision of law to the contrary, the Secretary may, at the request and consent of an urban Indian organization, revise or amend any contract entered into by the Secretary with such organization under this title as necessary to carry out the purposes of this title. "(d) Fair and Uniform Services and Assistance.— Contracts with or grants to urban Indian organizations and regulations adopted pursuant to this title shall include provisions to assure the fair and uniform provision to urban Indians of services and assistance under such contracts or grants by such organizations.	evaluation under section 505 that the organization is not capable of administering such payments in their entirety; and (2) if unexpended by the urban Indian organization during the funding period with respect to which the payments initially apply, shall be carried forward for expenditure with respect to allowable or reimbursable costs incurred by the organization during one or more subsequent funding periods without additional justification or documentation by the organization as a condition of carrying forward the expenditure of such funds. (c) Notwithstanding any provision of law to the contrary, the Secretary may, at the request or consent of an urban Indian organization, revise or amend any contract entered into by the Secretary with such organization under this title as necessary to carry out the purposes of this title. ~~(d) In connection with any contract or grant entered into pursuant to this title, the Secretary may permit an urban Indian organization to utilize, in carrying out such contract or grant, existing facilities owned by the federal Government within the Secretary's jurisdiction under such terms and conditions as may be agreed upon for the use and maintenance of such facilities.~~ (e) Contracts with or grants to urban Indian organizations and regulations adopted pursuant to this title shall include provisions to assure the fair and uniform provision to urban Indians of services and assistance under such contracts or grants by such organizations. (f) Urban Indians, as defined under section 4~~(f)~~ 4(t) of this Act, shall be eligible for health care or referral services provided pursuant to this title.
	S.1790 did not change CL § 507.	REPORTS AND RECORDS Sec. 507. (a) For each fiscal year during which an urban Indian organization receives or expends funds pursuant to a contract entered into, or a grant received, pursuant to this title, such organization shall submit to the Secretary a quarterly report including-- (1) in the case of a contract or grant under section 503, information gathered pursuant to clauses (10) and (11) of subsection (a) of such section; (2) information on activities	SEC. 508. REPORTS AND RECORDS. (a) REPORTS.— (1) IN GENERAL.— For each fiscal year during which an urban Indian organization receives or expends funds pursuant to a contract entered into or a grant received pursuant to this title, such urban Indian organization shall submit to the Secretary not more frequently than every 6 months, a report that includes the following: (A) In the case of a contract or grant under section 503, recommendations pursuant to section 503	"SEC. 507. REPORTS AND RECORDS. "(a) Reports.— "(1) IN GENERAL.— For each fiscal year during which an urban Indian organization receives or expends funds pursuant to a contract entered into or a grant received pursuant to this title, such urban Indian organization shall submit to the Secretary not more frequently than every 6 months, a report that includes the following: "(A) In the case of a contract or grant under section 503, recommendations pursuant to section 503(a)(5).	REPORTS AND RECORDS Sec. 507. (a) For each fiscal year during which an urban Indian organization receives or expends funds pursuant to a contract entered into, or a grant received, pursuant to this title, such organization shall submit to the Secretary on a basis no more frequent than every six months, ~~a quarterly report~~ including– (1) in the case of a contract or grant under section 503, information gathered pursuant to ~~clauses (10) and (11)~~ clause (5) of subsection (a) of such section;

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		conducted by the organization pursuant to the contract or grant; (3) an accounting of the amounts and purpose for which Federal funds were expended; and (4) such other information as the Secretary may request. (b) The reports and records of the urban Indian organization with respect to a contract or grant under this title shall be subject to audit by the Secretary and the Comptroller General of the United States. (c) The Secretary shall allow as a cost of any contract or grant entered into under section 503 the cost of an annual private audit conducted by a certified public accountant. (d)(1) The Secretary, acting through the Service, shall submit a report to the Congress not later than March 31, 1992, evaluating-- (A) the health status of urban Indians; (B) the services provided to Indians through this title; (C) areas of unmet needs in urban areas served under this title; and (D) areas of unmet needs in urban areas not served under this title. (2) In preparing the report under paragraph (1), the Secretary shall consult with urban Indian health providers and may contract with a national organization representing urban Indian health concerns to conduct any aspect of the report. (3) The Secretary and the Secretary of the Interior shall-- (A) assess the status of the welfare of urban Indian children, including the volume of child protection cases, the prevalence of child sexual abuse, and the extent of urban Indian coordination with tribal authorities with respect to child sexual abuse; and (B) submit a report on the assessment required under subparagraph (A), together with recommended legislation to improve Indian child protection in urban Indian populations, to the Congress no later than March 31, 1992.	(a)(5). (B) Information on activities conducted by the organization pursuant to the contract or grant. (C) An accounting of the amounts and purpose for which Federal funds were expended. (D) A minimum set of data, using uniformly defined elements, as specified by the Secretary after consultation with urban Indian organizations. (2) HEALTH STATUS AND SERVICES.— (A) IN GENERAL.— Not later than 18 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2009, the Secretary, acting through the Service, shall submit to Congress a report evaluating— (i) the health status of urban Indians; (ii) the services provided to Indians pursuant to this title; and (iii) areas of unmet needs in the delivery of health services to urban Indians. (B) CONSULTATION AND CONTRACTS.— In preparing the report under paragraph (1), the Secretary— (i) shall consult with urban Indian organizations; and (ii) may enter into a contract with a national organization representing urban Indian organizations to conduct any aspect of the report. (b) AUDIT.— The reports and records of the urban Indian organization with respect to a contract or grant under this title shall be subject to audit by the Secretary and the Comptroller General of the United States. (c) COSTS OF AUDITS.— The Secretary shall allow as a cost of any contract or grant entered into or awarded under section 502 or 503 the cost of an annual independent financial audit conducted by— (1) a certified public accountant; or (2) a certified public accounting firm qualified to conduct Federal compliance audits.	"(B) Information on activities conducted by the organization pursuant to the contract or grant. "(C) An accounting of the amounts and purpose for which Federal funds were expended. "(D) A minimum set of data, using uniformly defined elements, as specified by the Secretary after consultation with urban Indian organizations. "(2) HEALTH STATUS AND SERVICES.— "(A) IN GENERAL.— Not later than 18 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary, acting through the Service and working with a national membership-based consortium of urban Indian organizations, shall submit to Congress a report evaluating— "(i) the health status of urban Indians; "(ii) the services provided to Indians pursuant to this title; and "(iii) areas of unmet needs in the delivery of health services to urban Indians, including unmet health care facilities needs. "(B) CONSULTATION AND CONTRACTS.— In preparing the report under paragraph (1), the Secretary— "(i) shall confer with urban Indian organizations; and "(ii) may enter into a contract with a national organization representing urban Indian organizations to conduct any aspect of the report. "(b) Audit.— The reports and records of the urban Indian organization with respect to a contract or grant under this title shall be subject to audit by the Secretary and the Comptroller General of the United States. "(c) Costs of Audits.— The Secretary shall allow as a cost of any contract or grant entered into or awarded under section 502 or 503 the cost of an annual independent financial audit conducted by— "(1) a certified public accountant; or "(2) a certified public accounting firm qualified to conduct Federal compliance audits.	(2) information on activities conducted by the organization pursuant to the contract or grant; (3) an accounting of the amounts and purpose for which federal funds were expended; and (4) a minimum set of data, using uniformly defined elements, that is specified by the Secretary in consultation consistent with section 514, with urban Indian organizations ~~such other information as the Secretary may request~~. (b) The reports and records of the urban Indian organization with respect to a contract or grant under this title shall be subject to audit by the Secretary and the Comptroller General of the United States. (c) The Secretary shall allow as a cost of any contract or grant entered into or awarded under section 502 or 503 the cost of an annual independent financial ~~private~~ audit conducted by— (1) a certified public accountant; or. (2) a certified public accounting firm qualified to conduct federal compliance audits. ~~(d)(1) The Secretary, acting through the Service, shall submit a report to the Congress not later than March 31, 1992, evaluating=~~ ~~(A) the health status of urban Indians;~~ ~~(B) the services provided to Indians through this title;~~ ~~(C) areas of unmet needs in urban areas served under this title; and~~ ~~(D) areas of unmet needs in urban areas not served under this title.~~ ~~(2) In preparing the report under paragraph (1), the Secretary shall consult with urban Indian health providers and may contract with a national organization representing urban Indian health concerns to conduct any aspect of the report.~~ ~~(3) The Secretary and the Secretary of the Interior shall=~~ ~~(A) assess the status of the welfare of urban Indian children, including the volume of child protection cases, the prevalence of child sexual abuse, and the extent of urban Indian coordination with tribal authorities with respect to child sexual abuse; and~~ ~~(B) submit a report on the assessment required under subparagraph (A), together with recommended legislation to improve Indian child protection in urban Indian populations, to the Congress no later than March 31, 1992.~~
	S.1790 did not change	LIMITATION ON CONTRACT	SEC. 509. LIMITATION ON	"SEC. 508. LIMITATION ON	LIMITATION ON CONTRACT

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	CL § 508.	AUTHORITY Sec. 508. The authority of the Secretary to enter into contracts under this title shall be to the extent, and in an amount, provided for in appropriation Acts.	CONTRACT AUTHORITY. ''The authority of the Secretary to enter into contracts or to award grants under this title shall be to the extent, and in an amount, provided for in appropriation Acts.	CONTRACT AUTHORITY. "The authority of the Secretary to enter into contracts or to award grants under this title shall be to the extent, and in an amount, provided for in appropriation Acts.	AUTHORITY Sec. 508. The authority of the Secretary to enter into contracts or to award grants under this title shall be to the extent, and in an amount, provided for in appropriation Acts.
x	S.1790 did not change CL § 509. RS Sec. 161 amended CL §509, as noted.	Sec. 509. FACILITIES RENOVATION. The Secretary may make funds available to contractors or grant recipients under this title [25 USCS §§ 1651 et seq.] for minor renovations to facilities or construction orexpansion of facilities, including leased facilities, to assist such contractors or grant recipients in meeting or maintaining the Joint Commission for Accreditation of Health Care Organizations (JCAHO) standards.	SEC. 510. FACILITIES. (a) GRANTS.— The Secretary, acting through the Service, may make grants to contractors or grant recipients under this title for the lease, purchase, renovation, construction, or expansion of facilities, including leased facilities, in order to assist such contractors or grant recipients in complying with applicable licensure or certification requirements. (b) LOAN FUND STUDY.— The Secretary, acting 4 through the Service, may carry out a study to determine the feasibility of establishing a loan fund to provide to urban Indian organizations direct loans or guarantees for loans for the construction of health care facilities in a manner consistent with section 309, including by submitting a report in accordance with subsection (c) of that section.	"SEC. 509. FACILITIES. "(a) Grants.— The Secretary, acting through the Service, may make grants to contractors or grant recipients under this title for the lease, purchase, renovation, construction, or expansion of facilities, including leased facilities, in order to assist such contractors or grant recipients in complying with applicable licensure or certification requirements. "(b) Loan Fund Study.— The Secretary, acting through the Service, may carry out a study to determine the feasibility of establishing a loan fund to provide to urban Indian organizations direct loans or guarantees for loans for the construction of health care facilities in a manner consistent with section 309, including by submitting a report in accordance with subsection (c) of that section.	FACILITI~~ES RENOVATION~~ Sec. 509. (a) The Secretary may make grants ~~funds available~~ to contractors or grant recipients under this title for the lease, purchase, renovation, construction, or expansion of facilities, including leased facilities, in order ~~minor renovations to facilities, including leased facilities,~~ to assist such contractors or grant recipients in complying with applicable licensure or certification requirements. ~~meeting or maintaining the Joint Commission for Accreditation of Health Care Organizations (JCAHO) standards~~. (b) The Secretary, acting through the Service or through the Health Resources and Services Administration, may provide to contractors or grant recipients under this title loans from the Urban Indian Health Care Facilities Revolving Loan Fund (hereinafter URLF") described in subsection (c), or guarantees for loans, for the construction, renovation, expansion, or purchase of health care facilities, subject to the following requirements: (1) the principal amount of a loan or loan guarantee may cover 100 percent of the costs (other than staffing) relating to the facility, including planning, design, financing, site land development, construction, rehabilitation, renovation, conversion, medical equipment, furnishings, and capital purchase; (2) the total of the principal of loans and loan guarantees, respectively, outstanding at any one time shall not exceed such limitations as may be specified in appropriations acts; (3) the loan or loan guarantee may have a term of the shorter of the estimated useful life of the facility, or twenty-five (25) years; (4) an urban Indian organization may assign, and the Secretary may accept assignment of, the revenue of the organization as security for a loan or loan guarantee under this subsection; and (5) the Secretary shall not collect application, processing, or similar fees from urban Indian organizations applying for loans or loan guarantees under this subsection. (c)(1) There is established in the Treasury

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
					of the United States a fund to be known as the Urban Indian Health Care Facilities Revolving Loan Fund. URLF shall consist of: (A) such amounts as may be appropriated to URLF; (B) amounts received from urban Indian organizations in repayment of loans made to such organizations under paragraph (2); and (C) interest earned on amounts in URLF under paragraph (3). (2) Amounts in URLF may be expended by the Secretary, acting through the Service or the Health Resources and Services Administration, to make loans available to urban Indian organizations receiving grants or contracts under this title for the purposes, and subject to the requirements, described in subsection (b). Amounts appropriated to URLF, amounts received from urban Indian organizations in repayment of loans, and interest on amounts in URLF shall remain available until expended. (3) The Secretary of the Treasury shall invest such amounts of URLF as such Secretary determines are not required to meet current withdrawals from URLF. Such investments may be made only in interest-bearing obligations of the United States. For such purpose, such obligations may be acquired on original issue at the issue price, or by purchase of outstanding obligations at the market price. Any obligation acquired by URLF may be sold by the Secretary of the Treasury at the market price.
	S.1790 did not change CL § 510.	Sec. 510. (a) Establishment.--There is hereby established within the Service a Branch of Urban Health Programs which shall be responsible for carrying out the provisions of this title and for providing central oversight of the programs and services authorized under this title. (b) Staff, Services, and Equipment.--The Secretary shall appoint such employees to work in the branch, including a program director, and shall provide such services and equipment, as may be necessary for it to carry out its responsibilities. The Secretary shall also analyze the need to provide at least one urban health program analyst for each area office of the Indian Health Service and shall submit his findings to the Congress as a part of the Department's fiscal year 1993 budget request.	SEC. 511. DIVISION OF URBAN INDIAN HEALTH. ‘‘There is established within the Service a Division of Urban Indian Health, which shall be responsible for— (1) carrying out the provisions of this title; (2) providing central oversight of the programs and services authorized under this title; and (3) providing technical assistance to urban Indian organizations.	“SEC. 510. DIVISION OF URBAN INDIAN HEALTH. “There is established within the Service a Division of Urban Indian Health, which shall be responsible for— “(1) carrying out the provisions of this title; “(2) providing central oversight of the programs and services authorized under this title; and “(3) providing technical assistance to urban Indian organizations working with a national membership-based consortium of urban Indian organizations.	OFFICE OF URBAN INDIAN HEALTH ~~PROGRAMS. BRANCH~~ Sec. 510. ~~(a) ESTABLISHMENT.--~~There is hereby established within the Service an Office ~~a Branch~~ of Urban Indian Health ~~Programs,~~ which shall be responsible for: (1) carrying out the provisions of this title; ~~and~~ (2) ~~for~~ providing central oversight of the programs and services authorized under this title; and (3) providing technical assistance to urban Indian organizations. ~~(b) Staff, Services, and Equipment.--The Secretary shall appoint such employees to work in the branch, including a program director, and shall provide such services and equipment, as may be necessary for it to carry out its responsibilities. The Secretary shall also analyze the need to~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
					~~provide at least one urban health program analyst for each area office of the Indian Health Service and shall submit his findings to the Congress as a part of the Department's fiscal year 1993 budget request.~~
	S.1790 did not change CL § 511.	GRANTS FOR ALCOHOL AND SUBSTANCE ABUSE RELATED SERVICES. SEC. 511. (a) GRANTS.--The Secretary may make grants for the provision of health-related services in prevention of, treatment of, rehabilitation of, or school and community-based education in, alcohol and substance abuse in urban centers to those urban Indian organizations with whom the Secretary has entered into a contract under this title or under section 201. (b) GOALS OF GRANT.--Each grant made pursuant to subsection (a) shall set forth the goals to be accomplished pursuant to the grant. The goals shall be specific to each grant as agreed to between the Secretary and the grantee. (c) CRITERIA.--The Secretary shall establish criteria for the grants made under subsection (a), including criteria relating to the- (1) size of the urban Indian population; (2) accessibility to, and utilization of, other health resources available to such population; (3) duplication of existing Service or other Federal grants or contracts; (4) capability of the organization to adequately perform the activities required under the grant; (5) satisfactory performance standards for the organization in meeting the goals set forth in such grant, which standards shall be negotiated and agreed to between the Secretary and the grantee on a grant-by-grant basis; and (6) identification of need for services. The Secretary shall develop a methodology for allocating grants made pursuant to this section based on such criteria. (d) TREATMENT OF FUNDS.1200RECEIVED BY URBAN INDIAN ORGANIZATIONS.-- Any funds received by an urban Indian organization under this Act for substance abuse prevention, treatment, and rehabilitation shall be subject to the criteria set forth in subsection (c).	SEC. 512. GRANTS FOR ALCOHOL AND SUBSTANCE ABUSE RELATED SERVICES. (a) GRANTS AUTHORIZED.— The Secretary, acting through the Service, may make grants for the provision of health-related services in prevention of, treatment of, rehabilitation of, or school- and community-based education regarding, alcohol and substance abuse in Urban Centers to those urban Indian organizations with which the Secretary has entered into a contract under this title or under section 201. (b) GOALS.— Each grant made pursuant to subsection (a) shall set forth the goals to be accomplished pursuant to the grant. The goals shall be specific to each grant as agreed to between the Secretary and the grantee. (c) CRITERIA.— The Secretary shall establish criteria for the grants made under subsection (a), including criteria relating to the following: (1) The size of the urban Indian population. (2) Capability of the organization to adequately perform the activities required under the grant. (3) Satisfactory performance standards for the organization in meeting the goals set forth in such grant. The standards shall be negotiated and agreed to between the Secretary and the grantee on a grant-by-grant basis. (4) Identification of the need for services. (d) ALLOCATION OF GRANTS.— The Secretary shall develop a methodology for allocating grants made pursuant to this section based on the criteria established pursuant to subsection (c). (e) GRANTS.1200SUBJECT TO CRITERIA.— Any grant received by an urban Indian organization under this Act for substance abuse prevention, treatment, and rehabilitation shall be subject to the criteria set forth in subsection (c).	"SEC. 511. GRANTS FOR ALCOHOL AND SUBSTANCE ABUSE-RELATED SERVICES. "(a) Grants Authorized.— The Secretary, acting through the Service, may make grants for the provision of health-related services in prevention of, treatment of, rehabilitation of, or school- and community-based education regarding, alcohol and substance abuse, including fetal alcohol spectrum disorders, in urban centers to those urban Indian organizations with which the Secretary has entered into a contract under this title or under section 201. "(b) Goals.— Each grant made pursuant to subsection (a) shall set forth the goals to be accomplished pursuant to the grant. The goals shall be specific to each grant as agreed to between the Secretary and the grantee. "(c) Criteria.— The Secretary shall establish criteria for the grants made under subsection (a), including criteria relating to the following: "(1) The size of the urban Indian population. "(2) Capability of the organization to adequately perform the activities required under the grant. "(3) Satisfactory performance standards for the organization in meeting the goals set forth in such grant. The standards shall be negotiated and agreed to between the Secretary and the grantee on a grant-by-grant basis. "(4) Identification of the need for services. "(d) Allocation of Grants.— The Secretary shall develop a methodology for allocating grants made pursuant to this section based on the criteria established pursuant to subsection (c). "(e) Grants Subject to Criteria.— Any grant received by an urban Indian organization under this Act for substance abuse prevention, treatment, and rehabilitation shall be subject to the criteria set forth in subsection (c).	GRANTS FOR ALCOHOL AND SUBSTANCE ABUSE RELATED SERVICES.1200 Sec. 511. (a) ~~GRANTS.--~~The Secretary may make grants for the provision of health-related services in prevention of, treatment of, rehabilitation of, or school and community-based education in, alcohol and substance abuse in urban centers to those urban Indian organizations with whom the Secretary has entered into a contract under this title or under section 201. (b) ~~GOALS OF GRANT.--~~Each grant made pursuant to subsection (a) shall set forth the goals to be accomplished pursuant to the grant. The goals shall be specific to each grant as agreed to between the Secretary and the grantee. (c) ~~CRITERIA.--~~The Secretary shall establish criteria for the grants made under subsection (a), including criteria relating to the- (1) size of the urban Indian population; (2) ~~accessibility to, and utilization of, other health resources available to such population;~~ ~~(3) duplication of existing Service or other federal grants or contracts;~~ ~~(4)~~ capability of the organization to adequately perform the activities required under the grant; ~~(5)~~ (3) satisfactory performance standards for the organization in meeting the goals set forth in such grant, which standards shall be negotiated and agreed to between the Secretary and the grantee on a grant-by-grant basis; and ~~(6)~~ (4) identification of need for services. The Secretary shall develop a methodology for allocating grants made pursuant to this section based on such criteria. (d) ~~TREATMENT OF FUNDS. RECEIVED BY URBAN INDIAN ORGANIZATIONS.--~~ Any funds received by an urban Indian organization under this Act for substance abuse prevention, treatment, and rehabilitation shall be subject to the criteria set forth in subsection (c).
x	S.1790 did not change CL § 512. RS Sec. 162	TREATMENT OF CERTAIN	SEC. 513. TREATMENT OF CERTAIN	"SEC. 512. TREATMENT OF CERTAIN	TREATMENT OF CERTAIN

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	amended, as noted.	DEMONSTRATION PROJECTS. SEC. 512. (a) Notwithstanding any other provision of law, the Tulsa Clinic and Oklahoma City Clinic (1) be permanent programs within the Service's direct care program; (2) continue to be treated as Service Units and Operating Units in the allocation of resources and coordination of care; and (3) continue to meet the requirements and definitions of an urban Indian organization in this Act, and shall not be subject to the provisions of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.). ~~demonstration project and the Tulsa Clinic demonstration project shall be treated as service units in the allocation of resources and coordination of care and shall not be subject to the provisions of the Indian Self-Determination Act for the term of such projects. The Secretary shall provide assistance to such projects in the development of resources and equipment and facility needs.~~ ~~(b) The Secretary shall submit to the President, for inclusion in the report required to be submitted to the Congress under section 801 for fiscal year 1999, a report on the findings and conclusions derived from the demonstration projects specified in subsection (a).~~	DEMONSTRATION PROJECTS. ''Notwithstanding any other provision of law, the Tulsa Clinic and Oklahoma City Clinic demonstration projects shall— (1) be permanent programs within the Service's direct care program; (2) continue to be treated as Service Units and Operating Units in the allocation of resources and coordination of care; and (3) continue to meet the requirements and definitions of an urban Indian organization in this Act, and shall not be subject to the provisions of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).	DEMONSTRATION PROJECTS. "Notwithstanding any other provision of law, the Tulsa Clinic and Oklahoma City Clinic demonstration projects shall— "(1) be permanent programs within the Service's direct care program; "(2) continue to be treated as Service Units and Operating Units in the allocation of resources and coordination of care; and "(3) continue to meet the requirements and definitions of an urban Indian organization in this Act, and shall not be subject to the provisions of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).	DEMONSTRATION PROJECTS. Sec. 512. (a) (1) Notwithstanding any other provision of law, the Oklahoma City Clinic demonstration project ~~and the Tulsa Clinic demonstration project~~ shall be treated as service units in the allocation of resources and coordination of care and shall not be subject to the provisions of the Indian Self-Determination and Education Assistance Act for the term of such project~~s~~. The Secretary shall provide assistance to such project~~s~~ in the development of resources and equipment and facility needs. (2) ~~(b)~~ The Secretary shall submit to the President, for inclusion in the report required to be submitted to the Congress under section 801 for fiscal year 1999, a report on the findings and conclusions derived from the demonstration projects specified in paragraph (1) of this subsection (a). (b) Notwithstanding any other provision of law, the Tulsa Clinic demonstration project shall become permanent programs within the Service's direct care program and continue to be treated as service units in the allocation of resources and coordination of care, and shall continue to meet the requirements and definitions of an urban Indian organization in Title V of this Act, and as such will not be subject to the provisions of the Indian Self-Determination and Education Assistance Act.
	See, S. 1790 Sec. 101(b)(8), which repealed §512(c).	~~(c) Appropriations In addition to the amounts made available under section 1660d of this title to carry out this section through fiscal year 2000, there are authorized to be appropriated such sums as may be necessary to carry out this section for each of fiscal years 2001 and 2002.~~			~~(c) Appropriations.~~ ~~In addition to the amounts made available under section 514 [25 USCS § 1660d] to carry out this section through fiscal year 2000, there are authorized to be appropriated such sums as may be necessary to carry out this section for each of fiscal years 2001 and 2002.~~
	S.1790 did not change CL § 513.	URBAN NIAAA TRANSFERRED PROGRAMS. SEC. 513. (a) The Secretary shall, within the Branch of Urban Health Programs of the Service, make grants or enter into contracts for the administration of urban Indian alcohol programs that were originally established under the National Institute on Alcoholism and Alcohol Abuse (hereafter in this section referred to as "NIAAA") and transferred to the Service. (b) Grants provided or contracts entered into under this section shall be used to provide support for the	SEC. 514. URBAN NIAAA TRANSFERRED PROGRAMS. (a) GRANTS AND CONTRACTS.— The Secretary, through the Division of Urban Indian Health, shall make grants or enter into contracts with urban Indian organizations, to take effect not later than September 30, 2010, for the administration of urban Indian alcohol programs that were originally established under the National Institute on Alcoholism and Alcohol Abuse (hereafter in this section referred to as 'NIAAA') and transferred to the Service. (b) USE OF FUNDS.— Grants provided	"SEC. 513. URBAN NIAAA TRANSFERRED PROGRAMS. "(a) Grants and Contracts.— The Secretary, through the Division of Urban Indian Health, shall make grants to, or enter into contracts with, urban Indian organizations, to take effect not later than September 30, 2010, for the administration of urban Indian alcohol programs that were originally established under the National Institute on Alcoholism and Alcohol Abuse (hereafter in this section referred to as 'NIAAA') and transferred to the Service. "(b) Use of Funds.— Grants provided or	URBAN NIAAA TRANSFERRED PROGRAMS. Sec. 513. (a) The Secretary shall, through ~~within~~ the Office ~~Branch~~ of Urban Indian Health ~~Programs~~ of the Service, make grants or enter into contracts effective no later than September 30, 2001, with urban Indian organizations for the administration of urban Indian alcohol programs that were originally established under the National Institute on Alcoholism and Alcohol Abuse (hereafter in this section referred to as "NIAAA") and transferred to the Service. (b) Grants provided or contracts entered

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		continuation of alcohol prevention and treatment services for urban Indian populations and such other objectives as are agreed upon between the Service and a recipient of a grant or contract under this section. (c) Urban Indian organizations that operate Indian alcohol programs originally funded under NIAAA and subsequently transferred to the Service are eligible for grants or contracts under this section. (d) For the purpose of carrying out this section, the Secretary may combine NIAAA alcohol funds with other substance abuse funds currently administered through the Branch of Urban Health Programs of the Service. (e) The Secretary shall evaluate and report to the Congress on the activities of programs funded under this section at least every two years.	or contracts entered into under this section shall be used to provide support for the continuation of alcohol prevention and treatment services for urban Indian populations and such other objectives as are agreed upon between the Service and a recipient of a grant or contract under this section. (c) ELIGIBILITY.— Urban Indian organizations that operate Indian alcohol programs originally funded under the NIAAA and subsequently transferred to the Service are eligible for grants or contracts under this section. (d) REPORT.— The Secretary shall evaluate and report to Congress on the activities of programs funded under this section not less than every 5 years.	contracts entered into under this section shall be used to provide support for the continuation of alcohol prevention and treatment services for urban Indian populations and such other objectives as are agreed upon between the Service and a recipient of a grant or contract under this section. "(c) Eligibility.— urban Indian organizations that operate Indian alcohol programs originally funded under the NIAAA and subsequently transferred to the Service are eligible for grants or contracts under this section. "(d) Report.— The Secretary shall evaluate and report to Congress on the activities of programs funded under this section not less than every 5 years.	into under this section shall be used to provide support for the continuation of alcohol prevention and treatment services for urban Indian populations and such other objectives as are agreed upon between the Service and a recipient of a grant or contract under this section. (c) Urban Indian organizations that operate Indian alcohol programs originally funded under NIAAA and subsequently transferred to the Service are eligible for grants or contracts under this section. ~~(d) For the purpose of carrying out this section, the Secretary may combine NIAAA alcohol funds with other substance abuse funds currently administered through the Branch of Urban Health Programs of the Service.~~ ~~(e)~~ (d) The Secretary shall evaluate and report to the Congress on the activities of programs funded under this section at least every two years.
	See, S. 1790 RS Sec. 163(a), which added a new §514. R&E still used "consultation" rather than "conferring".	SEC. 514. CONFERRING WITH URBAN INDIAN ORGANIZATIONS. "(a) Definition of Confer.—In this section, the term 'confer' means to engage in an open and free exchange of information and opinions that— "(1) leads to mutual understanding and comprehension; and "(2) emphasizes trust, respect, and shared responsibility. "(b) Requirement.—The Secretary shall ensure that the Service confers, to the maximum extent practicable, with urban Indian organizations in carrying out this Act.	SEC. 515. CONFERRING WITH URBAN INDIAN ORGANIZATIONS. (a) IN GENERAL.— The Secretary shall ensure that the Service confers or conferences, to the greatest extent practicable, with Urban Indian Organizations. (b) DEFINITION OF CONFER; CONFERENCE.— In this section, the terms 'confer' and 'conference' mean an open and free exchange of information and opinions that— (1) leads to mutual understanding and comprehension; and (2) emphasizes trust, respect, and shared responsibility.	"SEC. 514. CONFERRING WITH URBAN INDIAN ORGANIZATIONS. "(a) In General.— The Secretary shall ensure that the Service confers or conferences, to the greatest extent practicable, with urban Indian organizations. "(b) Definition of Confer; Conference.— In this section, the terms 'confer' and 'conference' mean an open and free exchange of information and opinions that— "(1) leads to mutual understanding and comprehension; and "(2) emphasizes trust, respect, and shared responsibility.	CONSULTATION WITH URBAN INDIAN ORGANIZATIONS Sec. 514. (a) The Secretary shall ensure that the Service, the Health Care Financing Administration, and other operating divisions and staff divisions of the Department consult, to the greatest extent practicable, with urban Indian organizations (as defined in section 4(w) prior to taking any action, or approving federal financial assistance for any action of a State, that may affect urban Indians or urban Indian organizations. (b) For purposes of subsection (a), consultation is the open and free exchange of information and opinion among urban Indian organizations and the Operating and staff divisions of the Department which leads to mutual understanding and comprehension and which emphasizes trust, respect, and shared responsibility.
	See, S. 1790 RS Sec. 164, which added a new §515.	SEC. 515. EXPANDED PROGRAM AUTHORITY FOR URBAN INDIAN ORGANIZATIONS. "Notwithstanding any other provision of this Act, the Secretary, acting through the Service, is authorized to establish programs, including programs for awarding grants, for urban Indian organizations that are identical to any programs established pursuant to sections 218, 702, and 708(g).	Sec. 521(b) URBAN INDIAN ORGANIZATIONS.— The Secretary, acting through the Service, is authorized to establish programs, including programs for the awarding of grants, for urban Indian organizations that are identical to any programs established pursuant to section 126 (behavioral health training), section 210 (school health education), section 212 (prevention of communicable diseases), section 701 (behavioral health prevention and treatment services), and section 707(g) (multidrug abuse program).		
	See, S. 1790 Sec. 163, which added a new	SEC. 516. COMMUNITY HEALTH REPRESENTATIVES.	SEC. 518. COMMUNITY HEALTH REPRESENTATIVES. ''The Secretary,	"SEC. 517. COMMUNITY HEALTH REPRESENTATIVES.	COMMUNITY HEALTH REPRESENTATIVES

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	§516.	"The Secretary, acting through the Service, may enter into contracts with, and make grants to, urban Indian organizations for the employment of Indians trained as health service providers through the Community Health Representative Program under section 107 in the provision of health care, health promotion, and disease prevention services to urban Indians.	acting through the Service, may enter into contracts with, and make grants to, urban Indian organizations for the employment of Indians trained as health service providers through the Community Health Representatives Program under section 109 in the provision of health care, health promotion, and disease prevention services to urban Indians.	"The Secretary, acting through the Service, may enter into contracts with, and make grants to, urban Indian organizations for the employment of Indians trained as health service providers through the Community Health Representatives Program under section 109 in the provision of health care, health promotion, and disease prevention services to urban Indians.	Sec. 519. The Secretary, through the Service, may enter into contracts with, and make grants to, urban Indian organizations for the use of Indians trained as health service providers through the Community Health Representatives Program under section 107(b) in the provision of health care, health promotion, and disease prevention services to urban Indians.
x	S. 1790 IS did not include this provision, which was added by RS Sec. 166.	SEC. 517. USE OF FEDERAL GOVERNMENT FACILITIES AND SOURCES OF SUPPLY. (a) IN GENERAL.— The Secretary may permit an urban Indian organization that has entered into a contract or received a grant pursuant to this title, in carrying out such contract or grant, to use in accordance with such terms and conditions for use and maintenance as are agreed on by the Secretary and the urban Indian organizations– (1) any existing facilities under the jurisdiction of the Secretary; (2) all equipment contained in or pertaining to such an existing facility; and (3) any other personal property of the Federal Government under the jurisdiction of the Secretary. (b) DONATIONS.— Subject to subsection (d), the Secretary may donate to an urban Indian organization that has entered into a contract or received a grant pursuant to this title any personal or real property determined to be excess to the needs of the Indian Health Service or the General Services Administration for the purposes of carrying out the contract or grant. (c) ACQUISITION OF PROPERTY.— The Secretary may acquire excess or surplus government personal or real property of the Federal Government for donation, subject to subsection (d) to an urban Indian organization that has entered into a contract or received a grant pursuant to this title if the Secretary determines that the property is appropriate for use by the urban Indian organization for purposes of the contract or grant. (d) PRIORITY.— If the Secretary receives from an urban Indian organization or an Indian tribe or tribal organization a request for a specific item of personal or real property described in subsections (b) or (c), the Secretary shall give priority to the request for donation to the Indian tribe or tribal organization if the Secretary receives the request from the Indian Tribe or Tribal Organization before the earlier of	SEC. 504. USE OF FEDERAL GOVERNMENT FACILITIES AND SOURCES OF SUPPLY. (a) IN GENERAL.— The Secretary may permit an urban Indian organization that has entered into a contract or received a grant pursuant to this title, in carrying out such contract or grant, to use existing facilities and all equipment therein or pertaining thereto and other personal property owned by the Federal Government within the Secretary's jurisdiction under such terms and conditions as may be agreed upon for their use and maintenance. (b) DONATIONS.— Subject to subsection (d), the Secretary may donate to an urban Indian organization that has entered into a contract or received a grant pursuant to this title any personal or real property determined to be excess to the needs of the Indian Health Service or the General Services Administration for the purposes of carrying out the contract or grant. (c) ACQUISITION OF PROPERTY.— The Secretary may acquire excess or surplus government personal or real property for donation, subject to subsection (d) to an urban Indian organization that has entered into a contract or received a grant pursuant to this title if the Secretary determines that the property is appropriate for use by the urban Indian organization for a purpose for which a contract or grant is authorized under this title. (d) PRIORITY.— In the event that the Secretary receives a request for a specific item of personal or real property described in subsections (b) or (c) from an urban Indian organization and from an Indian Tribe or Tribal Organization, the Secretary shall give priority to the request for donation to the Indian Tribe or Tribal Organization if the Secretary receives the request from the Indian Tribe or Tribal Organization before the date the Secretary transfers title to the property or, if earlier, the date the Secretary transfers the	USE OF FEDERAL GOVERNMENT FACILITIES AND SOURCES OF SUPPLY Sec 517. (a) The Secretary shall permit an urban Indian organization that has entered into a contract or received a grant pursuant to this title, in carrying out such contract or grant, to use existing facilities and all equipment therein or pertaining thereto and other personal property owned by the federal Government within the Secretary's jurisdiction under such terms and conditions as may be agreed upon for their use and maintenance. (b) Subject to subsection (d), the Secretary may donate to an urban Indian organization that has entered into a contract or received a grant pursuant to this title any personal or real property determined to be excess to the needs of the Indian Health Service or the General Services Administration for purposes of carrying out the contract or grant. (c) The Secretary may acquire excess or surplus government personal or real property for donation, subject to subsection (d), to an urban Indian organization that has entered into a contract or received a grant pursuant to this title if the Secretary determines that the property is appropriate for use by the urban Indian organization for a purpose for which a contract or grant is authorized under this title. (d) In the event that the Secretary receives a request for a specific item of personal or real property described in subsections (b) or (c) from an urban Indian organization and from an Indian Tribe or tribal organization, the Secretary shall give priority to the request for donation of the Indian Tribe or tribal organization if the Secretary receives the request from the Indian Tribe or tribal organization before the date the Secretary transfers title to the property or, if earlier, the date the Secretary transfers the property physically, to the urban Indian organization. (e) For purposes of section 201(a) of the	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		(1) the date on which the Secretary transfers title to the property to the urban Indian organization; and (2) the date the Secretary transfers the property physically, to the urban Indian organization. (e) EXECUTIVE AGENCY STATUS.— For purposes of section 501(a) of Title 40 an urban Indian organization that has entered into a contract or received a grant pursuant to this title may be considered to be an Executive agency in carrying out such contract or grant.	property physically, to the urban Indian organization. (e) EXECUTIVE AGENCY STATUS.— For purposes of section 201(a) of the Federal Property and Administrative Services Act of 1949 (40 U.S.C 481(a)) (relating to Federal sources of supply), an urban Indian organization that has entered into a contract or received a grant pursuant to this title may be deemed to be an executive agency when carrying out such contract or grant.	federal Property and Administrative Services Act of 1949 (40 U.S.C. 481(a))(relating to federal sources of supply, including lodging providers, airlines, and other transportation providers), an urban Indian organization that has entered into a contract or received a grant pursuant to this title shall be deemed an executive agency when carrying out such contract or grant, and the employees of the urban Indian organization shall be eligible to have access to such sources of supply on the same basis as employees of an executive agency have such access.	
x	S. 1790 IS did not include this provision, which was added by RS Sec. 166.	SEC. 522. HEALTH INFORMATION TECHNOLOGY. The Secretary, acting through the Service, may make grants to urban Indian organizations under this title for the development, adoption, and implementation of health information technology (as defined in section 3000 of the Public Health Service Act (42 U.S.C. 300jj)), telemedicine services development, and related infrastructure.	SEC. 522. HEALTH INFORMATION TECHNOLOGY. ''The Secretary, acting through the Service, may make grants to urban Indian organizations under this title for the development, adoption, and implementation of health information technology (as defined in section 3000(5) of the American Recovery and Reinvestment Act), telemedicine services development, and related infrastructure.		
	See, S. 1790 Sec. 101(b)(9), which repealed §514.	~~AUTHORIZATION OF APPROPRIATIONS.~~ ~~SEC. 514. There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2000 to carry out this title.~~	SEC. 521. AUTHORIZATION OF APPROPRIATIONS. (a) IN GENERAL.— There are authorized to be appropriated such sums as may be necessary to carry out this title. Sec. 521(b) [*See text next to S. 1790, §515, expanded authority*]	"SEC. 520. AUTHORIZATION OF APPROPRIATIONS. "There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out this title.	AUTHORIZATION OF APPROPRIATIONS Sec. 521 ~~514~~. There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2012 ~~2000~~ to carry out this title.
	E. did not include this section.		SEC. 516. URBAN YOUTH TREATMENT CENTER DEMONSTRATION. (a) CONSTRUCTION AND OPERATION.— (1) IN GENERAL.— The Secretary, acting through the Service, through grant or contract, shall fund the construction and operation of at least 1 residential treatment center in each Service Area that meets the eligibility requirements set forth in subsection (b) to demonstrate the provision of alcohol and substance abuse treatment services to Urban Indian youth in a culturally competent residential setting. (2) TREATMENT.— Each residential treatment center described in paragraph (1) shall be in addition to any facilities constructed under section 707(b). (b) ELIGIBILITY REQUIREMENTS.— To be eligible to obtain a facility under subsection (a)(1), a Service Area shall meet the following requirements: (1) There is an Urban Indian Organization	"SEC. 515. URBAN YOUTH TREATMENT CENTER DEMONSTRATION. "(a) Construction and Operation.— "(1) IN GENERAL.— The Secretary, acting through the Service, through grant or contract, shall fund the construction and operation of at least 1 residential treatment center in each Service Area that meets the eligibility requirements set forth in subsection (b) to demonstrate the provision of alcohol and substance abuse treatment services to urban Indian youth in a culturally competent residential setting. "(2) TREATMENT.— Each residential treatment center described in paragraph (1) shall be in addition to any facilities constructed under section 707(b). "(b) Eligibility Requirements.— To be eligible to obtain a facility under subsection (a)(1), a Service Area shall meet the following requirements: "(1) There is an urban Indian organization in the Service Area. "(2) There reside in the Service Area	URBAN YOUTH TREATMENT CENTER DEMONSTRATION Sec. 516. (a) The Secretary, acting through the Service, shall, through grant or contract, make payment for the construction and operation of at least 2 residential treatment centers in each State described in subsection (b) to demonstrate the provision of alcohol and substance abuse treatment services to urban Indian youth in a culturally competent residential setting. (b) A State described in this subsection is a State in which: (1) there reside urban Indian youth with need for alcohol and substance abuse treatment services in a residential setting; and (2) there is a significant shortage of culturally competent residential treatment services for urban Indian youth.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			in the Service Area. (2) There reside in the Service Area Urban Indian youth with need for alcohol and substance abuse treatment services in a residential setting. (3) There is a significant shortage of culturally competent residential treatment services for Urban Indian youth in the Service Area.	urban Indian youth with need for alcohol and substance abuse treatment services in a residential setting. “(3) There is a significant shortage of culturally competent residential treatment services for urban Indian youth in the Service Area.	
			SEC. 517. GRANTS FOR DIABETES PREVENTION, TREATMENT, AND CONTROL. (a) GRANTS AUTHORIZED.— The Secretary may make grants to those urban Indian organizations that have entered into a contract or have received a grant under this title for the provision of services for the prevention and treatment of, and control of the complications resulting from, diabetes among urban Indians. (b) GOALS.— Each grant made pursuant to subsection (a) shall set forth the goals to be accomplished under the grant. The goals shall be specific to each grant as agreed to between the Secretary and the grantee. (c) ESTABLISHMENT OF CRITERIA.— The Secretary shall establish criteria for the grants made under subsection (a) relating to— (1) the size and location of the urban Indian population to be served; (2) the need for prevention of and treatment of, and control of the complications resulting from, diabetes among the urban Indian population to be served; (3) performance standards for the organization in meeting the goals set forth in such grant that are negotiated and agreed to by the Secretary and the grantee; (4) the capability of the organization to adequately perform the activities required under the grant; and (5) the willingness of the organization to col1laborate with the registry, if any, established by the Secretary under section 204(e) in the Area Office of the Service in which the organization is located. (d) FUNDS SUBJECT TO CRITERIA.— Any funds received by an urban Indian organization under this Act for the prevention, treatment, and control of diabetes among 19 urban Indians shall be subject to the criteria developed by the Secretary under subsection (c).	“SEC. 516. GRANTS FOR DIABETES PREVENTION, TREATMENT, AND CONTROL. “(a) Grants Authorized.— The Secretary may make grants to those urban Indian organizations that have entered into a contract or have received a grant under this title for the provision of services for the prevention and treatment of, and control of the complications resulting from, diabetes among urban Indians. “(b) Goals.— Each grant made pursuant to subsection (a) shall set forth the goals to be accomplished under the grant. The goals shall be specific to each grant as agreed to between the Secretary and the grantee. “(c) Establishment of Criteria.— The Secretary shall establish criteria for the grants made under subsection (a) relating to— “(1) the size and location of the urban Indian population to be served; “(2) the need for prevention of and treatment of, and control of the complications resulting from, diabetes among the urban Indian population to be served; “(3) performance standards for the organization in meeting the goals set forth in such grant that are negotiated and agreed to by the Secretary and the grantee; “(4) the capability of the organization to adequately perform the activities required under the grant; and “(5) the willingness of the organization to collaborate with the registry, if any, established by the Secretary under section 204(e) in the Area Office of the Service in which the organization is located. “(d) Funds Subject to Criteria.— Any funds received by an urban Indian organization under this Act for the prevention, treatment, and control of diabetes among urban Indians shall be subject to the criteria developed by the Secretary under subsection (c).	GRANTS FOR DIABETES PREVENTION, TREATMENT AND CONTROL Sec. 518. (a) The Secretary may make grants to those urban Indian organizations that have entered into a contract or have received a grant under this title for the provision of services for the prevention, treatment, and control of the complications resulting from, diabetes among urban Indians. (b) Each grant made pursuant to subsection (a) shall set forth the goals to be accomplished under the grant. The goals shall be specific to each grant as agreed to between the Secretary and the grantee. (c) The Secretary shall establish criteria for the grants made under subsection (a) relating to – (1) the size and location of the urban Indian population to be served; (2) the need for prevention of, treatment of, and control of the complications resulting from diabetes among the urban Indian population to be served; (3) performance standards for the organization in meeting the goals set forth in such grant that are negotiated and agreed to by the Secretary and the grantee; (4) the capability of the organization to adequately perform the activities required under the grant; and (5) the willingness of the organization to collaborate with the registry, if any, established by the Secretary under section 204(e) in the area office of the Service in which the organization is located. (d) Any funds received by an urban Indian organization under this Act for the prevention, treatment, and control of diabetes among urban Indians shall be subject to the criteria developed by the Secretary under subsection (c).
			SEC. 520. ELIGIBILITY FOR SERVICES. ‘‘Urban Indians shall be	“SEC. 519. ELIGIBILITY FOR SERVICES.	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			eligible for, and the ultimate beneficiaries of, health care or referral services provided pursuant to this title.	"urban Indians shall be eligible for, and the ultimate beneficiaries of, health care or referral services provided pursuant to this title.	
					FEDERAL TORT CLAIMS ACT COVERAGE Sec. 515. For purposes of section 224 of the Public Health Service Act of July 1, 1944 (42 U.S.C. 233(a)), as amended by Section 4 of the Act of December 31, 1970, (84 Stat. 1870), with respect to claims by any person, initially filed on or after October 1, 1999, whether or not such person is an Indian or Alaska Native or is served on a fee basis or under other circumstances as permitted by federal law or regulations, for personal injury, including death, resulting from the performance prior to, including, or after October 1, 1999, of medical, surgical, dental, or related functions, including the conduct of clinical studies or investigations, or for purposes of section 2679, title 28, United States Code, with respect to claims by any such person, on or after October 1, 1999, for personal injury, including death, resulting from the operation of an emergency motor vehicle, an urban Indian organization that has entered into a contract or received a grant pursuant to this title is deemed to be part of the Public Health Service in the Department of Health and Human Services while carrying out any such contract or grant and its employees (including those acting on behalf of the organization as provided in section 2671 of title 28, United States Code, and including an individual who provides health care services pursuant to a personal services contract with an urban Indian organization for the provision of services in any facility owned, operated, or constructed under the jurisdiction of the Indian Health Service) are deemed employees of the Service while acting within the scope of their employment in carrying out the contract or grant; Provided, that such employees shall be deemed to be acting within the scope of their employment in carrying out the contract or grant when they are required, by reason of their employment, to perform medical, surgical, dental or related functions at a facility other than a facility operated by the urban Indian organization pursuant to such contract or grant, but only if such employees are not compensated for the performance of such

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
					functions by a person or entity other than the urban Indian organization.
					REGULATIONS Sec. 520. (a) The amendments to this title by the Indian Health Care Improvement Act Amendments of 1999, shall be effective on the date of enactment of such amendments, regardless of whether the Secretary has promulgated regulations implementing such amendments have been promulgated. (b) The Secretary may promulgate regulations to implement the provisions of this title. (1) Proposed regulations to implement this Act shall be published in the federal Register by the Secretary no later than 270 days after the date of enactment of this Act and shall have no less than a 120 day comment period. (2) The authority to promulgate regulations under this Act shall expire 18 months from the date of enactment of this Act. (c) The negotiated rulemaking committee described in this subsection shall be established pursuant to section 565 of Title 5, United States Code, and shall have as the majority of its members representatives of urban Indian organizations from each service area in addition to federal representatives. (d) Adaption of Procedures. The Secretary shall adapt the negotiated rulemaking procedures to the unique context of this Act.
			"TITLE VI— ORGANIZATIONAL IMPROVEMENTS		
	See, S. 1790 Sec. 171, which amended §161.	ESTABLISHMENT OF THE INDIAN HEALTH SERVICE AS AN AGENCY OF THE PUBLIC HEALTH SERVICE Sec. 601. (a) ESTABLISHMENT.— (1) IN GENERAL.— In order to more effectively and efficiently carry out the responsibilities, authorities, and functions of the United States to provide health care services to Indians and Indian tribes, as are or may be hereafter provided by the Federal statute or treaties, there is established within the Public Health Service of the Department ~~of Health and Human Services~~ the Indian Health Service. (2) DIRECTOR.— The ~~Indian Health~~ Service shall be administered by a Director, who shall be appointed by the President, by and with advice and consent of the Senate. The Director ~~of the Indian~~	SEC. 601. ESTABLISHMENT OF THE INDIAN HEALTH SERVICE AS AN AGENCY OF THE PUBLIC HEALTH SERVICE. (a) ESTABLISHMENT.— (1) IN GENERAL.— In order to more effectively and efficiently carry out the responsibilities, authori1ties, and functions of the United States to provide health care services to Indians and Indian Tribes, as are or may be hereafter provided by Federal statute or treaties, there is established within the Public Health Service of the Department the Indian Health Service. (2) ASSISTANT SECRETARY OF INDIAN HEALTH.— The Service shall be administered by an Assistant Secretary of Indian Health, who shall be appointed by the President, by and with the advice and consent of the Senate. The Assistant	"SEC. 601. ESTABLISHMENT OF THE INDIAN HEALTH SERVICE AS AN AGENCY OF THE PUBLIC HEALTH SERVICE. "(a) Establishment.— "(1) IN GENERAL.— In order to more effectively and efficiently carry out the responsibilities, authorities, and functions of the United States to provide health care services to Indians and Indian Tribes, as are or may be hereafter provided by Federal statute or treaties, there is established within the Public Health Service of the Department the Indian Health Service. "(2) DIRECTOR.— The Service shall be administered by a Director, who shall be appointed by the President, by and with the advice and consent of the Senate. The Director shall report to the Secretary. Effective with respect to an individual	ESTABLISHMENT OF THE INDIAN HEALTH SERVICE AS AN AGENCY OF THE PUBLIC HEALTH SERVICE Sec. 601. (a) In order to more effectively and efficiently carry out the responsibilities, authorities, and functions of the United States to provide health care services to Indians and Indian Tribes, as are or may be hereafter provided by the federal statute or treaties, there is established within the Public Health Service of the Department of Health and Human Services the Indian Health Service. The Indian Health Service shall be administered by a Director, who shall be appointed by the President, by and with advice and consent of the Senate. The Director of the Indian Health Service shall report to the Secretary through the Assistant Secretary for Health of the

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~Health Service~~ shall report to the Secretary ~~through the Assistant Secretary for Health of the Department of Health and Human Services~~. Effective with respect to an individual appointed by the President, by and with the advice and consent of the Senate, after January 1, 2008, ~~1993,~~ the term of service of the Director shall be 4 years. A Director may serve more than 1 term. (3) INCUMBENT.—The individual serving in the position of Director of the Service on the day before the date of enactment of the Indian Health Care Improvement Reauthorization and Extension Act of 2009 shall serve as Director. "(4) ADVOCACY AND CONSULTATION.—The position of Director is established to, in a manner consistent with the government-to-government relationship between the United States and Indian Tribes— "(A) facilitate advocacy for the development of appropriate Indian health policy; and "(B) promote consultation on matters relating to Indian health. (b) AGENCY.– The ~~Indian Health~~ Service shall be an agency within the Public Health Service of the Department, ~~of Health and Human Services,~~ and shall not be an office, component, or unit of any other agency of the Department. (c) DUTIES.– The ~~Secretary shall carry out through the~~ Director ~~of the Indian Health Service~~ shall– (1) perform all functions that ~~which~~ were, on the day before the date of enactment of the Indian Health Care ~~Amendments of 1988,~~ Improvement Reauthorization and Extension Act of 2009, carried out by or under the direction of the individual serving as Director of the ~~Indian Health~~ Service on that ~~such~~ day; (2) perform all functions of the Secretary relating to the maintenance and operation of hospital and health facilities for Indians and the planning for, and provision and utilization of, health services for Indians; ~~and~~ (3) administer all health programs under which health care is provided to Indians based upon their status as Indians which are administered by the Secretary, including ~~(but not limited to~~ programs under– (A) this Act; (B) the Act of November 2, 1921 (25 U.S.C. 13);	Secretary shall report to the Secretary. Effective with respect to an individual appointed by the President, by and with the advice and consent of the Senate, after January 1, 2010, the term of service of the Assistant Secretary shall be 4 years. An Assistant Secretary may serve more than 1 term. (3) INCUMBENT.— The individual serving in the position of Director of the Service on the day before the date of enactment of the Indian Health Care Improvement Act Amendments of 2009 shall serve as Assistant Secretary. (4) ADVOCACY AND CONSULTATION.— The position of Assistant Secretary is established to, in a manner consistent with the government-to-government relationship between the United States and Indian Tribes— (A) facilitate advocacy for the development of appropriate Indian health policy; and (B) promote consultation on matters relating to Indian health. (b) AGENCY.— The Service shall be an agency within the Public Health Service of the Department, and shall not be an office, component, or unit of any other agency of the Department. (c) DUTIES.— The Assistant Secretary shall— (1) perform all functions that were, on the day before the date of enactment of the Indian Health Care Improvement Act Amendments of 2009, carried out by or under the direction of the individual serving as Director of the Service on that day; (2) perform all functions of the Secretary relating to the maintenance and operation of hospital and health facilities for Indians and the planning for, and provision and utilization of, health services for Indians; (3) administer all health programs under which health care is provided to Indians based upon their status as Indians which are administered by the Secretary, including programs under— (A) this Act; (B) the Act of November 2, 1921 (25 U.S.C. 13); (C) the Act of August 5, 1954 (42 U.S.C. 2001 et seq.); (D) the Act of August 16, 1957 (42 U.S.C. 2005 et seq.); and (E) the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.);	appointed by the President, by and with the advice and consent of the Senate, after January 1, 2008, the term of service of the Director shall be 4 years. A Director may serve more than 1 term. "(3) INCUMBENT.— The individual serving in the position of Director of the Service on the day before the date of enactment of the Indian Health Care Improvement Act Amendments of 2008 shall serve as Director. "(4) ADVOCACY AND CONSULTATION.— The position of Director is established to, in a manner consistent with the government-to-government relationship between the United States and Indian Tribes— "(A) facilitate advocacy for the development of appropriate Indian health policy; and "(B) promote consultation on matters relating to Indian health. "(b) Agency.— The Service shall be an agency within the Public Health Service of the Department, and shall not be an office, component, or unit of any other agency of the Department. "(c) Duties.— The Director shall— "(1) perform all functions that were, on the day before the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, carried out by or under the direction of the individual serving as Director of the Service on that day; "(2) perform all functions of the Secretary relating to the maintenance and operation of hospital and health facilities for Indians and the planning for, and provision and utilization of, health services for Indians; "(3) administer all health programs under which health care is provided to Indians based upon their status as Indians which are administered by the Secretary, including programs under— "(A) this Act; "(B) the Act of November 2, 1921 (25 U.S.C. 13); "(C) the Act of August 5, 1954 (42 U.S.C. 2001 et seq.); "(D) the Act of August 16, 1957 (42 U.S.C. 2005 et seq.); and "(E) the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.); "(4) administer all scholarship and loan functions carried out under title I; "(5) directly advise the Secretary concerning the development of all policy-	Department of Health and Human Services. Effective with respect to an individual appointed by the President, by and with the advice and consent of the Senate, after January 1, 1993, the term of service of the Director shall be 4 years. A Director may serve more than 1 term. (b) The Indian Health Service shall be an agency within the Public Health Service of the Department of Health and Human Services, and shall not be an office, component, or unit of any other agency of the Department. (c) The Secretary shall carry out through the Director of the Indian Health Service– (1) all functions which were, on the day before the date of enactment of the Indian Health Care Amendments of 1988, carried out by or under the direction of the individual serving as Director of the Indian Health Service on such day; (2) all functions of the Secretary relating to the maintenance and operation of hospital and health facilities for Indians and the planning for, and provision and utilization of, health services for Indians; and (3) all health programs under which health care is provided to Indians based upon their status s Indians which are administered by the Secretary, including (but not limited to programs under– (A) this Act; (B) the Act of November 2, 1921 (25 U.S.C.13); (C) the Act of August 5, 1954 (42 U.S.C. 2001, et seq.); (D) the Act of August 16, 1957. (42 U.S.C. et seq.); (E) the Indian Self-Determination Act (25 U.S.C. 450f, et seq.).; and (4) all scholarship and loan functions carried out under title I. (d)(1) The Secretary, acting through the Director of the Indian Health Service, shall have the authority– (A) except to the extent provided in paragraph (2), to appoint and compensate employees for the Service in accordance with title 5, United States Code; (B) to enter into contracts for the procurement of goods and services to carry out the functions of the Service; and (C) to manage, expend, and obligate all funds appropriated for the Service. (2) Notwithstanding any other law, the provisions of section 12 of the Act of June 18, 1934 (48 Stat. 986; 25 U.S.C.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		(C) the Act of August 5, 1954 (42 U.S.C. 2001, et seq.); (D) the Act of August 16, 1957. 42 U.S.C. 2005 et seq.); (E) the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450~~f~~, et seq.).; and (4) administer all scholarship and loan functions carried out under title I~~.~~; (5) directly advise the Secretary concerning the development of all policy- and budget-related matters affecting Indian health; "(6) collaborate with the Assistant Secretary for Health concerning appropriate matters of Indian health that affect the agencies of the Public Health Service; "(7) advise each Assistant Secretary of the Department concerning matters of Indian health with respect to which that Assistant Secretary has authority and responsibility; "(8) advise the heads of other agencies and programs of the Department concerning matters of Indian health with respect to which those heads have authority and responsibility; "(9) coordinate the activities of the Department concerning matters of Indian health; and "(10) perform such other functions as the Secretary may designate. (d) Authority.— (1) IN GENERAL.— The Secretary, acting through the Director~~ of the Indian Health Service~~, shall have the authority– (A) except to the extent provided in paragraph (2), to appoint and compensate employees for the Service in accordance with title 5, United States Code; (B) to enter into contracts for the procurement of goods and services to carry out the functions of the Service; and (C) to manage, expend, and obligate all funds appropriated for the Service. (2) PERSONNEL ACTIONS.– Notwithstanding any other law, the provisions of section 12 of the Act of June18, 1934 (48 Stat. 986; 25 U.S.C. 472), shall apply to all personnel actions taken with respect to new positions created within the Service as a result of its establishment under subsection (a).	(4) administer all scholarship and loan functions carried out under title I; (5) report directly to the Secretary concerning all policy- and budget-related matters affecting Indian health; (6) collaborate with the Assistant Secretary for Health concerning appropriate matters of Indian health that affect the agencies of the Public Health Service; (7) advise each Assistant Secretary of the Department concerning matters of Indian health with respect to which that Assistant Secretary has authority and responsibility; (8) advise the heads of other agencies and programs of the Department concerning matters of Indian health with respect to which those heads have authority and responsibility; (9) coordinate the activities of the Department concerning matters of Indian health; and (10) perform such other functions as the Secretary may designate. (d) AUTHORITY.— (1) IN GENERAL.— The Secretary, acting through the Assistant Secretary, shall have the authority— (A) except to the extent provided for in paragraph (2), to appoint and compensate employees for the Service in accordance with title 5, United States Code; (B) to enter into contracts for the procurement of goods and services to carry out the functions of the Service; and (C) to manage, expend, and obligate all funds appropriated for the Service. (2) PERSONNEL ACTIONS.— Notwithstanding any other provision of law, the provisions of section 12 of the Act of June 18, 1934 (48 Stat. 986; 25 U.S.C. 472), shall apply to all personnel actions taken with respect to new positions created within the Service as a result of its establishment under subsection (a).	and budget-related matters affecting Indian health; "(6) collaborate with the Assistant Secretary for Health concerning appropriate matters of Indian health that affect the agencies of the Public Health Service; "(7) advise each Assistant Secretary of the Department concerning matters of Indian health with respect to which that Assistant Secretary has authority and responsibility; "(8) advise the heads of other agencies and programs of the Department concerning matters of Indian health with respect to which those heads have authority and responsibility; "(9) coordinate the activities of the Department concerning matters of Indian health; and "(10) perform such other functions as the Secretary may designate. "(d) Authority.— "(1) IN GENERAL.— The Secretary, acting through the Director, shall have the authority— "(A) except to the extent provided for in paragraph (2), to appoint and compensate employees for the Service in accordance with title 5, United States Code; "(B) to enter into contracts for the procurement of goods and services to carry out the functions of the Service; and "(C) to manage, expend, and obligate all funds appropriated for the Service. "(2) PERSONNEL ACTIONS.— Notwithstanding any other provision of law, the provisions of section 12 of the Act of June 18, 1934 (48 Stat. 986; 25 U.S.C. 472), shall apply to all personnel actions taken with respect to new positions created within the Service as a result of its establishment under subsection (a).	472), shall apply to all personnel actions taken with respect to new positions created within the Service as a result of its establishment under subsection (a). ~~{Sec. 602. DIRECTOR OF INDIAN HEALTH SERVICE~~ ~~{(a) CONFIRMATION BY SENATE~~ ~~{....~~ ~~(2) EFFECTIVE DATE.--The amendment made by paragraph (1) [requiring President's appointment and Senate confirmation] shall take effect January 1, 1993.~~ ~~{(b) INTERIM APPOINTMENT.--The President may appoint an individual to serve as Interim Director of the Service from January 1, 1993, until such time as a Director is appointed and confirmed as provided in section 601(a) of the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.)...."}~~ ~~{....~~
			(e) REFERENCES.— Any reference to the Director of the Indian Health Service in any other Federal law, Executive order, rule, regulation, or delegation of authority, or in any document of or relating to the Director of the Indian Health Service,		

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			shall be deemed to refer to the Assistant Secretary.		
	S.1790 did not change CL § 602.	AUTOMATED MANAGEMENT INFORMATION SYSTEM Sec. 602. (a)(1) The Secretary shall establish an automated management information system for the Service. (2) The information system established under paragraph (1) shall include-- (A) a financial management system, (B) a patient care information system for each area served by the Service,	SEC. 602. AUTOMATED MANAGEMENT INFORMATION SYSTEM. (a) ESTABLISHMENT.— (1) IN GENERAL.— The Secretary shall establish an automated management information system for the Service. (2) REQUIREMENTS OF SYSTEM.— The information system established under paragraph (1) shall include— (A) a financial management system; (B) a patient care information system for each area served by the Service;	"SEC. 602. AUTOMATED MANAGEMENT INFORMATION SYSTEM. "(a) Establishment.— "(1) IN GENERAL.— The Secretary shall establish an automated management information system for the Service. "(2) REQUIREMENTS OF SYSTEM.— The information system established under paragraph (1) shall include— "(A) a financial management system; "(B) a patient care information system for each area served by the Service;	AUTOMATED MANAGEMENT INFORMATION SYSTEM Sec. 602. (a)(1) The Secretary shall establish an automated management information system for the Service. (2) The information system established under paragraph (1) shall include– (A) a financial management system, (B) a patient care information system for each area served by the Service,
		(C) a privacy component that protects the privacy of patient information held by, or on behalf of, the Service, and	(C) privacy protections consistent with the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 or, to the extent consistent with such regulations, other Federal rules applicable to privacy of automated management information systems of a Federal agency;	"(C) a privacy component that protects the privacy of patient information held by, or on behalf of, the Service;	(C) a privacy component that protects the privacy of patient information held by, or on behalf of, the Service, ~~and~~
		(D) a services-based cost accounting component that provides estimates of the costs associated with the provision of specific medical treatments or services in each area office of the Service.	(D) a services-based cost accounting component that provides estimates of the costs associated with the provision of specific medical treatments or services in each Area office of the Service; (E) an interface mechanism for patient billing and accounts receivable system; and (F) a training component.	"(D) a services-based cost accounting component that provides estimates of the costs associated with the provision of specific medical treatments or services in each Area office of the Service; "(E) an interface mechanism for patient billing and accounts receivable system; and "(F) a training component.	(D) a services-based cost accounting component that provides estimates of the costs associated with the provision of specific medical treatments or services in each area office of the Service, (E) an interface mechanism for patient billing and accounts receivable system, and (F) a training component.
		(b)(1) The Secretary shall provide each Indian tribe and tribal organization that provides health services under a contract entered into with the Service under the Indian Self-Determination Act automated management information systems which-- (A) meet the management information needs of such Indian tribe or tribal organization with respect to the treatment by the Indian tribe or tribal organization patients of the Service, and (B) meet the management information needs of the Service. (2) The Secretary shall provide systems under paragraph (1) to Indian tribes and tribal organizations providing health services in California by no later than September 30, 1990.	(b) PROVISION OF SYSTEMS.1200TO TRIBES AND ORGANIZATIONS.— The Secretary shall provide each Tribal Health Program automated management information systems which— (1) meet the management information needs of such Tribal Health Program with respect to the treatment by the Tribal Health Program of patients of the Service; and (2) meet the management information needs of the Service.	"(b) Provision of Systems to Tribes and Organizations.— The Secretary shall provide each Tribal Health Program automated management information systems which— "(1) meet the management information needs of such Tribal Health Program with respect to the treatment by the Tribal Health Program of patients of the Service; and "(2) meet the management information needs of the Service.	(b)~~(1)~~ The Secretary shall provide each Indian Tribe and tribal organization that provides health services under a contract entered into with the Service under the Indian Self-Determination Act automated management information systems which– (1) ~~(A)~~ meet the management information needs of such Indian Tribe or tribal organization with respect to the treatment by the Indian Tribe or tribal organization patients of the Service, and (2) ~~(B)~~ meet the management information needs of the Service. ~~(2) The Secretary shall provide systems under paragraph (1) to Indian Tribes and tribal organizations providing health services in California by no later than September 30, 1990.~~
		(c) Notwithstanding any other provision of law, each patient shall have reasonable access to the medical or health records of such patient which are held by, or on behalf of, the Service.	(c) ACCESS TO RECORDS.— The Service shall provide access of patients to their medical or health records which are held by, or on behalf of, the Service in accordance with the regulations	"(c) Access to Records.— Notwithstanding any other provision of law, each patient shall have reasonable access to the medical or health records of such patient which are held by, or on	(c) Notwithstanding any other provision of law, each patient shall have reasonable access to the medical or health records of such patient which are held by, or on behalf of, the Service.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 or, to the extent consistent with such regulations, other Federal rules applicable to access to health care records.	behalf of, the Service.	
			(d) AUTHORITY TO ENHANCE INFORMATION TECHNOLOGY.— The Secretary, acting through the Assistant Secretary, shall have the authority to enter into contracts, agreements, or joint ventures with other Federal agencies, States, private and nonprofit organizations, for the purpose of enhancing information technology in Indian Health Programs and facilities.	"(d) Authority to Enhance Information Technology.— The Secretary, acting through the Director, shall have the authority to enter into contracts, agreements, or joint ventures with other Federal agencies, States, private and nonprofit organizations, for the purpose of enhancing information technology in Indian Health Programs and facilities.	(d) The Secretary, acting through the Director of the Service, shall have the authority to enter into contracts, agreements or joint ventures with other federal agencies, States, private and nonprofit organizations, for the purpose of enhancing information technology in Indian health programs and facilities.
	See, S. 1790 Sec. 172, which added a new §603.	SEC. 603. OFFICE OF DIRECT SERVICE TRIBES. "(a) Establishment.—There is established within the Service an office, to be known as the 'Office of Direct Service Tribes'. "(b) Treatment.—The Office of Direct Service Tribes shall be located in the Office of the Director. "(c) Duties.—The Office of Direct Service Tribes shall be responsible for— "(1) providing Service-wide leadership, guidance and support for direct service tribes to include strategic planning and program evaluation; "(2) ensuring maximum flexibility to tribal health and related support systems for Indian beneficiaries; "(3) serving as the focal point for consultation and participation between direct service tribes and organizations and the Service in the development of Service policy; "(4) holding no less than biannual consultations with direct service tribes in appropriate locations to gather information and aid in the development of health policy; and "(5) directing a national program and providing leadership and advocacy in the development of health policy, program management, budget formulation, resource allocation, and delegation support for direct service tribes.			
x	See, S. 1790 IS Sec. 173, which added a new §604. RS changed this new section as noted.	SEC. 604. NEVADA AREA OFFICE. "(a) IN GENERAL.—Not later than 1 year after the date of enactment of this section, in a manner consistent with the tribal consultation policy of the Service, the Secretary ~~of Health and Human Services, in consultation with Indian tribes, tribal organizations, and urban Indian organizations in the State of Nevada,~~ shall			

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		submit to Congress a plan explaining the manner and schedule by which an ~~Nevada~~ area office, separate and distinct from the Phoenix area office of the Service, can be established in the State of Nevada. "(b) FAILURE TO SUBMIT A PLAN.— (1) DEFINITION OF OPERATIONS FUNDS.– In this subsection, the term 'operations funds' means only the funds used for– (A) the administration of services, including functional expenses such as overtime, personnel salaries, and associated benefits; or (B) related tasks that directly affect the operations described in subparagraph (A). (2) WITHHOLDING OF FUNDS.– If the Secretary fails to submit a plan in accordance with ~~this~~ subsection (a), the Secretary shall withhold ~~such~~ the operations funds reserved for the Phoenix Area Office of the Director, subject to the condition that the withholding shall not adversely impact the capacity of the Service to delivery health care services. ~~Indian Health Service.~~ (3 RESTORATION.– The funds withheld pursuant to ~~this subsection~~ paragraph (2) may be restored, at the discretion of the Secretary, ~~be restored~~ to the ~~Phoenix Area~~ Office of the Director ~~upon~~ on achievement by that Office of compliance with this section.			
	S. 1790 Sec. 101(b)(10) repealed CL §603.	~~AUTHORIZATION OF APPROPRIATIONS.1200~~ ~~Sec. 603. There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2000 to carry out this title.~~	SEC. 603. AUTHORIZATION OF APPROPRIATIONS. ''There is authorized to be appropriated such sums as may be necessary to carry out this title.	"SEC. 603. AUTHORIZATION OF APPROPRIATIONS. "There is authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out this title.	AUTHORIZATION OF APPROPRIATIONS.1200 Sec. 603. There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2012 ~~2000~~ to carry out this title.
	S. 1790 Sec. 181 struck all of Title VII and amended it, as noted in the individual sections. Many of these sections are redundant with provisions CL §209.				
	See, S. 1790 Sec. 181 amended the title.	TITLE VII – ~~SUBSTANCE ABUSE~~ BEHAVIORAL HEALTH PROGRAMS Subtitle A–General Programs		"TITLE VII— BEHAVIORAL HEALTH PROGRAMS	TITLE VII – BEHAVIORAL HEALTH ~~SUBSTANCE ABUSE~~ PROGRAMS
	See, S. 1790 Sec. 181.	SEC. 701. DEFINITIONS. In this subtitle:	SEC. 716. DEFINITIONS. ''For the purpose of this title, the following definitions shall apply:	"SEC. 717. DEFINITIONS. "For the purpose of this title, the following definitions shall apply:	DEFINITIONS Sec. 714. For the purpose of this Title, the following definitions shall apply:
		(1) ALCOHOL-RELATED NEURODEVELOPMENTAL DISORDERS; ARND.—The term 'alcohol-related neurodevelopmental disorders' or 'ARND' means, with a history of maternal alcohol consumption during pregnancy, central nervous system abnormalities, which may range from minor intellectual deficits and developmental delays to mental retardation. ARND children may	(2) ALCOHOL-RELATED NEURODEVELOPMENTAL DISORDERS OR ARND.— The term 'alcohol-related neurodevelopmental disorders' or 'ARND' means, with a history of maternal alcohol consumption during pregnancy, central nervous system involvement such as developmental delay, intellectual deficit, or neurologic abnormalities. Behaviorally, there can be	"(2) ALCOHOL-RELATED NEURODEVELOPMENTAL DISORDERS OR ARND.— The term 'alcohol-related neurodevelopmental disorders' or 'ARND' means any 1 of a spectrum of effects that— "(A) may occur when a woman drinks alcohol during pregnancy; and "(B) involves a central nervous system abnormality that may be structural,	(b) Alcohol related neurodevelopmental disorders" or ARND" means with a history of maternal alcohol consumption during pregnancy, central nervous system involvement such as developmental delay, intellectual deficit, or neurologic abnormalities. Behaviorally, there can be problems with irritability, and failure to thrive as infants. As children become older there will likely be

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		have behavioral problems, learning disabilities, problems with executive functioning, and attention disorders. The neurological defects of ARND may be as severe as FAS, but facial anomalies and other physical characteristics are not present in ARND, thus making diagnosis difficult.	problems with irritability, and failure to thrive as infants. As children become older there will likely be hyperactivity, attention deficit, language dysfunction, and perceptual and judgment problems.	neurological, or functional.	hyperactivity, attention deficit, language dysfunction and perceptual and judgement problems.
		(2) ASSESSMENT.—The term 'assessment' means the systematic collection, analysis, and dissemination of information on health status, health needs, and health problems.	(1) ASSESSMENT.— The term 'assessment' means the systematic collection, analysis, and dissemination of information on health status, health needs, and health problems.	"(1) ASSESSMENT.— The term 'assessment' means the systematic collection, analysis, and dissemination of information on health status, health needs, and health problems.	(a) Assessment" means the systematic collection, analysis and dissemination of information on health status, health needs and health problems.
		(3) BEHAVIORAL HEALTH AFTERCARE.—The term 'behavioral health aftercare' includes those activities and resources used to support recovery following inpatient, residential, intensive substance abuse, or mental health outpatient or outpatient treatment. The purpose is to help prevent or deal with relapse by ensuring that by the time a client or patient is discharged from a level of care, such as outpatient treatment, an aftercare plan has been developed with the client. An aftercare plan may use such resources as a community-based therapeutic group, transitional living facilities, a 12-step sponsor, a local 12-step or other related support group, and other community-based providers.	(3) BEHAVIORAL HEALTH AFTERCARE.— The term 'behavioral health aftercare' includes those activities and resources used to support recovery following inpatient, residential, intensive substance abuse, or mental health outpatient or outpatient treatment. The purpose is to help prevent or deal with relapse by ensuring that by the time a client or patient is discharged from a level of care, such as outpatient treatment, an aftercare plan has been developed with the client. An aftercare plan may use such resources as a community-based therapeutic group, transitional living facilities, a 12-step sponsor, a local 12-step or other related support group, and other community-based providers.	"(3) BEHAVIORAL HEALTH AFTERCARE.— The term 'behavioral health aftercare' includes those activities and resources used to support recovery following inpatient, residential, intensive substance abuse, or mental health outpatient or outpatient treatment. The purpose is to help prevent or deal with relapse by ensuring that by the time a client or patient is discharged from a level of care, such as outpatient treatment, an aftercare plan has been developed with the client. An aftercare plan may use such resources as a community-based therapeutic group, transitional living facilities, a 12-step sponsor, a local 12-step or other related support group, and other community-based providers.	(d) Behavioral health aftercare" includes those activities and resources used to support recovery following inpatient, residential, intensive substance abuse or mental health outpatient and/or outpatient treatment. The purpose is to help prevent or deal with relapse. By the time a client/patient is discharged from a level of care, such as outpatient treatment, an aftercare plan has been developed with the client. An aftercare plan may use such resources as community base therapeutic group, transitional living, a twelve-step sponsor, a local twelve-step and/or other related support group, and/or other community based providers (mental health professionals, traditional health care practitioners, community health aides, community health representatives, mental health technicians, ministers, etc.)
		(4) DUAL DIAGNOSIS.—The term 'dual diagnosis' means coexisting substance abuse and mental illness conditions or diagnosis. Such clients are sometimes referred to as mentally ill chemical abusers (MICAs).	(4) DUAL DIAGNOSIS.— The term 'dual diagnosis' means coex isting substance abuse and mental illness conditions or diagnosis. Such clients are sometimes referred to as mentally ill chemical abusers (MICAs).	"(4) DUAL DIAGNOSIS.— The term 'dual diagnosis' means coexisting substance abuse and mental illness conditions or diagnosis. Such clients are sometimes referred to as mentally ill chemical abusers (MICAs).	(e) Dual diagnosis" means coexisting substance abuse and mental illness conditions and/or diagnosis. Patients/clients are sometimes referred to as mentally ill chemical abusers (MICAs).
		(5) FETAL ALCOHOL SPECTRUM DISORDERS.— (A) IN GENERAL.—The term 'fetal alcohol spectrum disorders' includes a range of effects that can occur in an individual whose mother drank alcohol during pregnancy, including physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. (B) INCLUSIONS.—The term 'fetal alcohol spectrum disorders' may include— (i) fetal alcohol syndrome (FAS); (ii) partial fetal alcohol syndrome (partial FAS); (iii) alcohol-related birth defects (ARBD); and (iv) alcohol-related neurodevelopmental disorders (ARND).	Sec. 716(5) FETAL ALCOHOL SPECTRUM DISORDERS.— " (A) IN GENERAL.— The term 'fetal alcohol spectrum disorders' includes a range of effects that can occur in an individual whose mother drank alcohol during pregnancy, including physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. (B) INCLUSIONS.— The term 'fetal alcohol spectrum disorders' may include— (i) fetal alcohol syndrome (FAS); (ii) fetal alcohol effect (FAE); (iii) alcohol-related birth defects; and (iv) alcohol-related neurodevelopmental disorders (ARND).	Sec. 717(5) FETAL ALCOHOL SPECTRUM DISORDERS.— "(A) IN GENERAL.— The term 'fetal alcohol spectrum disorders' includes a range of effects that can occur in an individual whose mother drank alcohol during pregnancy, including physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. "(B) INCLUSIONS.— The term 'fetal alcohol spectrum disorders' may include— "(i) fetal alcohol syndrome (FAS); "(ii) fetal alcohol effect (FAE); "(iii) alcohol-related birth defects; and "(iv) alcohol-related neurodevelopmental disorders (ARND).	Sec. 714(f) Fetal alcohol disorders" means fetal alcohol syndrome, partial fetal alcohol syndrome, and/or alcohol related neural developmental disorder (ARNDD). (h) Partial FAS" means with a history of maternal alcohol consumption during pregnancy having most of the criteria of FAS, though not meeting a minimum of at least two of the following: micro-ophthalmia, short palpebral fissures, poorly developed philtrum, thin upper lip, flat nasal bridge, short upturned nose.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	NOTE: This definition duplicates one in §4(9), as amended by Sec. 104(8) and probably should be deleted in favor of the one in the general definitions since the term "FAS" is used in other titles of the bill and §701 applies only in Title VII.	(6) FAS OR FETAL ALCOHOL SYNDROME.—The term 'FAS' or 'fetal alcohol syndrome' means a syndrome in which, with a history of maternal alcohol consumption during pregnancy, the following criteria are met: (A) Central nervous system involvement, such as mental retardation, developmental delay, intellectual deficit, microencephaly, or neurological abnormalities. (B) Craniofacial abnormalities with at least 2 of the following: (i) Microophthalmia. (ii) Short palpebral fissures. (iii) Poorly developed philtrum. (iv) Thin upper lip. (v) Flat nasal bridge. (vi) Short upturned nose. (C) Prenatal or postnatal growth delay.	(6) FETAL ALCOHOL SYNDROME OR FAS.— The term 'fetal alcohol syndrome' or 'FAS' means any 1 of a spectrum of effects that may occur when a woman drinks alcohol during pregnancy, the diagnosis of which involves the confirmed presence of the following 3 criteria: (A) Craniofacial abnormalities. (B) Growth deficits. (C) Central nervous system abnormalities.	(6) FETAL ALCOHOL SYNDROME OR FAS.— The term 'fetal alcohol syndrome' or 'FAS' means any 1 of a spectrum of effects that may occur when a woman drinks alcohol during pregnancy, the diagnosis of which involves the confirmed presence of the following 3 criteria: (A) Craniofacial abnormalities. (B) Growth deficits. (C) Central nervous system abnormalities.	(g) "Fetal alcohol syndrome" or FAS" means a syndrome in which with a history of maternal alcohol consumption during pregnancy, the following criteria should be met : (1) Central nervous system involvement such as developmental delay, intellectual deficit, microencephaly, or neurologic abnormalities; (2) Craniofacial abnormalities with at least two of the following: microphthalmia, short palpebral fissures, poorly developed philtrum, thin upper lip, flat nasal bridge, and short upturned nose; (3) Prenatal or postnatal growth delay.
		(7) REHABILITATION.— The term 'rehabilitation' means medical and health care services that— (A) are recommended by a physician or licensed practitioner of the healing arts within the scope of their practice under applicable law; (B) are furnished in a facility, home, or other setting in accordance with applicable standards; and (C) have as their purpose any of the following: (i) The maximum attainment of physical, mental, and developmental functioning. (ii) Averting deterioration in physical or mental functional status. (iii) The maintenance of physical or mental health functional status.	(7) REHABILITATION.— The term 'rehabilitation' means medical and health care services that— (A) are recommended by a physician or licensed practitioner of the healing arts within the scope of their practice under applicable law; (B) are furnished in a facility, home, or other setting in accordance with applicable standards; and (C) have as their purpose any of the following: (i) The maximum attainment of physical, mental, and developmental functioning. (ii) Averting deterioration in physical or mental functional status. (iii) The maintenance of physical or mental health functional status.	"(7) REHABILITATION.— The term 'rehabilitation' means to restore the ability or capacity to engage in usual and customary life activities through education and therapy.	(i) Rehabilitation" means to restore the ability or capacity to engage in usual and customary life activities through education and therapy. .
	Note: This definition duplicates the one at §4(21) and probably should be deleted since the phrase is used in other titles of the bill and §701 applies only in Title VII.	(8)~~(4)(o)~~ "Substance abuse" includes inhalant abuse.	(8) SUBSTANCE ABUSE.— The term 'substance abuse' includes inhalant abuse.	"(8) SUBSTANCE ABUSE.— The term 'substance abuse' includes inhalant abuse.	(j) ~~(o)~~"Substance abuse" includes inhalant abuse
x	S. 1790 IS included this definition, which was struck in RS Sec. 181.	~~(9) SYSTEMS OF CARE.—The term 'Systems of Care' means a system for delivering services to children and their families that is child-centered, family-focused and family-driven, community-based, and culturally competent and responsive to the needs of the children and families being served. The systems of care approach values prevention and early identification, smooth transitions for children and families, child and family participation and advocacy, comprehensive array of services, individualized service planning, services~~	(9) SYSTEMS OF CARE.— The term 'Systems of Care' means a system for delivering services to children and their families that is child-centered, family focused and family-driven, community-based, and culturally competent and responsive to the needs of the children and families being served. The systems of care approach values prevention and early identification, smooth transitions for children and families, child and family participation and advocacy, comprehensive array of services, individualized service planning, services		*The NSC endorsed the addition of "systems of care" to Title VII.*

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~in the least restrictive environment, and integrated services with coordinated planning across the child-serving systems.~~	in the least restrictive environment, and integrated services with coordinated planning across the child-serving systems.		
	See, S. 1790 Sec. 181	~~Sec. 701; 702(a) – INDIAN HEALTH SERVICE RESPONSIBILITIES~~ ~~The Memorandum of Agreement entered into pursuant to section 4205 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2411) shall include specific provisions pursuant to which the Service shall assume responsibility for–~~ ~~(1) the determination of the scope of the problem of alcohol and substance abuse among Indian people, including the number of Indians within the jurisdiction of the Service who are directly or indirectly affected by alcohol and substance abuse and the financial and human cost;~~ ~~(2) an assessment of the existing and needed resources necessary for the prevention of alcohol and substance abuse and the treatment of Indians affected by alcohol and substance abuse; and~~ ~~(3) an estimate of the funding necessary to adequately support a program of prevention of alcohol and substance abuse and treatment of Indians affected by alcohol and substance abuse.~~			
	See, S. 1790 Sec. 181. *NOTE: P.L. 101-630 included a free-standing provision affecting section 209, Indian Mental Health provisions, from which this subsection was amended..*	SEC. 702 ~~Sec. 209 (a) {MENTAL~~ BEHAVIORAL HEALTH PREVENTION AND TREATMENT SERVICES (a) PURPOSES.–The purposes of this section are ~~to~~ as follows– (1) To authorize and direct the Secretary, acting through the ~~Indian Health~~ ServiceInd tribes, and tribal organizations, to develop a comprehensive ~~mental~~ behavioral health prevention and treatment program~~;~~ which emphasizes collaboration among alcohol and substance abuse, social services, and mental health programs.	SEC. 701. BEHAVIORAL HEALTH PREVENTION AND TREATMENT SERVICES. (a) PURPOSES.— The purposes of this section are as follows: (1) To authorize and direct the Secretary, acting through the Service, to develop a comprehensive behavioral health prevention and treatment program which emphasizes collaboration among alcohol and substance abuse, social services, and mental health programs.	"SEC. 701. BEHAVIORAL HEALTH PREVENTION AND TREATMENT SERVICES. "(a) Purposes.— The purposes of this section are as follows: "(1) To authorize and direct the Secretary, acting through the Service, Indian Tribes and Tribal Organizations to develop a comprehensive behavioral health prevention and treatment program which emphasizes collaboration among alcohol and substance abuse, social services, and mental health programs.	~~MENTAL~~ BEHAVIORAL HEALTH PREVENTION AND TREATMENT SERVICES Sec. 701. (a) PURPOSES.–The purposes of this section are to– (1) authorize and direct the Secretary, acting through the Indian Health Service, Indian Tribes, tribal organizations, and urban Indian organizations to develop a comprehensive ~~mental~~ behavioral health prevention and treatment program which emphasizes collaboration among alcohol and substance abuse, social services, and mental health programs;
	Note: (3) should probably have "and tribal organizations" inserted after "Indian tribes".	(2) To provide information, direction and guidance relating to mental illness and dysfunction and self-destructive behavior, including child abuse and family violence, to those Federal, tribal, State and local agencies responsible for programs in Indian communities in areas of health care, education, social services, child and family welfare, alcohol and substance abuse, law enforcement and judicial services.~~;~~ (3) To assist Indian tribes to identify services and resources available to address mental illness and dysfunctional and self-	(2) To provide information, direction, and guidance relating to mental illness and dysfunction and self-destructive behavior, including child abuse and family violence, to those Federal, tribal, State, and local agencies responsible for programs in Indian communities in areas of health care, education, social services, child and family welfare, alcohol and substance abuse, law enforcement, and judicial services. (3) To assist Indian Tribes to identify services and resources available to address mental illness and dysfunctional and self-	"(2) To provide information, direction, and guidance relating to mental illness and dysfunction and self-destructive behavior, including child abuse and family violence, to those Federal, tribal, State, and local agencies responsible for programs in Indian communities in areas of health care, education, social services, child and family welfare, alcohol and substance abuse, law enforcement, and judicial services. "(3) To assist Indian Tribes to identify services and resources available to address mental illness and dysfunctional and self-	(2) provide information, direction and guidance relating to mental illness and dysfunction and self-destructive behavior, including child abuse and family violence, to those federal, tribal, State and local agencies responsible for programs in Indian communities in areas of health care, education, social services, child and family welfare, alcohol and substance abuse, law enforcement and judicial services; (3) assist Indian Tribes to identify services and resources available to address mental illness and dysfunctional and self-

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		destructive behavior.~~;~~ (4) To provide authority and opportunities for Indian tribes and tribal organizations to develop and implement, and coordinate with, community-based ~~mental health~~ programs which include identification, prevention, education, referral, and treatment services, including through multi-disciplinary resource teams.~~;~~ (5) To ensure that Indians, as citizens of the United States and of the States in which they reside, have the same access to ~~mental~~ behavioral health services to which all citizens have access.~~; and~~ (6) To modify or supplement existing programs and authorities in the areas identified in paragraph (2).}	destructive behavior. (4) To provide authority and opportunities for Indian Tribes and Tribal Organizations to develop, implement, and coordinate with community-based programs which include identification, prevention, education, referral, and treatment services, including through multidisciplinary resource teams. (5) To ensure that Indians, as citizens of the United States and of the States in which they reside, have the same access to behavioral health services to which all citizens have access. (6) To modify or supplement existing programs and authorities in the areas identified in paragraph (2).	destructive behavior. "(4) To provide authority and opportunities for Indian Tribes and Tribal Organizations to develop, implement, and coordinate with community-based programs which include identification, prevention, education, referral, and treatment services, including through multidisciplinary resource teams. "(5) To ensure that Indians, as citizens of the United States and of the States in which they reside, have the same access to behavioral health services to which all citizens have access. "(6) To modify or supplement existing programs and authorities in the areas identified in paragraph (2).	destructive behavior; (4) provide authority and opportunities for Indian Tribes to develop and implement, and coordinate with, community-based ~~mental health~~ programs which include identification, prevention, education, referral, and treatment services, including through multi-disciplinary resource teams; (5) ensure that Indians, as citizens of the United States and of the States in which they reside, have the same access to ~~mental~~ behavioral health services to which all citizens have access; and (6) modify or supplement existing programs and authorities in the areas identified in paragraph (2).}
	See, S. 1790 Sec. 181, which amended §209(a) as a new 702(b). *NOTE: The latter should be retained and the former deleted, as duplicative.*	(b) PLANS.– ~~Sec. 209 (a) National Plan for Indian Mental Health Services.--~~ (1) DEVELOPMENT.-- ~~Not later than 120 days after the date of enactment of this section, the~~ The Secretary, acting through the Service, Indian tribes, and tribal organizations, shall encourage Indian tribes and tribal organizations to develop tribal plans , and urban Indian organizations to developlocal plans, and for all such groups to participate in developing areawide plans for Indian Behavioral Health Services. ~~shall develop and publish in the Federal Register, a final national plan for Indian Mental Health Services.~~ The plans shall include, to the extent feasible, the following components–	(b) PLANS.— (1) DEVELOPMENT.— The Secretary, acting through the Service, shall encourage Indian Tribes and Tribal Organizations to develop tribal plans, and urban Indian organizations to develop local plans, and for all such groups to participate in developing area wide plans for Indian Behavioral Health Services. The plans shall include, to the extent feasible, the following components:	"(b) Plans.— "(1) DEVELOPMENT.— The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall encourage Indian Tribes and Tribal Organizations to develop tribal plans and to participate in developing areawide plans for Indian Behavioral Health Services. The plans shall include, to the extent feasible, the following components:	~~Sec. 209~~. (b~~a~~) BEHAVIORAL HEALTH PLANNING ~~National Plan for Indian Mental Health Services.~~— (1) ~~Not later than 120 days after the date of enactment of this section, t~~ The Secretary, acting through the Service, Indian Tribes, tribal organizations, and urban Indian organizations, shall encourage Indian Tribes and tribal organizations to develop tribal plans, and urban Indian organizations to develop local plans and for all such groups to participate in developing Area-wide ~~develop and publish in the federal Register, a final national~~ plans for Indian Behavioral ~~Mental~~ Health Services. The plans shall include, to the extent feasible, the following components –
	Note: At the end of (A)(i), "or" should be changed back to "and". It is important to know both the numbers and the cost.	(A) ~~an~~ An assessment of the scope of ~~the problem of~~ alcohol or other substance abuse, mental illness, and dysfunctional and self-destructive behavior, including suicide, child abuse, and family violence, among Indians, including– (i) the number of Indians served ~~by the Service~~ who are directly or indirectly affected by such illness or behavior, ~~and~~ or (ii) an estimate of the financial and human cost attributable to such illness or behavior.~~;~~ (B) ~~an~~ An assessment of the existing and additional resources necessary for the prevention and treatment of such illness and behavior, including an assessment of the progress toward achieving the availability of the full continuum of care described in subsection (c).~~; and~~ (C) ~~an~~ An estimate of the additional funding needed by the Service, Indian tribes, tribal organizations, and urban	(A) An assessment of the scope of alcohol or other substance abuse, mental illness, and dysfunctional and self-destructive behavior, including suicide, child abuse, and family violence, among Indians, including— (i) the number of Indians served who are directly or indirectly affected by such illness or behavior; or (ii) an estimate of the financial and human cost attributable to such illness or behavior. (B) An assessment of the existing and additional resources necessary for the prevention and treatment of such illness and behavior, including an assessment of the progress toward achieving the availability of the full continuum of care described in subsection (c). (C) An estimate of the additional funding needed by the Service, Indian Tribes, Tribal Organizations, and urban Indian organizations to meet their responsibilities	"(A) An assessment of the scope of alcohol or other substance abuse, mental illness, and dysfunctional and self-destructive behavior, including suicide, child abuse, and family violence, among Indians, including— "(i) the number of Indians served who are directly or indirectly affected by such illness or behavior; or "(ii) an estimate of the financial and human cost attributable to such illness or behavior. "(B) An assessment of the existing and additional resources necessary for the prevention and treatment of such illness and behavior, including an assessment of the progress toward achieving the availability of the full continuum of care described in subsection (c). "(C) An estimate of the additional funding needed by the Service, Indian Tribes, and Tribal Organizations to meet their responsibilities under the plans.	(A) an assessment of the scope of the problem of alcohol and/or other substance abuse, mental illness, ~~and~~ dysfunctional and self-destructive behavior, including suicide, child abuse and family violence, among Indians, including– (i) the number of Indians served ~~by the Service~~ who are directly or indirectly affected by such illness or behavior, and (ii) an estimate of the financial and human cost attributable to such illness or behavior; (B) an assessment of the existing and additional resources necessary for the prevention and treatment of such illness and behavior, including an assessment of the progress toward achieving the availability of the full continuum of care described in (c) of this section; and (C) an estimate of the additional funding needed by the Service, Indian Tribes, tribal organizations and urban Indian organizations to meet ~~its~~ their

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		Indian organizations to meet ~~its~~ their responsibilities under the plans.	under the plans.		responsibilities under the plans.
		(2) NATIONAL CLEARINGHOUSE.—The Secretary, acting through the Service, shall coordinate with existing national clearinghouses and information centers to include at the clearinghouses and centers plans and reports on the outcomes of such plans developed by Indian tribes, tribal organizations, urban Indian organizations, and Service areas relating to behavioral health. The Secretary shall ensure access to these plans and outcomes by any Indian tribe, tribal organization, urban Indian organization, or the Service. ~~The Secretary shall submit a copy of the national plan to the Congress.~~	(2) NATIONAL CLEARINGHOUSE.— The Secretary, acting through the Service, shall coordinate with existing national clearinghouses and information centers to include at the clearinghouses and centers plans and reports on the outcomes of such plans developed by Indian Tribes, Tribal Organizations, urban Indian organizations, and Service Areas relating to behavioral health. The Secretary shall ensure access to these plans and outcomes by any Indian Tribe, Tribal Organization, urban Indian organization, or the Service.	"(2) COORDINATION WITH NATIONAL CLEARINGHOUSES AND INFORMATION CENTERS.— The Secretary, acting through the Service, shall coordinate with existing national clearinghouses and information centers to include at the clearinghouses and centers plans and reports on the outcomes of such plans developed by Indian Tribes, Tribal Organizations, and Service Areas relating to behavioral health. The Secretary shall ensure access to these plans and outcomes by any Indian Tribe, Tribal Organization, or the Service.	(2) The Secretary shall establish a national clearinghouse of plans and reports on the outcomes of such plans developed by Indian Tribes, tribal organizations and by Areas relating to Behavioral Health. The Secretary shall ensure access to these plans and outcomes by any Indian Tribe, tribal organization, urban organization or the Service. ~~(2) The Secretary shall submit a copy of the national plan to the Congress by January 2, 2001.~~
		TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to Indian tribes, tribal organizations, and urban Indian organizations in preparation of plans under this section and in developing standards of care that may be used and adopted locally.	(3) TECHNICAL ASSISTANCE.— The Secretary shall provide technical assistance to Indian Tribes, Tribal Organizations, and urban Indian organizations in preparation of plans under this section and in developing standards of care that may be used and adopted locally.	"(3) TECHNICAL ASSISTANCE.— The Secretary shall provide technical assistance to Indian Tribes and Tribal Organizations in preparation of plans under this section and in developing standards of care that may be used and adopted locally.	(3) The Secretary shall provide technical assistance to Indian Tribes, tribal organizations, and urban Indian organizations in preparation of their plans and in developing standards of care that may be utilized and adopted locally.
	R=S. 1200; E=2708.	(c) PROGRAMS.—The Secretary, acting through the Service, shall provide, to the extent feasible and if funding is available, programs including the following: "(1) COMPREHENSIVE CARE.—A comprehensive continuum of behavioral health care which provides— "(A) community-based prevention, intervention, outpatient, and behavioral health aftercare; "(B) detoxification (social and medical); "(C) acute hospitalization; "(D) intensive outpatient/day treatment; "(E) residential treatment; "(F) transitional living for those needing a temporary, stable living environment that is supportive of treatment and recovery goals; "(G) emergency shelter; "(H) intensive case management; "(I) diagnostic services; and	(c) PROGRAMS.— The Secretary, acting through the Service, shall provide, to the extent feasible and if funding is available, programs including the following: (1) COMPREHENSIVE CARE.— A comprehensive continuum of behavioral health care which provides— (A) community-based prevention, intervention, outpatient, and behavioral health aftercare; (B) detoxification (social and medical); (C) acute hospitalization; (D) intensive outpatient/day treatment; (E) residential treatment; (F) transitional living for those needing a temporary, stable living environment that is supportive of treatment and recovery goals; (G) emergency shelter; (H) intensive case management; and (I) diagnostic services.	"(c) Programs.— The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall provide, to the extent feasible and if funding is available, programs including the following: "(1) COMPREHENSIVE CARE.— A comprehensive continuum of behavioral health care which provides— "(A) community-based prevention, intervention, outpatient, and behavioral health aftercare; "(B) detoxification (social and medical); "(C) acute hospitalization; "(D) intensive outpatient/day treatment; "(E) residential treatment; "(F) transitional living for those needing a temporary, stable living environment that is supportive of treatment and recovery goals; "(G) emergency shelter; "(H) intensive case management; "(I) diagnostic services; and	(c) CONTINUUM OF CARE — The Secretary, acting through the Service, Indian Tribes and tribal organizations, shall provide, to the extent feasible and funding is available, programs including, but not limited to — (1) a comprehensive continuum of behavioral health care which provides: (A) community based prevention, intervention, outpatient and behavioral health aftercare; (B) detoxification (social and medical); (C) acute hospitalization; (D) intensive outpatient/day treatment; (E) residential treatment; (F) transitional living for those needing a temporary stable living environment that is supportive of treatment/recovery goals; (G) emergency shelter; (H) intensive case management; and
		(J) promotion of healthy approaches to risk and safety issues, including injury prevention.		"(J) promotion of healthy approaches to risk and safety issues, including injury prevention.	
					(I) traditional health care practices.
		(2) CHILD CARE.—Behavioral health services for Indians from birth through age 17, including— "(A) preschool and school age fetal alcohol spectrum disorder services, including assessment and behavioral	(2) CHILD CARE.— Behavioral health services for Indians from birth through age 17, including— (A) preschool and school age fetal alcohol disorder services, including assessment and behavioral intervention;	"(2) CHILD CARE.— Behavioral health services for Indians from birth through age 17, including— "(A) preschool and school age fetal alcohol spectrum disorder services, including assessment and behavioral	(2) behavioral health services by the following services and populations: (A) Child Behavioral Health Services for persons from birth through age 17, including: (i) Pre-school and school age fetal alcohol

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		intervention; "(B) mental health and substance abuse services (emotional, organic, alcohol, drug, inhalant, and tobacco); "(C) identification and treatment of co-occurring disorders and comorbidity; "(D) prevention of alcohol, drug, inhalant, and tobacco use; "(E) early intervention, treatment, and aftercare;	(B) mental health and substance abuse services (emotional, organic, alcohol, drug, inhalant, and tobacco); (C) identification and treatment of co-occurring disorders and comorbidity; (D) prevention of alcohol, drug, inhalant, and tobacco use; (E) early intervention, treatment, and aftercare;	intervention; "(B) mental health and substance abuse services (emotional, organic, alcohol, drug, inhalant, and tobacco); "(C) identification and treatment of co-occurring disorders and comorbidity; "(D) prevention of alcohol, drug, inhalant, and tobacco use; "(E) early intervention, treatment, and aftercare; and	disorder services, including assessment and behavioral intervention); (ii) Mental health/substance abuse services (emotional, organic, alcohol, drug, inhalant and tobacco); (iii) Co-occurring disorders (multiple diagnosis); (iv) Prevention focused on ages 5 – 10 (alcohol, drug, inhalant and tobacco); (v) Early intervention, treatment and aftercare focused on ages 11 – 17;
		"(F) promotion of healthy approaches to risk and safety issues; and	(F) promotion of healthy approaches to risk and safety issues; and		(vi) Healthy choices/life style (related to STD's, domestic violence, sexual abuse; suicide, teen pregnancy, obesity, and other risk/safety issues);
		"(G) identification and treatment of neglect and physical, mental, and sexual abuse.	(G) identification and treatment of neglect and physical, mental, and sexual abuse.	"(F) identification and treatment of neglect and physical, mental, and sexual abuse.	(vii) Co-morbidity.
		(3) ADULT CARE.—Behavioral health services for Indians from age 18 through 55, including— "(A) early intervention, treatment, and aftercare; "(B) mental health and substance abuse services (emotional, alcohol, drug, inhalant, and tobacco), including sex specific services; "(C) identification and treatment of co-occurring disorders (dual diagnosis) and comorbidity; "(D) promotion of healthy approaches for risk-related behavior; "(E) treatment services for women at risk of giving birth to a child with a fetal alcohol spectrum disorder; and "(F) sex specific treatment for sexual assault and domestic violence.	(3) ADULT CARE.— Behavioral health services for Indians from age 18 through 55, including— (A) early intervention, treatment, and aftercare; (B) mental health and substance abuse services (emotional, alcohol, drug, inhalant, and tobacco), including sex specific services; (C) identification and treatment of co-occurring disorders (dual diagnosis) and comorbidity; (D) promotion of healthy approaches for risk-related behavior; (E) treatment services for women at risk of giving birth to a child with a fetal alcohol disorder; and (F) sex specific treatment for sexual assault and domestic violence.	"(3) ADULT CARE.— Behavioral health services for Indians from age 18 through 55, including— "(A) early intervention, treatment, and aftercare; "(B) mental health and substance abuse services (emotional, alcohol, drug, inhalant, and tobacco), including sex specific services; "(C) identification and treatment of co-occurring disorders (dual diagnosis) and comorbidity; "(D) promotion of healthy approaches for risk-related behavior; "(E) treatment services for women at risk of a fetal alcohol-exposed pregnancy; and "(F) sex specific treatment for sexual assault and domestic violence.	(B) Adult Behavioral Health Services (age 18 – 55); (i) Early intervention, treatment and aftercare (ii) Mental health/Substance abuse services (emotional, alcohol, drug, inhalant and tobacco) (iii) Co-occurring disorders (dual diagnosis) and co-morbidity; (iv) Healthy choices/Life style (related to parenting, partners, domestic violence, sexual abuse, suicide, obesity, and other risk related behavior) (v) (I) Treatment services for women at risk of giving birth to a chihld with a fetal alcohol disorder; (II) Treatment for substance abuse requiring gender specific services; (III) Treatment for sexual assault and domestic violence; (IV) Healthy choices/Life style (parenting, partners, obesity, suicide and other related behavioral risk); (vi) Men specific: (I) Treatment for substance abuse requiring gender specific services; (II) Treatment for sexual assault and domestic violence; (III) Healthy choices/Life style (parenting, partners, obesity, suicide and other risk related behavior);
		(4) FAMILY CARE.—Behavioral health services for families, including— "(A) early intervention, treatment, and aftercare for affected families; "(B) treatment for sexual assault and domestic violence; and "(C) promotion of healthy approaches relating to parenting, domestic violence,	(4) FAMILY CARE.— Behavioral health services for families, including— (A) early intervention, treatment, and aftercare for affected families; (B) treatment for sexual assault and domestic violence; and (C) promotion of healthy approaches relating to parenting, domestic violence,	"(4) FAMILY CARE.— Behavioral health services for families, including— "(A) early intervention, treatment, and aftercare for affected families; "(B) treatment for sexual assault and domestic violence; and "(C) promotion of healthy approaches relating to parenting, domestic violence,	(C) Family Behavioral Health Services: (i) Early intervention, treatment and aftercare for affected families; (ii) Treatment for sexual assault and domestic violence; (iii) Healthy choices/Life style (related to parenting, partners, domestic violence and other abuse issues);

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		and other abuse issues.	and other abuse issues.	and other abuse issues.	
		(5) ELDER CARE.—Behavioral health services for Indians 56 years of age and older, including— "(A) early intervention, treatment, and aftercare; "(B) mental health and substance abuse services (emotional, alcohol, drug, inhalant, and tobacco), including sex specific services; "(C) identification and treatment of co-occurring disorders (dual diagnosis) and comorbidity; "(D) promotion of healthy approaches to managing conditions related to aging; "(E) sex specific treatment for sexual assault, domestic violence, neglect, physical and mental abuse and exploitation; and "(F) identification and treatment of dementias regardless of cause.	(5) ELDER CARE.— Behavioral health services for Indians 56 years of age and older, including— (A) early intervention, treatment, and aftercare; (B) mental health and substance abuse services (emotional, alcohol, drug, inhalant, and tobacco), including sex specific services; (C) identification and treatment of co-occurring disorders (dual diagnosis) and comorbidity; (D) promotion of healthy approaches to managing conditions related to aging; (E) sex specific treatment for sexual assault, domestic violence, neglect, physical and mental abuse and exploitation; and (F) identification and treatment of dementias regardless of cause.	"(5) ELDER CARE.— Behavioral health services for Indians 56 years of age and older, including— "(A) early intervention, treatment, and aftercare; "(B) mental health and substance abuse services (emotional, alcohol, drug, inhalant, and tobacco), including sex specific services; "(C) identification and treatment of co-occurring disorders (dual diagnosis) and comorbidity; "(D) promotion of healthy approaches to managing conditions related to aging; "(E) sex specific treatment for sexual assault, domestic violence, neglect, physical and mental abuse and exploitation; and "(F) identification and treatment of dementias regardless of cause.	(D) Elder Behavioral Health Services (age 56 and above): (i) Early intervention, treatment and aftercare; (I) Mental health/Substance abuse services (emotional, alcohol, drug, inhalant and tobacco) (II) Co-occurring disorders (dual diagnosis) and co-morbidity; (III) Healthy choices/Life style (managing conditions related to aging); (ii) Elder women specific: (I) Treatment for substance abuse requiring gender specific services (II) Treatment for sexual assault, domestic violence and neglect; (iii) Elder men specific: (I) Treatment for substance abuse requiring gender specific services; (II) Treatment for sexual assault, domestic violence and neglect; (iv) Dimentias regardless of cause.
	See, S. 1790 Sec. 181, which amended §209(c) as a new 702(d). *NOTE: The latter should be retained and the former deleted, as duplicative.*	(d) ~~SEC. 209. (c)~~ COMMUNITY ~~MENTAL~~ BEHAVIORAL HEALTH PLAN.– (1) ESTABLISHMENT.– The governing body of any Indian tribe, tribal organization, or urban Indian org may~~, at its discretion,~~ adopt a resolution for the establishment of a community ~~mental~~ behavioral health plan providing for the identification and coordination of available resources and programs to identify, prevent, or treat substance abuse, mental illness, or dysfunctional and self-destructive behavior, including child abuse and family violence, among its members or its service population. This plan should include behavioral health services, social services, intensive outpatient services, and continuing aftercare. (2) TECHNICAL ASSISTANCE.– ~~In furtherance of a plan established pursuant to paragraph (1) and at~~ At the request of ~~a~~ an Indian tribe, tribal organization, or urban Indian organization, ~~the appropriate agency, service unit, or other officials of~~ the Bureau of Indian Affairs and the Service shall cooperate with~~,~~ and provide technical assistance to, the Indian tribe, tribal organization, or urban Indian organization in the development of such plan. ~~Upon the establishment of such a plan and at the request of the tribe, such officials, as directed by the memorandum of agreement developed pursuant to subsection (c), shall cooperate with the~~	(d) COMMUNITY BEHAVIORAL HEALTH PLAN.— (1) ESTABLISHMENT.— The governing body of any Indian Tribe, Tribal Organization, or urban Indian organization may adopt a resolution for the establishment of a community behavioral health plan providing for the identification and coordination of available resources and programs to identify, prevent, or treat substance abuse, mental illness, or dysfunctional and self-destructive behavior, including child abuse and family violence, among its members or its service population. This plan should include behavioral health services, social services, intensive outpatient services, and continuing aftercare. (2) TECHNICAL ASSISTANCE.— At the request of an Indian Tribe, Tribal Organization, or urban Indian organization, the Bureau of Indian Affairs and the Service shall cooperate with and provide technical assistance to the Indian Tribe, Tribal Organization, or urban Indian organization in the development and implementation of such plan. (3) FUNDING.— The Secretary, acting through the Service, may make funding available to Indian Tribes and Tribal Organizations which adopt a resolution pursuant to paragraph (1) to obtain technical assistance for the development of a community behavioral health plan and to provide administrative support in the	"(d) Community Behavioral Health Plan.— "(1) ESTABLISHMENT.— The governing body of any Indian Tribe or Tribal Organization may adopt a resolution for the establishment of a community behavioral health plan providing for the identification and coordination of available resources and programs to identify, prevent, or treat substance abuse, mental illness, or dysfunctional and self-destructive behavior, including child abuse and family violence, among its members or its service population. This plan should include behavioral health services, social services, intensive outpatient services, and continuing aftercare. "(2) TECHNICAL ASSISTANCE.— At the request of an Indian Tribe or Tribal Organization, the Bureau of Indian Affairs and the Service shall cooperate with and provide technical assistance to the Indian Tribe or Tribal Organization in the development and implementation of such plan. "(3) FUNDING.— The Secretary, acting through the Service, may make funding available to Indian Tribes and Tribal Organizations which adopt a resolution pursuant to paragraph (1) to obtain	(d) ~~Sec. 209(c)~~ COMMUNITY BEHAVIORAL ~~MENTAL~~ HEALTH PLAN.– (1) The governing body of any Indian Tribe or tribal organization or urban Indian organization may, at its discretion, adopt a resolution for the establishment of a community behavioral ~~mental~~ health plan providing for the identification and coordination of available resources and programs to identify, prevent, or treat alcohol and other substance abuse, mental illness or dysfunctional and self-destructive behavior, including child abuse and family violence, among its members and/or its service population. This plan should include, but not be limited to, behavioral health services, social services, intensive outpatient services, and continuing after care. (2) In furtherance of a plan established pursuant to paragraph (1) and at the request of a Tribe, the appropriate agency, service unit, or other officials of the Bureau of Indian Affairs and the Service shall cooperate with, and provide technical assistance to, the Indian Tribe or tribal organization in the development of such plan. Upon the establishment of such a plan and at the request of the Indian Tribe or tribal organization, such officials~~,~~ ~~as directed by the memorandum of agreement developed pursuant to subsection (c),~~ shall cooperate with the Indian Tribe or tribal organization in the

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~tribe in the implementation of such plan.~~ ~~(3) Two or more Indian tribes may form a coalition for the adoption of resolutions and the establishment and development of a joint community mental health pln under this subsection.~~ (3)~~(4)~~ FUNDING.– The Secretary, acting through the Service, Indian tribes, and tribal organizations, may make funding available ~~grants~~ to Indian tribes and tribal organizations which adopt~~ing~~ a resolution pursuant to paragraph (1) to obtain technical assistance for the development of a community behavioral ~~mental~~ health plan and to provide administrative support in the implementation of such plan.	implementation of such plan.	technical assistance for the development of a community behavioral health plan and to provide administrative support in the implementation of such plan.	implementation of such plan. ~~(3) Two or more Indian Tribes may form a coalition for the adoption of resolutions and the establishment and development of a joint community behavioral mental health plan under this subsection and such a tribal organization shall be entitled to support that would otherwise be made available to an Indian Tribe under paragraph (2).~~ (3~~4~~) The Secretary, acting through the Service, may make funding available ~~grants~~ to Indian Tribes and tribal organizations adopting a resolution pursuant to paragraph (1) to obtain technical assistance for the development of a community mental health plan and to provide administrative support in the implementation of such plan.
	R=S. 1200; E=2708.	(e) COORDINATION FOR AVAILABILITY OF SERVICES.—The Secretary, acting through the Service, shall coordinate behavioral health planning, to the extent feasible, with other Federal agencies and with State agencies, to encourage comprehensive behavioral health services for Indians regardless of their place of residence.	(e) COORDINATION FOR AVAILABILITY OF SERVICES.— The Secretary, acting through the Service, shall coordinate behavioral health planning, to the extent feasible, with other Federal agencies and with State agencies, to encourage comprehensive behavioral health services for Indians regardless of their place of residence.	"(e) Coordination for Availability of Services.— The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall coordinate behavioral health planning, to the extent feasible, with other Federal agencies and with State agencies, to encourage comprehensive behavioral health services for Indians regardless of their place of residence.	(e) COORDINATED PLANNING. The Secretary, acting through the Service, Indian Tribes, tribal organizations, and urban Indian organizations shall coordinate behavioral health planning, to the extent feasible, with other federal agencies and with State agencies, to encourage comprehensive behavioral health services are available to Indians without regard to their place of residence.
	See, S. 1790 Sec. 181, which amended §209(i) as a new 702(f). *NOTE: The latter should be retained and the former deleted, as duplicative.*	(f) ~~209(i)~~ ~~FACILITIES~~ MENTAL HEALTH CARE NEED ASSESSMENT.– Not later than ~~Within one~~ 1 year after the date of enactment of the Indian Health Care Improvement Reauthorization and Extension Act of 2009, ~~this section,~~ the Secretary, acting through the Service, shall make an assessment of the need for inpatient mental health care among Indians and the availability and cost of inpatient mental health facilities which can meet such need. In making such assessment, the Secretary shall consider the possible conversion of existing, underused ~~under-utilized~~ service hospital beds into psychiatric units to meet such need.	(f) MENTAL HEALTH CARE NEED ASSESSMENT.— Not later than 1 year after the date of enactment of the Indian Health Care Improvement Act Amendments of 2009, the Secretary, acting through the Service, shall make an assessment of the need for inpatient mental health care among Indians and the availability and cost of inpatient mental health facilities which can meet such need. In making such assessment, the Secretary shall consider the possible conversion of existing, underused Service hospital beds into psychiatric units to meet such need.	"(f) Mental Health Care Need Assessment.— Not later than 1 year after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary, acting through the Service, shall make an assessment of the need for inpatient mental health care among Indians and the availability and cost of inpatient mental health facilities which can meet such need. In making such assessment, the Secretary shall consider the possible conversion of existing, underused Service hospital beds into psychiatric units to meet such need.	(f) ~~(i)~~ FACILITIES ASSESSMENT.– Within one year after the date of enactment of this section, the Secretary, acting through the Service, shall make an assessment of the need for inpatient mental health care among Indians and the availability and cost of inpatient mental health facilities which can meet such need. In making such assessment, the Secretary shall consider the possible conversion of existing, under-utilized service hospital beds into psychiatric units to meet such need.
	See, S. 1790 Sec. 181, which amended §209(b) as a new 703. *NOTE: The latter should be retained and the former deleted, as duplicative.*	SEC. 703 ~~209 (b)~~ MEMORANDUM OF AGREEMENT WITH THE DEPARTMENT OF INTERIOR.– (a) CONTENTS.– Not later than 1 year ~~180 days~~ after the date of enactment of the Indian Health Care Improvement Reauthorization and Extension Act of 2009, ~~this section,~~ the Secretary, acting through the Service, and the Secretary of the Interior shall develop and enter into a memoranda ~~memorandum~~ of agreement, or review and update any existing	SEC. 702. MEMORANDA OF AGREEMENT WITH THE DEPARTMENT OF THE INTERIOR. (a) CONTENTS.— Not later than 12 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2009, the Secretary, acting through the Service, and the Secretary of the Interior shall develop and enter into a memoranda of agreement, or review and update any existing memoranda of agreement, as required by	"SEC. 702. MEMORANDA OF AGREEMENT WITH THE DEPARTMENT OF THE INTERIOR. "(a) Contents.— Not later than 12 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary, acting through the Service, and the Secretary of the Interior shall develop and enter into a memoranda of agreement, or review and update any existing memoranda of agreement, as required by	MEMORANDA ~~UM~~ OF AGREEMENT WITH THE DEPARTMENT OF THE INTERIOR ~~.—~~ Sec. 702. (a)Not later than ~~180 days~~ twelve months after the date of enactment of this section, the Secretary and the Secretary of the Interior shall develop and enter into ~~a~~ memoranda ~~um~~ of agreement, or review and update any existing memoranda of agreement, as required by section 4205 of the Indian Alcohol and Substance Abuse Prevention and

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		memoranda of agreement, as required by section 4205 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2411) under which the Secretaries address ~~shall, among other things-~~ the following: (1) The ~~determine and define~~ the scope and nature of mental illness and dysfunctional and self-destructive behavior, including child abuse and family violence, among Indians.~~;~~ (2) The ~~make an assessment of the~~ existing Federal, tribal, State, local, and private services, resources, and programs available to provide ~~mental~~ behavioral health services for Indians.~~;~~ (3) The ~~make an initial determination of the~~ unmet need for additional services, resources, and programs necessary to meet the needs identified pursuant to paragraph (1).~~;~~ (4)(A) The right of ~~ensure~~ that Indians, as citizens of the United States and of the States in which they reside, to have access to behavioral ~~mental~~ health services to which all citizens have access.~~;~~ (B) ~~determine the~~ The right of Indians to participate in, and receive the benefit of, such services.~~; and~~ (C) The ~~take~~ actions necessary to protect the exercise of such right.~~;~~ (5) ~~delineate the~~ The responsibilities of the Bureau of Indian Affairs and the Service, including mental illness ~~health~~ identification, prevention, education, referral, and treatment services (including services through multi disciplinary resource teams), at the central, area, and agency and service unit, service area and headquarters levels to address the problems identified in paragraph (1); (6) ~~provide a~~ A strategy for the comprehensive coordination of the behavioral ~~mental~~ health services provided by the Bureau of Indian Affairs and of the Service to meet the needs identified pursuant to paragraph (1), including– (A) the coordination of alcohol and substance abuse programs of the Service, the Bureau of Indian Affairs, and ~~the various~~ Indian tribes and tribal organizations (developed under the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2401 et seq.)) with ~~the mental~~ behavioral health initiatives pursuant to this Act, particularly with respect to the referral and treatment of dually-diagnosed individuals requiring ~~mental~~ behavioral health and	section 4205 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2411) under which the Secretaries address the following: (1) The scope and nature of mental illness and dysfunctional and self-destructive behavior, including child abuse and family violence, among Indians. (2) The existing Federal, tribal, State, local, and private services, resources, and programs available to provide behavioral health services for Indians. (3) The unmet need for additional services, resources, and programs necessary to meet the needs identified pursuant to paragraph (1). (4)(A) The right of Indians, as citizens of the United States and of the States in which they reside, to have access to behavioral health services to which all citizens have access. (B) The right of Indians to participate in, and receive the benefit of, such services. (C) The actions necessary to protect the exercise of such right. (5) The responsibilities of the Bureau of Indian Affairs and the Service, including mental illness identification, prevention, education, referral, and treatment services (including services through multidisciplinary resource teams), at the central, area, and agency and Service Unit, Service Area, and headquarters levels to address the problems identified in paragraph (1). (6) A strategy for the comprehensive coordination of the behavioral health services provided by the Bureau of Indian Affairs and the Service to meet the problems identified pursuant to paragraph (1), including— (A) the coordination of alcohol and substance abuse programs of the Service, the Bureau of Indian Affairs, and Indian Tribes and Tribal Organizations (developed under the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2401 et 24 seq.)) with behavioral health initiatives pursuant to this Act, particularly with respect to the referral and treatment of dually diagnosed individuals requiring behavioral health and substance abuse treatment; and (B) ensuring that the Bureau of Indian Affairs and Service programs and services (including multidisciplinary resource teams) addressing child abuse and family	section 4205 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2411) under which the Secretaries address the following: "(1) The scope and nature of mental illness and dysfunctional and self-destructive behavior, including child abuse and family violence, among Indians. "(2) The existing Federal, tribal, State, local, and private services, resources, and programs available to provide behavioral health services for Indians. "(3) The unmet need for additional services, resources, and programs necessary to meet the needs identified pursuant to paragraph (1). "(4)(A) The right of Indians, as citizens of the United States and of the States in which they reside, to have access to behavioral health services to which all citizens have access. "(B) The right of Indians to participate in, and receive the benefit of, such services. "(C) The actions necessary to protect the exercise of such right. "(5) The responsibilities of the Bureau of Indian Affairs and the Service, including mental illness identification, prevention, education, referral, and treatment services (including services through multidisciplinary resource teams), at the central, area, and agency and Service Unit, Service Area, and headquarters levels to address the problems identified in paragraph (1). "(6) A strategy for the comprehensive coordination of the behavioral health services provided by the Bureau of Indian Affairs and the Service to meet the problems identified pursuant to paragraph (1), including— "(A) the coordination of alcohol and substance abuse programs of the Service, the Bureau of Indian Affairs, and Indian Tribes and Tribal Organizations (developed under the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2401 et seq.)) with behavioral health initiatives pursuant to this Act, particularly with respect to the referral and treatment of dually diagnosed individuals requiring behavioral health and substance abuse treatment; and "(B) ensuring that the Bureau of Indian Affairs and Service programs and services (including multidisciplinary resource teams) addressing child abuse and family	Treatment Act of 1986 (25 U.S.C. 2411) and under which the Secretaries address ~~shall, among other things-~~ (1) ~~determine and define~~ the scope and nature of mental illness and dysfunctional and self-destructive behavior, including child abuse and family violence, among Indians; (2) ~~make an assessment of~~ the existing federal, tribal, State, local, and private services, resources, and programs available to provide mental health services for Indians; (3) ~~make an initial determination of~~ the unmet need for additional services, resources, programs necessary to meet the needs identified pursuant to paragraph (1); (4)(A) the right of ~~ensure that~~ Indians, as citizens of the United States and of the States in which they reside, to have access to mental health services to which all citizens have access; (B) ~~determine~~ the right of Indians to participate in, and receive the benefit of, such services; and (C) take actions necessary to protect the exercise of such right; (5) ~~delineate~~ the responsibilities of the Bureau of Indian Affairs and the Service, including mental health identification, prevention, education, referral, and treatment services (including services through multi disciplinary resource teams), at the central, area, and agency and service unit levels to address the problems identified in paragraph (1); (6) ~~provide~~ a strategy for the comprehensive coordination of the mental health services provided by the Bureau of Indian Affairs an the Service to meet the needs identified pursuant to paragraph (1), including– (A) the coordination of alcohol and substance abuse programs of the Service, the Bureau of Indian Affairs, and the various Indian Tribes (developed under the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986) with the mental health initiatives pursuant to this Act, particularly with respect to the referral and treatment of dually-diagnosed individuals requiring mental health and substance abuse treatment; and (B) ensuring that the Bureau of Indian Affairs and Service programs and services (including multi-disciplinary resource teams) addressing child abuse and family violence are coordinated with such non-federal programs and services;

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		substance abuse treatment; and (B) ensuring that the Bureau of Indian Affairs and Service programs and services (including multi-disciplinary resource teams) addressing child abuse and family violence are coordinated with such non-Federal programs and services.~~;~~ (7) ~~direct~~ Directing appropriate officials of the Bureau of Indian Affairs and the Service, particularly at the agency and service unit levels, to cooperate fully with tribal requests made pursuant to community behavioral health plans adopted under ~~subsection (d)~~ section 702(c) and section 4206 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2412).~~; and~~ (8) ~~provide~~ Providing for an annual review of such agreement by the ~~two~~ Secretaries, which shall be provided to Congress and Indian tribes and tribal organizations.	violence are coordinated with such non-Federal programs and services. (7) Directing appropriate officials of the Bureau of Indian Affairs and the Service, particularlyat the agency and Service Unit levels, to cooperate fully with tribal requests made pursuant to community behavioral health plans adopted under section 701(c) and section 4206 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2412). (8) Providing for an annual review of such agreement by the Secretaries which shall be provided to Congress and Indian Tribes and Tribal Organizations.	violence are coordinated with such non-Federal programs and services. "(7) Directing appropriate officials of the Bureau of Indian Affairs and the Service, particularly at the agency and Service Unit levels, to cooperate fully with tribal requests made pursuant to community behavioral health plans adopted under section 701(c) and section 4206 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2412). "(8) Providing for an annual review of such agreement by the Secretaries which shall be provided to Congress and Indian Tribes and Tribal Organizations.	(7) direct appropriate officials of the Bureau of Indian Affairs and the Service, particularly at the agency and service unit levels to cooperate fully with tribal requests made pursuant to community behavioral health plans adopted under section 701(c) ~~subsection (d)~~ and Section 4206 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. § 2412); and (8) provide for an annual review of such agreement by the two Secretaries which shall be provided to Congress and the Indian Tribes.
		(b) SPECIFIC PROVISIONS REQUIRED. ~~SEC. 701 INDIAN HEALTH SERVICE RESPONSIBILITIES~~ The Memoranda ~~Memorandum~~ of Agreement updated or entered into pursuant to subsection (a) ~~section 4205 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2411)~~ shall include specific provisions pursuant to which the Service shall assume responsibility for– (1) the determination of the scope of the problem of alcohol and substance abuse among Indians, ~~people,~~ including the number of Indians within the jurisdiction of the Service who are directly or indirectly affected by alcohol and substance abuse and the financial and human cost; (2) an assessment of the existing and needed resources necessary for the prevention of alcohol and substance abuse and the treatment of Indians affected by alcohol and substance abuse; and (3) an estimate of the funding necessary to adequately support a program of prevention of alcohol and substance abuse and treatment of Indians affected by alcohol and substance abuse.	(b) SPECIFIC PROVISIONS REQUIRED.— The memoranda of agreement updated or entered into pursuant to subsection (a) shall include specific provisions pursuant to which the Service shall assume responsibility for— (1) the determination of the scope of the problem of alcohol and substance abuse among Indians, including the number of Indians within the jurisdiction of the Service who are directly or indirectly affected by alcohol and substance abuse and the financial and human cost; (2) an assessment of the existing and needed resources necessary for the prevention of alcohol and substance abuse and the treatment of Indians affected by alcohol and substance abuse; and (3) an estimate of the funding necessary to adequately support a program of prevention of alcohol and substance abuse and treatment of Indians affected by alcohol and substance abuse.	"(b) Specific Provisions Required.— The memoranda of agreement updated or entered into pursuant to subsection (a) shall include specific provisions pursuant to which the Service shall assume responsibility for— "(1) the determination of the scope of the problem of alcohol and substance abuse among Indians, including the number of Indians within the jurisdiction of the Service who are directly or indirectly affected by alcohol and substance abuse and the financial and human cost; "(2) an assessment of the existing and needed resources necessary for the prevention of alcohol and substance abuse and the treatment of Indians affected by alcohol and substance abuse; and "(3) an estimate of the funding necessary to adequately support a program of prevention of alcohol and substance abuse and treatment of Indians affected by alcohol and substance abuse.	~~INDIAN HEALTH SERVICE RESPONSIBILITIES~~ ~~SEC. 701.~~ (b) The Memoranda~~um~~ of Agreement updated or entered into pursuant to subsection (a) ~~4205 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2411)~~ shall include specific provisions pursuant to which the Service shall assume responsibility for-- (1) the determination of the scope of the problem of alcohol and substance abuse among Indian people, including the number of Indians within the jurisdiction of the Service who are directly or indirectly affected by alcohol and substance abuse and the financial and human cost; (2) an assessment of the existing and needed resources necessary for the prevention of alcohol and substance abuse and the treatment of Indians affected by alcohol and substance abuse; and (3) an estimate of the funding necessary to adequately support a program of prevention of alcohol and substance abuse and treatment of Indians affected by alcohol and substance abuse.
					(c) CONSULTATION.— The Secretary and the Secretary of the Interior shall in developing the Memoranda of Agreement under subsection (a) of this section consult with and solicit the comments of— (1) Indian Tribes and tribal

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
					organizations, (2) Indian individuals; (3) urban Indian organizations and other Indian organizations; (4) behavioral health service providers.
		(c) PUBLICATION.—Each memorandum of agreement entered into or renewed (and amendments or modifications thereto) under subsection (a) shall be published in the Federal Register. At the same time as publication in the Federal Register, the Secretary shall provide a copy of such memoranda, amendment, or modification to each Indian tribe, tribal organization, and urban Indian organization.	(c) PUBLICATION.— Each memorandum of agreement entered into or renewed (and amendments or modifications thereto) under subsection (a) shall be published in the Federal Register. At the same time as publication in the Federal Register, the Secretary shall provide a copy of such memoranda, amendment, or modification to each Indian Tribe, Tribal Organization, and urban Indian organization.	"(c) Publication.— Each memorandum of agreement entered into or renewed (and amendments or modifications thereto) under subsection (a) shall be published in the Federal Register. At the same time as publication in the Federal Register, the Secretary shall provide a copy of such memoranda, amendment, or modification to each Indian Tribe, Tribal Organization, and urban Indian organization.	(d) PUBLICATION.— The Memoranda of Agreement under subsection (a) of this section shall be published in the federal Register. At the same time as publication in the federal Register, the Secretary shall provide a copy of such Memoranda to each Indian Tribe, tribal organization, and urban Indian organization.
	See, S. 1790 Sec. 181 amended §702 as §704	SEC. 704 ~~702~~ ~~(a)~~ ~~INDIAN HEALTH SERVICE PROGRAM~~ COMPREHENSIVE BEHAVIORAL HEALTH PREVENTION AND TREATMENT PROGRAM.– (a) ESTABLISHMENT.– (1) IN GENERAL.– The Secretary, acting through the Service, shall provide a program of comprehensive behavioral health, ~~alcohol and substance abuse~~ prevention, ~~and~~ treatment, and aftercare, including Systems of Care, which shall include– (A) prevention, through educational intervention, in Indian communities; (B) acute detoxification, psychiatric hospitalization, residential, and intensive outpatient ~~and~~ treatment; (C) community-based rehabilitation and aftercare; (D) community education and involvement, including extensive training of health care, educational, and community-based personnel; and (E) specialized residential treatment programs for high-risk populations, including pregnant and post partum women and their children; and (F) diagnostic services. (2) TARGET POPULATIONS.– The target population of such program shall be members of Indian tribes. Efforts to train and educate key members of the Indian community shall also target employees of health, education, judicial, law enforcement, legal, and social service programs.	SEC. 703. COMPREHENSIVE BEHAVIORAL HEALTH PREVENTION AND TREATMENT PROGRAM. (a) ESTABLISHMENT.— (1) IN GENERAL.— The Secretary, acting through the Service, shall provide a program of comprehensive behavioral health, prevention, treatment, and aftercare, including Systems of Care, which shall include— (A) prevention, through educational intervention, in Indian communities; (B) acute detoxification, psychiatric hospitalization, residential, and intensive outpatient treatment; (C) community-based rehabilitation and aftercare; (D) community education and involvement, including extensive training of health care, educational, and community-based personnel; (E) specialized residential treatment programs for high-risk populations, including pregnant and postpartum women and their children; and (F) diagnostic services. (2) TARGET POPULATIONS.— The target population of such programs shall be members of Indian Tribes. Efforts to train and educate key members of the Indian community shall also target employees of health, education, judicial, law enforcement, legal, and social service programs.	"SEC. 703. COMPREHENSIVE BEHAVIORAL HEALTH PREVENTION AND TREATMENT PROGRAM. "(a) Establishment.— "(1) IN GENERAL.— The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall provide a program of comprehensive behavioral health, prevention, treatment, and aftercare, which shall include— "(A) prevention, through educational intervention, in Indian communities; "(B) acute detoxification, psychiatric hospitalization, residential, and intensive outpatient treatment; "(C) community-based rehabilitation and aftercare; "(D) community education and involvement, including extensive training of health care, educational, and community-based personnel; "(E) specialized residential treatment programs for high-risk populations, including pregnant and postpartum women and their children; and "(F) diagnostic services. "(2) TARGET POPULATIONS.— The target population of such programs shall be members of Indian Tribes. Efforts to train and educate key members of the Indian community shall also target employees of health, education, judicial, law enforcement, legal, and social service programs.	~~INDIAN HEALTH SERVICE PROGRAM~~ COMPREHENSIVE BEHAVIORAL HEALTH PREVENTION AND TREATMENT PROGRAM.-- SEC. 703 ~~702~~. (a)(1) The Secretary, acting through the Service, Indian Tribes and tribal organizations, consistent with Section 701, shall provide a program of comprehensive behavioral health ~~alcohol and substance abuse~~ prevention ~~and~~ treatment, and aftercare including Traditional health care practices, which shall include-- (A) prevention, through educational intervention, in Indian communities; (B) acute detoxification and/or psychiatric hospitalization and treatment (residential and intensive outpatient); (C) community-based rehabilitation and aftercare; (D) community education and involvement, including extensive training of health care, educational, and community-based personnel; and (E) specialized residential treatment programs for high risk populations, including but not limited to pregnant and post partum women and their children. (2) The target population of such program shall be members of Indian Tribes. Efforts to train and educate key members of the Indian community shall target employees of health, education, judicial, law enforcement, legal, and social service programs.
	See, S. 1790 Sec. 181 amended §702(b) as new	~~SEC 702~~(b) CONTRACT HEALTH SERVICES.--	(b) CONTRACT HEALTH SERVICES.—	"(b) Contract Health Services.— "(1) IN GENERAL.— The Secretary, acting	(b) CONTRACT HEALTH SERVICES.--(1) The Secretary, acting

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	§704(b)	(1) IN GENERAL.– The Secretary, acting through the Service, may enter into contracts with public or private providers of behavioral health ~~alcohol and substance abuse~~ treatment services for the purpose of ~~assisting the Service in~~ carrying out the program required under subsection (a). (2) PROVISION OF ASSISTANCE.– In carrying out this subsection, the Secretary shall provide assistance to Indian tribes and tribal organizations to develop criteria for the certification of behavioral health ~~alcohol and substance abuse~~ service providers and accreditation of service facilities which meet minimum standards for such services and facilities ~~as may be determined pursuant to section 4205(a)(3) of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2411(a)(3))~~.	(1) IN GENERAL.— The Secretary, acting through the Service, may enter into contracts with public or private providers of behavioral health treatment services for the purpose of carrying out the program required under subsection (a). (2) PROVISION OF ASSISTANCE.— In carrying out this subsection, the Secretary shall provide assistance to Indian Tribes and Tribal Organizations to develop criteria for the certification of behavioral health service providers and accreditation of service facilities which meet minimum standards for such services and facilities.	through the Service, Indian Tribes, and Tribal Organizations, may enter into contracts with public or private providers of behavioral health treatment services for the purpose of carrying out the program required under subsection (a). "(2) PROVISION OF ASSISTANCE.— In carrying out this subsection, the Secretary shall provide assistance to Indian Tribes and Tribal Organizations to develop criteria for the certification of behavioral health service providers and accreditation of service facilities which meet minimum standards for such services and facilities.	through the Service (with the consent of the Tribe to be served), Indian Tribes and tribal organizations, may, enter into contracts with public or private providers of ~~alcohol and substance abuse~~ behavioral health treatment services for the purpose of ~~assisting the Service in~~ carrying out the program required under subsection (a). (2) In carrying out this subsection, the Secretary shall provide assistance to Indian Tribes and tribal organizations to develop criteria for the certification of behavioral health ~~alcohol and substance abuse~~ service providers and accreditation of service facilities which meet minimum standards for such services and facilities ~~as may be determined pursuant to section 4205(a)(3) of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2411(a)(3))~~.
	See, S. 1790 Sec. 181 which amended §209(g) as new §705. *NOTE: The latter should be retained and the former deleted, as duplicative.* *Note: In (d), "subsection" should be "section".*	SEC. 705 ~~209(g)~~ MENTAL HEALTH TECHNICIAN PROGRAM. – (a) IN GENERAL.– ~~(1)~~ Pursuant to ~~Under the authority of~~ Act of November 2, 1921 (25 U.S.C. 13)(commonly known as the 'Snyder Act') ~~of November 2, 1921 (25 U.S.C. 13)~~, the Secretary shall establish and maintain a mental health technician program within the Service which– (1)~~(A)~~ provides for the training of Indians as mental health technicians; and (2)~~(B)~~ employs such technicians in the provision of community-based mental health care that includes identification, prevention, education, referral, and treatment services. (b)~~(2)~~ PARAPROFESSIONAL TRAINING.– In carrying out subsection (a), ~~paragraph (1)(A),~~ the Secretary, acting through the Service, shall provide high standard paraprofessional training in mental health care necessary to provide quality care to the Indian communities to be served. Such training shall be based upon a curriculum developed or approved by the Secretary which combines education in the theory of mental health care with supervised practical experience in the provision of such care. (c)~~(3)~~ SUPERVISION AND EVALUATION OF TECHNICIANS.– The Secretary, acting through the Service, shall supervise and evaluate the mental health technicians in the training program. (d)~~(4)~~ TRADITIONAL HEALTH CARE PRACTICES.– The Secretary, acting through the Service, shall ensure that the program established pursuant to this	SEC. 704. MENTAL HEALTH TECHNICIAN PROGRAM. (a) IN GENERAL.— Under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary shall establish and maintain a mental health technician program within the Service which— (1) provides for the training of Indians as mental health technicians; and (2) employs such technicians in the provision of community-based mental health care that includes identification, prevention, education, referral, and treatment services. (b) PARAPROFESSIONAL TRAINING.— In carrying out subsection (a), the Secretary, acting through the Service, shall provide high-standard paraprofessional training in mental health care necessary to provide quality care to the Indian communities to be served. Such training shall be based upon a curriculum developed or approved by the Secretary which combines education in the theory of mental health care with supervised practical experience in the provision of such care. (c) SUPERVISION AND EVALUATION OF TECHNICIANS.— The Secretary, acting through the Service, shall supervise and evaluate the mental health technicians in the training program. (d) TRADITIONAL HEALTH CARE PRACTICES.— The Secretary, acting through the Service, shall ensure that the program established pursuant to this subsection involves the use and promotion	"SEC. 704. MENTAL HEALTH TECHNICIAN PROGRAM. "(a) In General.— Under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary shall establish and maintain a mental health technician program within the Service which— "(1) provides for the training of Indians as mental health technicians; and "(2) employs such technicians in the provision of community-based mental health care that includes identification, prevention, education, referral, and treatment services. "(b) Paraprofessional Training.— In carrying out subsection (a), the Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall provide high-standard paraprofessional training in mental health care necessary to provide quality care to the Indian communities to be served. Such training shall be based upon a curriculum developed or approved by the Secretary which combines education in the theory of mental health care with supervised practical experience in the provision of such care. "(c) Supervision and Evaluation of Technicians.— The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall supervise and evaluate the mental health technicians in the training program. "(d) Traditional Health Care Practices.— The Secretary, acting through the Service, shall ensure that the program established pursuant to this subsection involves the	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		subsection involves the use ~~utilization~~ and promotion of the traditional ~~Indian~~ health care ~~and treatment~~ practices of the Indian tribes to be served.	of the traditional health care practices of the Indian Tribes to be served.	use and promotion of the traditional health care practices of the Indian Tribes to be served.	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	See, S. 1790 Sec. 181 which amended §209(*l*) as new §706. *NOTE: The latter should be retained and the former deleted, as duplicative.*	SEC. 706 ~~209(1)~~ LICENSING REQUIREMENT FOR MENTAL HEALTH CARE WORKERS. – (a) IN GENERAL.– Subject to section 221, and except as provided in subsection (b), any individual ~~Any person~~ employed as a psychologist, social worker, or marriage and family therapist for the purpose of providing mental health care services to Indians in a clinical setting under ~~the authority of~~ this Act ~~or through a contract pursuant to the Indian Self-Determination Act shall–~~ is required to be licensed as a psychologist, social worker, or marriage and family therapist, respectively. (b) TRAINEES.—An individual may employed as a trainee in psychology, social work, or marriage and family therapy to provide mental health care services described in subsection (a) if such individual— "(1) works under the direct supervision of a licensed psychologist, social worker, or marriage and family therapist, respectively; "(2) is enrolled in or has completed at least 2 years of course work at a post-secondary, accredited education program for psychology, social work, marriage and family therapy, or counseling; and "(3) meets such other training, supervision, and quality review requirements as the Secretary may establish. ~~(1) in the case of a person employed as a psychologist, licensed as a clinical psychologist or working under the direct supervision of a licensed clinical psychologist;~~ ~~(2) in the case of a person employed as a social worker, be licensed as a social worker or working under the direct supervision of a licensed social worker; or~~ ~~(3) in the case of a person employed as a marriage and family therapist, be licensed as a marriage and family therapist or working under the direct supervision of a licensed marriage and family therapist.~~	SEC. 705. LICENSING REQUIREMENT FOR MENTAL HEALTH CARE WORKERS. (a) IN GENERAL.— Subject to the provisions of section 221, and except as provided in subsection (b), any individual employed as a psychologist, social worker, or marriage and family therapist for the purpose of providing mental health care services to Indians in a clinical setting under this Act is required to be licensed as a psychologist, social worker, or marriage and family therapist, respectively. (b) TRAINEES.— An individual may be employed as a trainee in psychology, social work, or marriage and family therapy to provide mental health care services described in subsection (a) if such individual— (1) works under the direct supervision of a licensed psychologist, social worker, or marriage and family therapist, respectively; (2) is enrolled in or has completed at least 2 years of course work at a post-secondary, accredited education program for psychology, social work, marriage and family therapy, or counseling; and (3) meets such other training, supervision, and quality review requirements as the Secretary may establish.	"SEC. 705. LICENSING REQUIREMENT FOR MENTAL HEALTH CARE WORKERS. "(a) In General.— Subject to the provisions of section 221, and except as provided in subsection (b), any individual employed as a psychologist, social worker, or marriage and family therapist for the purpose of providing mental health care services to Indians in a clinical setting under this Act is required to be licensed as a psychologist, social worker, or marriage and family therapist, respectively. "(b) Trainees.— An individual may be employed as a trainee in psychology, social work, or marriage and family therapy to provide mental health care services described in subsection (a) if such individual— "(1) works under the direct supervision of a licensed psychologist, social worker, or marriage and family therapist, respectively; "(2) is enrolled in or has completed at least 2 years of course work at a post-secondary, accredited education program for psychology, social work, marriage and family therapy, or counseling; and "(3) meets such other training, supervision, and quality review requirements as the Secretary may establish.	LICENSING REQUIREMENT FOR MENTAL HEALTH CARE WORKERS Sec. 705 ~~209(1)~~. Subject to the provisions of Section 220 of this Act, any person employed as a psychologist, social worker, or marriage and family therapist for the purpose of providing mental health care services to Indians in a clinical setting under the authority of this Act or through a ~~contract~~ funding agreement pursuant to the Indian Self-Determination and Education Assistance Act shall– (a~~1~~) in the case of a person employed as a psychologist, be licensed as a clinical psychologist or working under the direct supervision of a licensed clinical psychologist; (b~~2~~) in the case of a person employed as a social worker, be licensed as a social worker or working under the direct supervision of a licensed social worker; or (c~~3~~) in the case of a person employed as a marriage and family therapist, be licensed as a marriage and family therapist or working under the direct supervision of a licensed marriage and family therapist.
	See, S. 1790 Sec. 181, which amends §703 as a new §707.	SEC. 707 ~~703.~~ INDIAN WOMEN TREATMENT PROGRAMS (a) The Secretary, consistent with section 702, may make grants to Indian tribes, ~~and~~ tribal organizations and urban Indian organizations to develop and implement a comprehensive behavioral health ~~alcohol and substance abuse~~ program of prevention, intervention, treatment, and	SEC. 706. INDIAN WOMEN TREATMENT PROGRAMS. (a) GRANTS.— The Secretary, consistent with section 701, may make grants to Indian Tribes, Tribal Organizations, and urban Indian organizations to develop and implement a comprehensive behavioral health program of prevention, intervention, treatment, and relapse	"SEC. 706. INDIAN WOMEN TREATMENT PROGRAMS. "(a) Grants.— The Secretary, consistent with section 701, may make grants to Indian Tribes, Tribal Organizations, and urban Indian organizations to develop and implement a comprehensive behavioral health program of prevention, intervention, treatment, and relapse	INDIAN WOMEN TREATMENT PROGRAMS.1200 SEC. 706 ~~703~~. (a) The Secretary, consistent with Section 701, shall ~~may~~ make funding available ~~grants~~ to Indian Tribes, tribal organizations, and urban Indian organizations to develop and implement a comprehensive behavioral health ~~alcohol and substance abuse~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		relapse prevention services that specifically addresses the cultural, historical, social, and child care needs of Indian women, regardless of age. (b) USE OF GRANT FUNDS.– ~~Grants~~ A grant made pursuant to this section may be used ~~to~~ – (1) to develop and provide community training, education, and prevention programs for Indian women relating to behavioral health ~~alcohol and substance abuse~~ issues, including fetal alcohol spectrum disorders ~~syndrome and fetal alcohol effect~~; (2) to identify and provide ~~appropriate~~ psychological services counseling, advocacy, support, and relapse prevention to Indian women and their families; and (3) to develop prevention and intervention models for Indian women which incorporate traditional ~~healers,~~ health care practices, cultural values, and community and family involvement. (c) CRITERIA.– The Secretary, in consultation with Indian tribes and tribal organizations, shall establish criteria for the review and approval of applications ~~for grants~~ and proposals for funding under this section.	prevention services that specifically addresses the cultural, historical, social, and child care needs of Indian women, regardless of age. (b) USE OF GRANT FUNDS.— A grant made pursuant to this section may be used to— (1) develop and provide community training, education, and prevention programs for Indian women relating to behavioral health issues, including fetal alcohol disorders; (2) identify and provide psychological services, counseling, advocacy, support, and relapse prevention to Indian women and their families; and (3) develop prevention and intervention models for Indian women which incorporate traditional health care practices, cultural values, and community and family involvement. (c) CRITERIA.— The Secretary, in consultation with Indian Tribes and Tribal Organizations, shall establish criteria for the review and approval of applications and proposals for funding under this section.	prevention services that specifically addresses the cultural, historical, social, and child care needs of Indian women, regardless of age. "(b) Use of Grant Funds.— A grant made pursuant to this section may be used to— "(1) develop and provide community training, education, and prevention programs for Indian women relating to behavioral health issues, including fetal alcohol spectrum disorders; "(2) identify and provide psychological services, counseling, advocacy, support, and relapse prevention to Indian women and their families; and "(3) develop prevention and intervention models for Indian women which incorporate traditional health care practices, cultural values, and community and family involvement. "(c) Criteria.— The Secretary, in consultation with Indian Tribes and Tribal Organizations, shall establish criteria for the review and approval of applications and proposals for funding under this section.	program of prevention, intervention, treatment, and relapse prevention services that specifically addresses the spiritual, cultural, historical, social, and child care needs of Indian women, regardless of age. (b) Funding ~~Grants~~ made available pursuant to this section may be used to-- (1) develop and provide community training, education, and prevention programs for Indian women relating to behavioral health issues, including ~~alcohol and substance abuse issues, including~~ fetal alcohol disorders ~~syndrome and fetal alcohol effect~~; (2) identify and provide ~~appropriate~~ psychological services, counseling, advocacy, support, and relapse prevention to Indian women and their families; and (3) develop prevention and intervention models for Indian women which incorporate Traditional ~~healers~~ health care practices, cultural values, and community and family involvement. (c) The Secretary, in consultation with Indian Tribes and tribal organizations, shall establish criteria for the review and approval of applications and proposals for funding ~~grants~~ under this section.
		~~(d)(1) There are authorized to be appropriated to carry out this section $10,000,000 for fiscal year 1993 and such sums as are necessary for each of the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and 2000.~~ (d)~~(2)~~ ALLOCATION OF FUNDS FOR URBAN INDIAN ORGANIZATIONS. ~~Twenty~~ 20 percent of the funds appropriated pursuant to this subsection shall be used to make grants to urban Indian organizations ~~funded under title V~~.	(d) ALLOCATION OF FUNDS FOR URBAN INDIAN ORGANIZATIONS.— Twenty percent of the funds appropriated pursuant to this section shall be used to make grants to urban Indian organizations.	"(d) Allocation of Certain Funds.— Twenty percent of the funds appropriated pursuant to this section shall be used to make grants to urban Indian organizations.	(d)~~(1) There are authorized to be appropriated to carry out this section $10,000,000 for fiscal year 1993 and such sums as are necessary for each of the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and 2000.~~ ~~(2)~~ Twenty percent of the funds appropriated pursuant to this ~~sub~~section shall be used to make grants to urban Indian organizations funded under title V.
	See, S. 1790 Sec. 108, which amends §704(a) and (b) as a new §708(a) and (b).	SEC. 708 ~~704~~ INDIAN ~~HEALTH SERVICE~~ YOUTH PROGRAM (a) DETOXIFICATION AND REHABILITATION.– The Secretary, acting through the Service, consistent with section 702, shall develop and implement a program for acute detoxification and treatment for Indian youths, including behavioral health services ~~who are alcohol and substance abusers~~. The program shall include regional treatment centers designed to include detoxification and rehabilitation for both sexes on a referral basis and programs developed and implemented by Indian tribes or tribal organizations at the local level under the	SEC. 707. INDIAN YOUTH PROGRAM. (a) DETOXIFICATION AND REHABILITATION.— The Secretary, acting through the Service, consistent with section 701, shall develop and implement a program for acute detoxification and treatment for Indian youths, including behavioral health services. The program shall include regional treatment centers designed to include detoxification and rehabilitation for both sexes on a referral basis and programs developed and implemented by Indian Tribes or Tribal Organizations at the local level under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).	"SEC. 707. INDIAN YOUTH PROGRAM. "(a) Detoxification and Rehabilitation.— The Secretary, acting through the Service, consistent with section 701, shall develop and implement a program for acute detoxification and treatment for Indian youths, including behavioral health services. The program shall include regional treatment centers designed to include detoxification and rehabilitation for both sexes on a referral basis and programs developed and implemented by Indian Tribes or Tribal Organizations at the local level under the Indian Self-Determination and Education Assistance	INDIAN ~~HEALTH SERVICE~~ YOUTH PROGRAM SEC. 707 ~~704~~. (a) DETOXIFICATION AND REHABILITATION.--The Secretary consistent with Section 701, shall develop and implement a program for acute detoxification and treatment for Indian youth including behavioral health services ~~who are alcohol and substance abusers~~. The program shall include regional treatment centers designed to include detoxification and rehabilitation for both sexes on a referral basis and programs developed and implemented by Indian Tribes or tribal organizations at the local

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.). ~~These regional~~ Regional. centers shall be integrated with the intake and rehabilitation programs based in the referring Indian community.	Regional centers shall be integrated with the intake and rehabilitation programs based in the referring Indian community.	Act (25 U.S.C. 450 et seq.). Regional centers shall be integrated with the intake and rehabilitation programs based in the referring Indian community.	level under the Indian Self-Determination and Education Assistance Act. ~~These r~~ Regional centers shall be integrated with the intake and rehabilitation programs based in the referring Indian community.
		(b) ALCOHOL AND SUBSTANCE ABUSE TREATMENT CENTERS OR FACILITIES.– (1) ESTABLISHMENT.– (A) IN GENERAL.– The Secretary, acting through the Service, shall construct, renovate, or, as necessary, purchase, and appropriately staff and operate, ~~a~~ at least 1 youth regional treatment center in each area under the jurisdiction of an area office. (B) AREA OFFICE IN CALIFORNIA.– For the purposes of this subsection, ~~the area offices of the Service in Tucson and Phoenix, Arizona, shall be considered one area office and~~ the area office in California shall be considered to be 2 ~~two~~ area offices, ~~one~~ 1 office whose jurisdiction shall be considered to encompass the northern area of the State of California, and ~~one~~ 1 office whose jurisdiction shall be considered to encompass the remainder of the State of California for the purpose of implementing California treatment networks.. (2) FUNDING.– For the purpose of staffing and operating such centers or facilities, funding shall be pursuant to the Act of November 2, 1921 (25 U.S.C. 13). (3) LOCATION.– A youth treatment center constructed or purchased under this subsection shall be constructed or purchased at a location within the area described in paragraph (1) agreed upon (by appropriate tribal resolution) by a majority of the Indian tribes to be served by such center. (4)SPECIFIC PROVISION OF FUNDS.– (A) IN GENERAL.– Notwithstanding any other provision of this title, the Secretary may, from amounts authorized to be appropriated for the purposes of carrying out this section, make funds available to-- (i) the Tanana Chiefs Conference, Incorporated, for purpose of leasing, constructing, renovating, operating, and maintaining a residential youth treatment facility in Fairbanks, Alaska; and (ii) the Southeast Alaska Regional Health Corporation to staff and operate a residential youth treatment facility without regard to the proviso set forth in section 4(*l*) of the Indian Self-Determination and Education Assistance Act (25 U.S.C.	(b) ALCOHOL AND SUBSTANCE ABUSE TREATMENT CENTERS OR FACILITIES.— (1) ESTABLISHMENT.— (A) IN GENERAL.— The Secretary, acting through the Service, shall construct, renovate, or, as necessary, purchase, and appropriately staff and operate, at least 1 youth regional treatment center or treatment network in each area under the jurisdiction of an Area Office. (B) AREA OFFICE IN CALIFORNIA.— For the purposes of this subsection, the Area Office in California shall be considered to be 2 Area Offices, 1 office whose jurisdiction shall be considered to encompass the northern area of the State of California, and 1 office whose jurisdiction shall be considered to encompass the remainder of the State of California for the purpose of implementing California treatment networks. (2) FUNDING.— For the purpose of staffing and operating such centers or facilities, funding shall be pursuant to the Act of November 2, 1921 (25 U.S.C. 13). (3) LOCATION.— A youth treatment center constructed or purchased under this subsection shall be constructed or purchased at a location within the area described in paragraph (1) agreed upon (by appropriate tribal resolution) by a majority of the Indian Tribes to be served by such center. (4) SPECIFIC PROVISION OF FUNDS.— (A) IN GENERAL.— Notwithstanding any other provision of this title, the Secretary may, from amounts authorized to be appropriated for the purposes of carrying out this section, make funds available to— (i) the Tanana Chiefs Conference, Incorporated, for the purpose of leasing, constructing, renovating, operating, and maintaining a residential youth treatment facility in Fairbanks, Alaska; and (ii) the Southeast Alaska Regional Health Corporation to staff and operate a residential youth treatment facility without regard to the proviso set forth in section 4(l) of the Indian Self-Determination and	"(b) Alcohol and Substance Abuse Treatment Centers or Facilities.— "(1) ESTABLISHMENT.— "(A) IN GENERAL.— The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall construct, renovate, or, as necessary, purchase, and appropriately staff and operate, at least 1 youth regional treatment center or treatment network in each area under the jurisdiction of an Area Office. "(B) AREA OFFICE IN CALIFORNIA.— For the purposes of this subsection, the Area Office in California shall be considered to be 2 Area Offices, 1 office whose jurisdiction shall be considered to encompass the northern area of the State of California, and 1 office whose jurisdiction shall be considered to encompass the remainder of the State of California for the purpose of implementing California treatment networks. "(2) FUNDING.— For the purpose of staffing and operating such centers or facilities, funding shall be pursuant to the Act of November 2, 1921 (25 U.S.C. 13). "(3) LOCATION.— A youth treatment center constructed or purchased under this subsection shall be constructed or purchased at a location within the area described in paragraph (1) agreed upon (by appropriate tribal resolution) by a majority of the Indian Tribes to be served by such center. "(4) SPECIFIC PROVISION OF FUNDS.— "(A) IN GENERAL.— Notwithstanding any other provision of this title, the Secretary may, from amounts authorized to be appropriated for the purposes of carrying out this section, make funds available to— "(i) the Tanana Chiefs Conference, Incorporated, for the purpose of leasing, constructing, renovating, operating, and maintaining a residential youth treatment facility in Fairbanks, Alaska; and "(ii) the Southeast Alaska Regional Health Corporation to staff and operate a residential youth treatment facility without regard to the proviso set forth in section 4(l) of the Indian Self-Determination and Education Assistance Act (25 U.S.C.	(b) ALCOHOL AND SUBSTANCE ABUSE TREATMENT CENTERS OR FACILITIES.--(1) The Secretary, acting through the Service, Indian Tribes or tribal organizations, shall construct, renovate, or, as necessary, purchase, and appropriately staff and operate, at least one ~~a~~ youth regional treatment center or treatment network in each area under the jurisdiction of an area office. For the purposes of this subsection, ~~the area offices of the Service in Tucson and Phoenix, Arizona, shall be considered one area office and~~ the area office in California shall be considered to be two area offices, one office whose jurisdiction shall be considered to encompass the northern area of the State of California, and one office whose jurisdiction shall be considered to encompass the remainder of the State of California for the purpose of implementing California treatment networks. (2) For the purpose of staffing and operating such centers or facilities, funding shall be pursuant to the Act of November 2, 1921 (25 U.S.C. 13). (3) A youth treatment center constructed or purchased under this subsection shall be constructed or purchased at a location within the area described in paragraph (1) agreed upon (by appropriate tribal resolution) by a majority of the Indian Tribes to be served by such center. (4)(A) Notwithstanding any other provision of this title, the Secretary may, from amounts authorized to be appropriated for the purposes of carrying out this section, make funds available to-- (i) the Tanana Chiefs Conference, Incorporated, for purpose of leasing, constructing, renovating, operating and maintaining a residential youth treatment facility in Fairbanks, Alaska; and (ii) the Southeast Alaska Regional Health Corporation to staff and operate a residential youth treatment facility without regard to the proviso set forth in section 4(l) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b(l)) (B) Until additional residential youth

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		450b(*l*)). (B) PROVISION OF SERVICES TO ELIGIBLE YOUTHS.– Until additional residential youth treatment facilities are established in Alaska pursuant to this section, the facilities specified in subparagraph (A) shall make every effort to provide services to all eligible Indian youths residing in ~~such State~~ Alaska.	Education Assistance Act (25 U.S.C. 450b(l)). (B) PROVISION OF SERVICES TO ELIGIBLE YOUTHS.— Until additional residential youth treatment facilities are established in Alaska pursuant to this section, the facilities specified in subparagraph (A) shall make every effort to provide services to all eligible Indian youths residing in Alaska.	450b(l)). "(B) PROVISION OF SERVICES TO ELIGIBLE YOUTHS.— Until additional residential youth treatment facilities are established in Alaska pursuant to this section, the facilities specified in subparagraph (A) shall make every effort to provide services to all eligible Indian youths residing in Alaska.	treatment facilities are established in Alaska pursuant to this section, the facilities specified in subparagraph (A) shall make every effort to provide services to all eligible Indian youth residing in such State.
x	See, S. 1790 Sec. 181, which amends §209(m) as a new §708(c). RS amended (c)(1) as noted.	(c) ~~Sec. 209 (m)~~ INTERMEDIATE ADOLESCENT BEHAVIORAL ~~MENTAL~~ HEALTH SERVICES. – (1) IN GENERAL.– The Secretary, acting through the Service, may ~~make grants to Indian tribes and tribal organizations to~~ provide intermediate behavioral ~~mental~~ health services, which may if feasible and appropriate, incorporate systems of care, to Indian children and adolescents, including– (A) pretreatment assistance; (B) inpatient, ~~and~~ outpatient, and aftercare services; (C)~~(B)~~ emergency care; (D)~~(C)~~ suicide prevention and crisis intervention; and (E)~~(D)~~ prevention and treatment of mental illness~~,~~ and dysfunctional and self-destructive behavior, including child abuse and family violence. (2) USE OF FUNDS.– Funds provided under this subsection may be used– (A) to construct or renovate an existing health facility to provide intermediate behavioral ~~mental~~ health services; (B) to hire behavioral ~~mental~~ health professionals; (C) to staff, operate, and maintain an intermediate mental health facility, group home, sober housing, transitional housing or similar facilities, or youth shelter where intermediate behavioral ~~mental~~ health services are being provided; ~~and~~ (D) to make renovations and hire appropriate staff to convert existing hospital beds into adolescent psychiatric units; and (E) for intensive home- and community-based services.	(c) INTERMEDIATE ADOLESCENT BEHAVIORAL HEALTH SERVICES.— (1) IN GENERAL.— The Secretary, acting through the Service, may provide intermediate behavioral health services, which may incorporate Systems of Care, to Indian children and adolescents, including— (A) pretreatment assistance; (B) inpatient, outpatient, and aftercare services; (C) emergency care; (D) suicide prevention and crisis intervention; and (E) prevention and treatment of mental illness and dysfunctional and self-destructive behavior, including child abuse and family violence.	"(c) Intermediate Adolescent Behavioral Health Services.— "(1) IN GENERAL.— The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, may provide intermediate behavioral health services to Indian children and adolescents, including— "(A) pretreatment assistance; "(B) inpatient, outpatient, and aftercare services; "(C) emergency care; "(D) suicide prevention and crisis intervention; and "(E) prevention and treatment of mental illness and dysfunctional and self-destructive behavior, including child abuse and family violence.	(c ~~m~~) INTERMEDIATE ADOLESCENT ~~MENTAL~~ BEHAVIORAL HEALTH SERVICES. – (1) The Secretary, acting through the Service, Indian Tribes and tribal organizations, may, ~~consistent with Section 701, make funding grants available to Indian Tribes and tribal organizations to~~ provide intermediate ~~mental~~ behavioral health services, which may incorporate traditional health care practices, to Indian children and adolescents, including– (A) pre-treatment assistance; (~~A~~B) inpatient, ~~and~~ outpatient, and after-care services; (~~B~~C) emergency care; (~~C~~D) suicide prevention and crisis intervention; and (~~D~~ E) prevention and treatment of mental illness, and dysfunctional and self-destructive behavior, including child abuse and family violence. (2) Funds provided under this subsection may be used– (A) to construct or renovate an existing health facility to provide intermediate ~~mental~~ behavioral health services; (B) to hire ~~mental~~ behavioral health professionals; (C) to staff, operate, and maintain an intermediate mental health facility, group home, sober housing, transitional housing or similar facilities, or youth shelter where intermediate ~~mental~~ behavioral health services are being provided; ~~and~~ (D) to make renovations and hire appropriate staff to convert existing hospital beds into adolescent psychiatric units; and (E) intensive home and community based services.
		~~(3) Funds provided under this subsection may not be used for the purposes described in section 216(b)(1).~~ ~~(4) An Indian tribe or tribal~~	(2) USE OF FUNDS.— Funds provided under this subsection may be used— (A) to construct or renovate an existing health facility to provide intermediate	"(2) USE OF FUNDS.— Funds provided under this subsection may be used— "(A) to construct or renovate an existing health facility to provide intermediate	(3) ~~Funds provided under this subsection may not be used for the purposes described in section 216(b)(1).~~ ~~(4) An Indian Tribe or tribal~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~organization receiving a grant under this subsection shall ensure that intermediate adolescent mental health services are coordinated with other tribal, Service, and Bureau of Indian Affairs mental health, alcohol and substance abuse, and social services programs on the reservation of such tribe or tribal organization.~~ (4) ~~(5)~~ CRITERIA. The Secretary, acting through the Service, shall, in consulation with Indian tribes and tribal organizations, establish criteria for the review and approval of applications or proposals for funding ~~for grants~~ made available pursuant to this subsection.	behavioral health services; (B) to hire behavioral health professionals; (C) to staff, operate, and maintain an intermediate mental health facility, group home, sober housing, transitional housing or similar facilities, or youth shelter where intermediate behavioral health services are being provided; (D) to make renovations and hire appropriate staff to convert existing hospital beds into adolescent psychiatric units; and (E) for intensive home- and community based services.	behavioral health services; "(B) to hire behavioral health professionals; "(C) to staff, operate, and maintain an intermediate mental health facility, group home, sober housing, transitional housing or similar facilities, or youth shelter where intermediate behavioral health services are being provided; "(D) to make renovations and hire appropriate staff to convert existing hospital beds into adolescent psychiatric units; and "(E) for intensive home- and community-based services.	~~organization receiving~~ funding ~~a grant under this subsection shall ensure that intermediate adolescent mental~~ behavioral ~~health services are coordinated with other tribal, Service, and Bureau of Indian Affairs mental health, alcohol and substance abuse, and social services programs on the reservation of such Tribe or tribal organization.~~ The Secretary shall, in consultation with Indian Tribes and tribal organizations, establish criteria for the review and approval of applications or proposals for funding ~~grants~~ made available pursuant to this subsection.
	See, S. 1790 Sec. 102(b)(2), which repealed §209(m)(6).	~~(6) There are authorized to be appropriated to carry out this section $10,000,000 for fiscal year 1993 and such sums as may be necessary for each of the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and 2000.~~			
	See, S. 1790 Sec. 181, which amends §704(c) as a new §708(d)	(d)~~(c)~~ FEDERALLY OWNED STRUCTURES.-- (1) IN GENERAL.– The Secretary, ~~acting through the Service, shall,~~ in consultation with Indian tribes and tribal organizations, shall– (A) identify and use, where appropriate, federally owned structures suitable for ~~as~~ local residential or regional behavioral health ~~alcohol and substance abuse~~ treatment ~~centers~~ for Indian youths; and (B) establish guidelines for determining the suitability of any such federally owned structure to be used for ~~as a~~ local residential or regional behavioral health ~~alcohol and substance abuse~~ treatment ~~center~~ for Indian youths. (2) TERMS AND CONDITIONS FOR USE OF STRUCTURE.– Any structure described in paragraph (1) may be used under such terms and conditions as may be agreed upon by the Secretary and the agency having responsibility for the structure and any Indian tribe or tribal organization operating the program.	(3) CRITERIA.— The Secretary, acting through the Service, shall, in consultation with Indian Tribes and Tribal Organizations, establish criteria for the review and approval of applications or proposals for funding made available pursuant to this subsection. (d) FEDERALLY OWNED STRUCTURES.— (1) IN GENERAL.— The Secretary, in consultation with Indian Tribes and Tribal Organizations, shall— (A) identify and use, where appropriate, federally owned structures suitable for local residential or regional behavioral health treatment for Indian youths; and (B) establish guidelines for determining the suitability of any such federally owned structure to be used for local residential or regional behavioral health treatment for Indian youths. (2) TERMS AND CONDITIONS FOR USE OF STRUCTURE.— Any structure described in paragraph (1) may be used under such terms and conditions as may be agreed upon by the Secretary and the agency having responsibility for the structure and any Indian Tribe or Tribal Organization operating the program.	"(3) CRITERIA.— The Secretary, acting through the Service, shall, in consultation with Indian Tribes and Tribal Organizations, establish criteria for the review and approval of applications or proposals for funding made available pursuant to this subsection. "(d) Federally-Owned Structures.— "(1) IN GENERAL.— The Secretary, in consultation with Indian Tribes and Tribal Organizations, shall— "(A) identify and use, where appropriate, federally-owned structures suitable for local residential or regional behavioral health treatment for Indian youths; and "(B) establish guidelines for determining the suitability of any such federally-owned structure to be used for local residential or regional behavioral health treatment for Indian youths. "(2) TERMS AND CONDITIONS FOR USE OF STRUCTURE.— Any structure described in paragraph (1) may be used under such terms and conditions as may be agreed upon by the Secretary and the agency having responsibility for the structure and any Indian Tribe or Tribal Organization operating the program.	(d ~~e~~) FEDERALLY OWNED STRUCTURES.-- (1) The Secretary, acting through the Service, shall, in consultation with Indian Tribes and tribal organizations— (A)identify and use, where appropriate, federally owned structures suitable for ~~as~~ local residential or regional behavioral health ~~alcohol and substance abuse~~ treatment ~~centers~~ for Indian youth; and (B)establish guidelines, in consultation with Indian Tribes and tribal organizations, for determining the suitability of any such federally owned structure to be used for ~~as a~~ local residential or regional behavioral health ~~alcohol and substance abuse~~ treatment ~~center~~ for Indian youth. (2) Any structure described in paragraph (1) may be used under such terms and conditions as may be agreed upon by the Secretary and the agency having responsibility for the structure and any Tribe or tribal organization operating the program.
	See, S. 1790 Sec. 181, which amends §704(d) and (e) as new §708(e) and (f).	(e)~~(d)~~ REHABILITATION AND AFTERCARE SERVICES.– (1) IN GENERAL.– The Secretary, Indian tribes, or tribal organizations, in cooperation with the Secretary of the Interior, shall develop and implement within each Service unit community-based rehabilitation and follow-up services for	(e) REHABILITATION AND AFTERCARE SERVICES.— (1) IN GENERAL.— The Secretary, Indian Tribes, or Tribal Organizations, in cooperation with the Secretary of the Interior, shall develop and implement within each Service Unit, community-based rehabilitation and follow-up services	"(e) Rehabilitation and Aftercare Services.— "(1) IN GENERAL.— The Secretary, Indian Tribes, or Tribal Organizations, in cooperation with the Secretary of the Interior, shall develop and implement within each Service Unit, community-based rehabilitation and follow-up services	(e ~~d~~) REHABILITATION AND AFTERCARE SERVICES.-- (1) The Secretary, Indian Tribes or tribal organizations, in cooperation with the Secretary of the Interior, shall develop and implement within each ~~Service,~~ service unit, community-based rehabilitation and follow-up services for

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		Indian youths who are having significant behavioral health problems, ~~alcohol or substance abusers which are designed to integrate~~ and require long-term treatment, community reintegration, and ~~to~~ monitoring and to support the Indian youths after their return to their home community. (2) ADMINISTRATION.--Services under paragraph (1) shall be provided ~~administered within each service unit~~ by trained staff within the community who can assist the Indian youths in continuing development of self-image, positive problem-solving skills, and nonalcohol or substance abusing behaviors. Such staff may ~~shall~~ include alcohol and substance abuse counselors, mental health professionals, and other health professionals and paraprofessionals, including community health representatives. (f)~~(e)~~ INCLUSION OF FAMILY IN YOUTH TREATMENT PROGRAM.– In providing the treatment and other services to Indian youths authorized by this section, the Secretary, acting through the Service, shall provide for the inclusion of family members of such youths in the treatment programs or other services as may be appropriate. Not less than 10 percent of the funds appropriated for the purposes of carrying out subsection (e)~~(d)~~ shall be used for outpatient care of adult family members related to the treatment of an Indian youth under that subsection.	for Indian youths who are having significant behavioral health problems, and require long-term treatment, community reintegration, and monitoring to support the Indian youths after their return to their home community. (2) ADMINISTRATION.— Services under paragraph (1) shall be provided by trained staff within the community who can assist the Indian youths in their continuing development of self-image, positive problem-solving skills, and nonalcohol or substance abusing behaviors. Such staff may include alcohol and substance abuse counselors, mental health professionals, and other health professionals and paraprofessionals, including community health representatives. (f) INCLUSION OF FAMILY IN YOUTH TREATMENT PROGRAM.— In providing the treatment and other services to Indian youths authorized by this section, the Secretary, acting through the Service, shall provide for the inclusion of family members of such youths in the treatment programs or other services as may be appropriate. Not less than 10 percent of the funds appropriated for the purposes of carrying out subsection (e) shall be used for outpatient care of adult family members related to the treatment of an Indian youth under that subsection.	for Indian youths who are having significant behavioral health problems, and require long-term treatment, community reintegration, and monitoring to support the Indian youths after their return to their home community. "(2) ADMINISTRATION.— Services under paragraph (1) shall be provided by trained staff within the community who can assist the Indian youths in their continuing development of self-image, positive problem-solving skills, and nonalcohol or substance abusing behaviors. Such staff may include alcohol and substance abuse counselors, mental health professionals, and other health professionals and paraprofessionals, including community health representatives. "(f) Inclusion of Family in Youth Treatment Program.— In providing the treatment and other services to Indian youths authorized by this section, the Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall provide for the inclusion of family members of such youths in the treatment programs or other services as may be appropriate. Not less than 10 percent of the funds appropriated for the purposes of carrying out subsection (e) shall be used for outpatient care of adult family members related to the treatment of an Indian youth under that subsection.	Indian youth who are having significant behavioral health problems, and require ~~alcohol or substance abusers which are designed to integrate~~ long-term treatment, community reintegration and ~~to~~ monitoring to ~~and~~ support the Indian youth after their return to their home community. (2) Services under paragraph (1) shall be administered within each service unit or tribal program by trained staff within the community who can assist the Indian youth in continuing development of self-image, positive problem-solving skills, and nonalcohol or substance abusing behaviors. Such staff ~~shall~~ may include alcohol and substance abuse counselors, mental health professionals, and other health professionals and paraprofessionals, including community health representatives. (f ~~e~~) INCLUSION OF FAMILY IN YOUTH TREATMENT PROGRAM.--In providing the treatment and other services to Indian youth authorized by this section, the Secretary, Indian Tribes and tribal organizations shall provide for the inclusion of family members of such youth in the treatment programs or other services as may be appropriate. Not less than 10 percent of the funds appropriated for the purposes of carrying out subsection (e ~~d~~) shall be used for outpatient care of adult family members related to the treatment of an Indian youth under that subsection.
	See, S. 1790 Sec. 181, which amends §704(f) as new §708(g).	(g)~~(f)~~ MULTIDRUG ABUSE PROGRAM ~~STUDY~~.– ~~(1)~~ The Secretary, acting through the Service, shall provide, consistent with section 702, programs and services to prevent and treat ~~conduct a study to determine the incidence and prevalence of~~ the abuse of multiple forms of ~~drugs~~ substances, including alcohol, drugs, inhalants, and tobacco, among Indian youths residing in Indian communities, on or near ~~Indian~~ reservations, and in urban areas and provide appropriate mental health services to address ~~the interrelationship of such abuse with~~ the incidence of mental illness among such youths. ~~(2) The Secretary shall submit a report detailing the findings of such study, together with recommendations based on such findings, to the Congress no later than two years after the date of the enactment of this section. Tribal~~	(g) MULTIDRUG ABUSE PROGRAM.— The Secretary, acting through the Service, shall provide, consistent with section 701, programs and services to prevent and treat the abuse of multiple forms of substances, including alcohol, drugs, inhalants, and tobacco, among Indian youths residing in Indian communities, on or near reservations, and in urban areas and provide appropriate mental health services to address the incidence of mental illness among such youths.	"(g) Multidrug Abuse Program.— The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall provide, consistent with section 701, programs and services to prevent and treat the abuse of multiple forms of substances, including alcohol, drugs, inhalants, and tobacco, among Indian youths residing in Indian communities, on or near reservations, and in urban areas and provide appropriate mental health services to address the incidence of mental illness among such youths.	(g ~~f~~) MULTIDRUG ABUSE PROGRAM ~~STUDY~~.--~~(1)~~ The Secretary, acting through the Service, Indian Tribes, tribal organizations and urban Indian organizations, shall provide, consistent with Section 701, programs and services to prevent and treat ~~conduct a study to determine the incidence and prevalence of~~ the abuse of multiple forms of substances ~~drugs,~~ including, but not limited to, alcohol, drugs, inhalants and tobacco, among Indian youth residing in Indian communities, on Indian reservations and in urban areas and provide appropriate mental health services to address ~~the interrelationship of such abuse with~~ the incidence of mental illness among such youth. ~~(2) The Secretary shall submit a report detailing the findings of such study, together with recommendations based on such findings, to the Congress no later~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~Organizations, establish~~			~~than two years after the date of the enactment of this section.~~
	See, S. 1790 Sec. 181, which amends the new §708 by adding subsection (h).	(h) INDIAN YOUTH MENTAL HEALTH.—The Secretary, acting through the Service, shall collect data for the report under section 801 with respect to— "(1) the number of Indian youth who are being provided mental health services through the Service and tribal health programs; "(2) a description of, and costs associated with, the mental health services provided for Indian youth through the Service and tribal health programs; "(3) the number of youth referred to the Service or tribal health programs for mental health services; "(4) the number of Indian youth provided residential treatment for mental health and behavioral problems through the Service and tribal health programs, reported separately for on- and off-reservation facilities; and "(5) the costs of the services described in paragraph (4).	(h) INDIAN YOUTH MENTAL HEALTH.— The Secretary, acting through the Service, shall collect data for the report under section 801 with respect to— (1) the number of Indian youth who are being provided mental health services through the Service and Tribal Health Programs; (2) a description of, and costs associated with, the mental health services provided for Indian youth through the Service and Tribal Health Programs; (3) the number of youth referred to the Service or Tribal Health Programs for mental health services; (4) the number of Indian youth provided residential treatment for mental health and behavioral problems through the Service and Tribal Health Programs, reported separately for on- and off-reservation facilities; and (5) the costs of the services described in paragraph (4).	"(h) Indian Youth Mental Health.— The Secretary, acting through the Service, shall collect data for the report under section 801 with respect to— "(1) the number of Indian youth who are being provided mental health services through the Service and Tribal Health Programs; "(2) a description of, and costs associated with, the mental health services provided for Indian youth through the Service and Tribal Health Programs; "(3) the number of youth referred to the Service or Tribal Health Programs for mental health services; "(4) the number of Indian youth provided residential treatment for mental health and behavioral problems through the Service and Tribal Health Programs, reported separately for on- and off-reservation facilities; and "(5) the costs of the services described in paragraph (4).	
	See, S. 1790 Sec. 181 which added a new §709. *NOTE: The NSC used §209(i) as a base for this language, but the amendments aren't shown since it was also used in the new 702(f).*	SEC. 709. INPATIENT AND COMMUNITY-BASED MENTAL HEALTH FACILITIES DESIGN, CONSTRUCTION, AND STAFFING. Not later than 1 year after the date of enactment of the Indian Health Care Improvement Reauthorization and Extension Act of 2009, the Secretary, acting through the Service, may provide, in each area of the Service, not less than 1 inpatient mental health care facility, or the equivalent, for Indians with behavioral health problems. For the purposes of this subsection, California shall be considered to be 2 area offices, 1 office whose location shall be considered to encompass the northern area of the State of California and 1 office whose jurisdiction shall be considered to encompass the remainder of the State of California. The Secretary shall consider the possible conversion of existing, underused Service hospital beds into psychiatric units to meet such need.	SEC. 709. INPATIENT AND COMMUNITY-BASED MENTAL HEALTH FACILITIES DESIGN, CONSTRUCTION, AND STAFFING. ''Not later than 1 year after the date of enactment of the Indian Health Care Improvement Act Amendments of 2009, the Secretary, acting through the Service, may provide, in each area of the Service, not less than 1 inpatient mental health care facility, or the equivalent, for Indians with behavioral health problems. For the purposes of this subsection, California shall be considered to be 2 Area Offices, 1 office whose location shall be considered to encompass the northern area of the State of California and 1 office whose jurisdiction shall be considered to encompass the remainder of the State of California. The Secretary shall consider the possible conversion of existing, underused Service hospital beds into psychiatric units to meet such need.	"SEC. 709. INPATIENT AND COMMUNITY-BASED MENTAL HEALTH FACILITIES DESIGN, CONSTRUCTION, AND STAFFING. "Not later than 1 year after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, may provide, in each area of the Service, not less than 1 inpatient mental health care facility, or the equivalent, for Indians with behavioral health problems. For the purposes of this subsection, California shall be considered to be 2 Area Offices, 1 office whose location shall be considered to encompass the northern area of the State of California and 1 office whose jurisdiction shall be considered to encompass the remainder of the State of California. The Secretary shall consider the possible conversion of existing, underused Service hospital beds into psychiatric units to meet such need.	INPATIENT AND COMMUNITY-BASED MENTAL HEALTH FACILITIES DESIGN, CONSTRUCTION AND STAFFING ~~ASSESSMENT~~ SEC. 316 ~~209(i)~~ Within one year after the date of enactment of this section, the Secretary, acting through the Service, Indian Tribes and tribal organizations, shall provide , in each area of the Service, ~~make an assessment of the need for~~ not less than one inpatient mental health care facility, or the equivalent, ~~among~~ for Indians with behavioral health problems. For the purposes of this subsection, California shall be considered to be two area offices, one office whose location shall be considered to encompass the northern area of the State of California and one office whose jurisdiction shall be considered to encompass the remainder of the State of California ~~and the availability and cost of inpatient mental health facilities which can meet such need. In making such assessment,~~ ~~t~~The Secretary shall consider the possible conversion of existing, under-utilized service hospital beds into psychiatric units to meet such need.
	See, S. 1790 Sec. 181, which amended §705 as a new §710.	SEC. 710 ~~705~~ TRAINING AND COMMUNITY EDUCATION (a) PROGRAM ~~COMMUNITY EDUCATION~~.–	SEC. 710. TRAINING AND COMMUNITY EDUCATION. (a) PROGRAM.— The Secretary, in	"SEC. 710. TRAINING AND COMMUNITY EDUCATION. "(a) Program.— The Secretary, in	TRAINING AND COMMUNITY EDUCATION SEC. 709 ~~705~~. (a) COMMUNITY

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	RS made changes noted in double underscore and ~~redline strikeout~~. *NOTE: In (c)(1), "other" should be inserted in front of "behavioral health problems" since alcohol problems are included in behavioral health problems.*	The Secretary, in cooperation with the Secretary of the Interior, shall develop and implement or assist Indian tribes and tribal organizations to develop and implement, within each service unit or tribal program, a program of community education and involvement which shall be designed to provide concise and timely information to the community leadership of each tribal community. Such program shall include education about behavioral health issues ~~in alcohol and substance abuse~~ to political leaders, tribal judges, law enforcement personnel, members of tribal health and education boards, and other critical members of each tribal community. Such program may also include community-based training to develop local capacity and tribal community provider training for prevention, intervention, treatment, and aftercare. (b) INSTRUCTION ~~TRAINING~~.– The Secretary, acting through the Service, shall~~, either directly or by contract,~~ provide instruction in the area of ~~alcohol and substance abuse~~ behavioral health issues, including instruction in crisis intervention and family relations in the context of alcohol and substance abuse, youth alcohol and substance abuse, and the causes and effects of fetal alcohol spectrum disorders ~~syndrome~~ to appropriate employees of the Bureau of Indian Affairs and the Service, and to personnel in schools or programs operated under any contract with the Bureau of Indian Affairs or the Service, including supervisors of emergency shelters and halfway houses described in section 4213 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2433). (c) ~~COMMUNITY-BASED~~ TRAINING MODELS.– In carrying out the education and training programs required by this section, the Secretary, ~~acting through the Service and~~ in consultation with Indian tribes, tribal organizations, Indian behavioral health experts, and Indian alcohol and substance abuse prevention experts, shall develop and provide community-based training models. Such models shall address-- (1) the elevated risk of alcohol abuse and ~~substance abuse~~ other behavioral health problems faced by children of alcoholics; (2) the cultural, spiritual, and multigenerational aspects of ~~alcohol and substance abuse~~ behavioral health problem	cooperation with the Secretary of the Interior, shall develop and implement or assist Indian Tribes and Tribal Organizations to develop and implement, within each Service Unit or tribal program, a program of community education and involvement which shall be designed to provide concise and timely information to the community leadership of each tribal community. Such program shall include education about behavioral health issues to political leaders, Tribal judges, law enforcement personnel, members of tribal health and education boards, health care providers including traditional practitioners, and other critical members of each tribal community. Such program may also include community-based training to develop local capacity and tribal community provider training for prevention, intervention, treatment, and aftercare. (b) INSTRUCTION.— The Secretary, acting through the Service, shall provide instruction in the area of behavioral health issues, including instruction in crisis intervention and family relations in the context of alcohol and substance abuse, child sexual abuse, youth alcohol and substance abuse, and the causes and effects of fetal alcohol disorders to appropriate employees of the Bureau of Indian Affairs and the Service, and to personnel in schools or programs operated under any contract with the Bureau of Indian Affairs or the Service, including supervisors of emergency shelters and halfway houses described in section 4213 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2433). (c) TRAINING MODELS.— In carrying out the education and training programs required by this section, the Secretary, in consultation with Indian Tribes, Tribal Organizations, Indian behavioral health experts, and Indian alcohol and substance abuse prevention experts, shall develop and provide community-based training models. Such models shall address— (1) the elevated risk of alcohol and behavioral health problems faced by children of alcoholics; (2) the cultural, spiritual, and multigenerational aspects of behavioral health problem prevention and recovery; and (3) community-based and multidisciplinary strategies, including	cooperation with the Secretary of the Interior, shall develop and implement or assist Indian Tribes and Tribal Organizations to develop and implement, within each Service Unit or tribal program, a program of community education and involvement which shall be designed to provide concise and timely information to the community leadership of each tribal community. Such program shall include education about behavioral health issues to political leaders, Tribal judges, law enforcement personnel, members of tribal health and education boards, health care providers including traditional practitioners, and other critical members of each tribal community. Such program may also include community-based training to develop local capacity and tribal community provider training for prevention, intervention, treatment, and aftercare. "(b) Instruction.— The Secretary, acting through the Service, shall, either directly or through Indian Tribes and Tribal Organizations, provide instruction in the area of behavioral health issues, including instruction in crisis intervention and family relations in the context of alcohol and substance abuse, child sexual abuse, youth alcohol and substance abuse, and the causes and effects of fetal alcohol spectrum disorders to appropriate employees of the Bureau of Indian Affairs and the Service, and to personnel in schools or programs operated under any contract with the Bureau of Indian Affairs or the Service, including supervisors of emergency shelters and halfway houses described in section 4213 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2433). "(c) Training Models.— In carrying out the education and training programs required by this section, the Secretary, in consultation with Indian Tribes, Tribal Organizations, Indian behavioral health experts, and Indian alcohol and substance abuse prevention experts, shall develop and provide community-based training models. Such models shall address— "(1) the elevated risk of alcohol and behavioral health problems faced by children of alcoholics; "(2) the cultural, spiritual, and multigenerational aspects of behavioral health problem prevention and recovery; and	EDUCATION.--The Secretary, in cooperation with the Secretary of the Interior, shall develop and implement or provide funding for Indian Tribes and tribal organizations to develop and implement within each service unit or tribal program a program of community education and involvement which shall be designed to provide concise and timely information to the community leadership of each tribal community. Such program shall include education about behavioral health issues ~~in alcohol and substance abuse~~ to political leaders, tribal judges, law enforcement personnel, members of tribal health and education boards, health care providers including traditional practitioners, and other critical members of each tribal community. Community based training (oriented toward local capacity development) shall also include tribal community provider training (designed for adult learners from the communities receiving services for prevention, intervention, treatment and aftercare). (b) TRAINING.--The Secretary shall, either directly or through Indian Tribes and tribal organizations ~~by contract~~, provide instruction in the area of ~~alcohol and substance abuse~~ behavioral health issues, including instruction in crisis intervention and family relations in the context of alcohol and substance abuse, child sexual abuse, youth alcohol and substance abuse, and the causes and effects of fetal alcohol ~~syndrome~~ disorders to appropriate employees of the Bureau of Indian Affairs and the Service, and to personnel in schools or programs operated under any contract with the Bureau of Indian Affairs or the Service, including supervisors of emergency shelters and halfway houses described in section 4213 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2433). (c) COMMUNITY-BASED TRAINING MODELS.--In carrying out the education and training programs required by this section, the Secretary, acting through the Service and in consultation with Indian Tribes, tribal organizations, Indian behavioral health experts, and Indian alcohol and substance abuse prevention experts, shall develop and provide community-based training models. Such models shall address-- (1) the elevated risk of alcohol and

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		prevention and recovery; and (3) community-based and multidisciplinary strategies~~, including Systems of Care,~~ for preventing and treating ~~alcohol and substance abuse~~ behavioral health problems.	Systems of Care, for preventing and treating behavioral health problems.	"(3) community-based and multidisciplinary strategies for preventing and treating behavioral health problems.	~~substance abuse~~ behavioral health problems faced by children of alcoholics; (2) the cultural, spiritual and multigenerational aspects of behavioral health problem ~~alcohol and substance abuse~~ prevention and recovery; and (3) community-based and multidisciplinary strategies for preventing and treating behavioral health problems ~~alcohol and substance abuse~~.
	See, S. 1790 Sec. 181, which amended §209(k) as a new §711.	SEC. 711 ~~209 (k) MENTAL HEALTH DEMONSTRATION GRANT PROGRAM~~ BEHAVIORAL HEALTH PROGRAM.– (a)~~(1)~~ INNOVATIVE PROGRAMS.– The Secretary, acting through the Service, consistent with section 702, may ~~is authorized to make grants to Indian tribes and inter-tribal consortia to pay 75 percent of the cost of~~ plan~~ning~~, develop~~ing~~, and implement~~ing~~, and carry out programs to deliver innovative community-based ~~mental~~ behavioral health services to Indians. ~~The 25 percent tribal share of such cost may be provided in cash or through the provision of property or services.~~ (b)~~(2)~~ AWARDS; CRITERIA.– The Secretary may award a grant for a project under ~~paragraph (1)~~ subsection (a) to an Indian tribe or tribal organization ~~inter-tribal consortium which meets~~ and may consider the following criteria: (1)~~(A)~~ The project will address significant unmet ~~mental~~ behavioral health needs among Indians. (2)~~(B)~~ The project will serve a significant number of Indians. (3)~~(C)~~ The project has the potential to deliver services in an efficient and effective manner. (4)~~(D)~~ The Indian tribe or ~~consortium~~ tribal organization has the administrative and financial capability to administer the project. (5)~~(E)~~ The project will deliver services in a manner consistent with traditional ~~Indian healing and treatment~~ health care practices. (6)~~(F)~~ The project is coordinated with, and avoids duplication of, existing services. (c)~~(3)~~ EQUITABLE TREATMENT.– For purposes of this subsection, the Secretary shall, in evaluating project applications or proposals, ~~for grants for projects to be operated under any contract entered into with the Service under the Indian Self-Determination Act,~~ use the same criteria that the Secretary uses in evaluating any	SEC. 711. BEHAVIORAL HEALTH PROGRAM. (a) INNOVATIVE PROGRAMS.— The Secretary, acting through the Service, consistent with section 701, may plan, develop, implement, and carry out programs to deliver innovative community-based behavioral health services to Indians. (b) AWARDS; CRITERIA.— The Secretary may award a grant for a project under subsection (a) to an Indian Tribe or Tribal Organization and may consider the following criteria: (1) The project will address significant unmet behavioral health needs among Indians. (2) The project will serve a significant number of Indians. (3) The project has the potential to deliver services in an efficient and effective manner. (4) The Indian Tribe or Tribal Organization has the administrative and financial capability to administer the project. (5) The project may deliver services in a manner consistent with traditional health care practices. (6) The project is coordinated with, and avoids duplication of, existing services. (c) EQUITABLE TREATMENT.— For purposes of this subsection, the Secretary shall, in evaluating project applications or proposals, use the same criteria that the Secretary uses in evaluating any other application or proposal for such funding.	SEC. 711. BEHAVIORAL HEALTH PROGRAM. "(a) Innovative Programs.— The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, consistent with section 701, may plan, develop, implement, and carry out programs to deliver innovative community-based behavioral health services to Indians. "(b) Awards; Criteria.— The Secretary may award a grant for a project under subsection (a) to an Indian Tribe or Tribal Organization and may consider the following criteria: "(1) The project will address significant unmet behavioral health needs among Indians. "(2) The project will serve a significant number of Indians. "(3) The project has the potential to deliver services in an efficient and effective manner. "(4) The Indian Tribe or Tribal Organization has the administrative and financial capability to administer the project. "(5) The project may deliver services in a manner consistent with traditional health care practices. "(6) The project is coordinated with, and avoids duplication of, existing services. "(c) Equitable Treatment.— For purposes of this subsection, the Secretary shall, in evaluating project applications or proposals, use the same criteria that the Secretary uses in evaluating any other application or proposal for such funding.	BEHAVIORAL ~~MENTAL~~ HEALTH ~~DEMONSTRATION GRANT~~ PROGRAM. Sec. 710 ~~209 (k)~~(a~~1~~) The Secretary, acting through the Service, Indian Tribes or tribal organizations, consistent with Section 701, may ~~is authorized to make funding grants available to Indian Tribes and inter-tribal organizations consortia to pay 75 percent of for the cost of~~ plan~~ning~~, develop~~ing~~, ~~and~~ implement~~ing~~ and carry~~ing~~ out programs to deliver innovative community-based behavioral ~~mental~~ health services to Indians. ~~The 25 percent tribal share of such cost may be provided in cash or through the provision of property or services.~~ (b~~2~~) The Secretary may award such funding ~~a grant~~ for a project under paragraph (a~~1~~) to an Indian Tribe or ~~inter-~~tribal organization ~~consortium~~ and may consider the ~~which meets~~ the following criteria: (1~~A~~) The project will address significant unmet behavioral ~~mental~~ health needs among Indians. (2~~B~~) The project will serve a significant number of Indians. (3~~C~~) The project has the potential to deliver services in an efficient and effective manner. (4~~D~~) The Tribe or tribal organization ~~consortium~~ has the administrative and financial capability to administer the project. (5~~E~~) The project ~~will~~ may deliver services in a manner consistent with traditional health care ~~Indian healing and treatment~~ practices. (6~~F~~) The project is coordinated with, and avoids duplication of, existing services. (c~~3~~) For purposes of this subsection, the Secretary shall, in evaluating applications or proposals for funding ~~grants~~ for projects to be operated under any funding agreement ~~contract~~ entered into with the Service under the Indian Self-Determination Act and Education

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		other application or proposal for such ~~a grant~~ funding. ~~(4) The Secretary may only award one grant under this subsection with respect to a service area until the Secretary has awarded grants for all service areas with respect to which the Secretary receives applications during the application period, as determined by the Secretary, which meet the criteria specified in paragraph (2).~~ ~~(5) Not later than 180 days after the close of the term of the last grant awarded pursuant to this subsection, the Secretary shall submit to the Congress a report evaluating the effectiveness of the innovative community-based projects demonstrated pursuant to this subsection. Such report shall include findings and recommendations, if any, relating to the reorganization of the programs of the Service for delivery of mental health service to Indians.~~ ~~(6) Grants made pursuant to this section may be expended over a period of three years and no grant may exceed $1,000,000 for the fiscal years involved.~~			Assistance Act, use the same criteria that the Secretary uses in evaluating any other application or proposal for such funding ~~a grant~~. ~~(4) The Secretary may only award one grant under this subsection with respect to a service area until the Secretary has awarded grants for all service areas with respect to which the Secretary receives applications during the application period, as determined by the Secretary, which meet the criteria specified in paragraph (2).~~ ~~(5) Not later than 180 days after the close of the term of the last grant awarded pursuant to this subsection, the Secretary shall submit to the Congress a report evaluating the effectiveness of the innovative community-based projects demonstrated pursuant to this subsection. Such report shall include findings and recommendations, if any, relating to the reorganization of the programs of the Service for delivery of mental health service to Indians.~~ ~~(6) Grants made pursuant to this section may be expended over a period of three years and no grant may exceed $1,000,000 for the fiscal years involved.~~
	See, S. 1790 Sec. 181 amended §708 as a new §712. *Note: In (a)(1), "701" should be "702"; also capitalization is inconsistent with other sections.* R=S. 1200; E=2708.	SEC. 712 ~~708~~. FETAL ALCOHOL SPECTRUM DISORDERS PROGRAMS ~~SYNDROME AND FETAL ALCOHOL EFFECT GRANTS~~ (a) PROGRAMS.– (1) ESTABLISHMENT.– The Secretary, consistent with section 701, acting through the Service, Indian Tribes, and Tribal Organizations, is authorized ~~may make grants to Indian tribes and tribal organizations~~ to establish and operate fetal alcohol spectrum disorders ~~syndrome and fetal alcohol effect~~ programs as provided in this section for the purposes of meeting the health status objectives specified in section 3~~(b)~~. (2) USE OF FUNDS.– (A) IN GENERAL. ~~Grants made~~ Funding provided pursuant to this section shall be used ~~to~~ for the following-- (i)~~(A)~~ To develop and provide for Indian community and in-school training, education, and prevention programs relating to ~~FAS and FAE~~ fetal alcohol spectrum disorders.~~;~~ (ii)~~(B)~~ To identify and provide ~~alcohol and substance abuse~~ behavioral health treatment to high-risk Indian women and high-risk women pregnant with an Indian's child.~~;~~	SEC. 712. FETAL ALCOHOL DISORDER PROGRAMS. (a) PROGRAMS.— (1) ESTABLISHMENT.— The Secretary, consistent with section 701 and acting through the Service, is authorized to establish and operate fetal alcohol disorder programs as provided in this section for the purposes of meeting the health status objectives specified in section 3. (2) USE OF FUNDS.— (A) IN GENERAL.— Funding provided pursuant to this section shall be used for the following: (i) To develop and provide for Indians community and in-school training, education, and prevention programs relating to fetal alcohol disorders. (ii) To identify and provide behavioral health treatment to high-risk Indian women and high-risk women pregnant with an Indian's child. (iii) To identify and provide appropriate psychological services, educational and vocational support, counseling, advocacy, and information to fetal alcohol disorder affected Indians and their families or caretakers. (iv) To develop and implement counseling and support programs in schools for fetal	"SEC. 712. FETAL ALCOHOL SPECTRUM DISORDERS.1200PROGRAMS. "(a) Programs.— "(1) ESTABLISHMENT.— The Secretary, consistent with section 701, acting through the Service, Indian Tribes, and Tribal Organizations, is authorized to establish and operate fetal alcohol spectrum disorders programs as provided in this section for the purposes of meeting the health status objectives specified in section 3. "(2) USE OF FUNDS.— "(A) IN GENERAL.— Funding provided pursuant to this section shall be used for the following: "(i) To develop and provide for Indians community and in-school training, education, and prevention programs relating to fetal alcohol spectrum disorders. "(ii) To identify and provide behavioral health treatment to high-risk Indian women and high-risk women pregnant with an Indian's child. "(iii) To identify and provide appropriate psychological services, educational and vocational support, counseling, advocacy, and information to fetal alcohol spectrum	FETAL ALCOHOL DISORDER ~~SYNDROME AND FETAL ALCOHOL EFFECT GRANTS~~ FUNDING Sec. 711 . ~~708~~ (a)(1) The Secretary, consistent with Section 701, acting through Indian Tribes, tribal organizations, and urban Indian organizations, shall ~~may make funding available grants to Indian Tribes and tribal organizations and urban Indian organizations to~~ establish and operate fetal alcohol disorders ~~syndrome and fetal alcohol effect~~ programs as provided in this section for the purposes of meeting the health status objectives specified in section 3(b). (2) Funding ~~Grants made~~ provided pursuant to this section shall be used to-- (A) develop and provide community and in-school training, education, and prevention programs relating to fetal alcohol disorders ~~FAS and FAE~~; (B) identify and provide behavioral health ~~alcohol and substance abuse~~ treatment to high-risk women; (C) identify and provide appropriate psychological services, educational and vocational support, counseling, advocacy, and information to fetal alcohol disorder

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		(iii)~~(C)~~ To identify and provide appropriate psychological services, educational and vocational support, counseling, advocacy, and information to ~~FAS and FAE~~ fetal alcohol spectrum disorders-affected Indians ~~persons~~ and their families or caretakers.~~;~~ (iv)~~(D)~~ To develop and implement counseling and support programs in schools for ~~FAS and FAE~~ fetal alcohol spectrum disorders-affected children.~~;~~ (v)~~(E)~~ To develop prevention and intervention models which incorporate traditional ~~healers~~ health care practices, cultural values and community involvement.~~;~~ (vi)~~(F)~~ To develop, print, and disseminate education and prevention materials on ~~FAS and FAE~~ fetal alcohol spectrum disorders.~~; and~~ (vii)~~(G)~~ To develop and implement, ~~through the tribal~~ in consultation with Indian Tribes and Tribal Organizations, and in conference with urban Indian Organizations, ~~process,~~ culturally sensitive assessment and diagnostic tools including dysmorphology clinics and multidisciplinary fetal alcohol spectrum disorders clinics for use in ~~tribal~~ Indian communities and urban centers ~~Indian communities~~. (viii) To develop and provide training on fetal alcohol spectrum disorders to professionals providing services to Indians, including medical and allied health practitioners, social service providers, educators, and law enforcement, court officials and corrections personnel in the juvenile and criminal justice systems. (B) ADDITIONAL USES.—In addition to any purpose under subparagraph (A), funding provided pursuant to this section may be used for 1 or more of the following: "(i) Early childhood intervention projects from birth on to mitigate the effects of fetal alcohol spectrum disorders among Indians. "(ii) Community-based support services for Indians and women pregnant with Indian children. "(iii) Community-based housing for adult Indians with fetal alcohol spectrum disorders. (3) CRITERIA FOR APPLICATIONS.– The Secretary shall establish criteria for the review and approval of applications of applications for funding ~~grants~~ under this section.	alcohol disorder affected Indian children. (v) To develop prevention and intervention models which incorporate practitioners of traditional health care practices, cultural values, and community involvement. (vi) To develop, print, and disseminate education and prevention materials on fetal alcohol disorder. (vii) To develop and implement, in consultation with Indian Tribes, Tribal Organizations, and urban Indian organizations, culturally sensitive assessment and diagnostic tools including dysmorphology clinics and multidisciplinary fetal alcohol disorder clinics for use in Indian communities and Urban Centers. (B) ADDITIONAL USES.— In addition to any purpose under subparagraph (A), funding provided pursuant to this section may be used for 1 or more of the following: (i) Early childhood intervention projects from birth on to mitigate the effects of fetal alcohol disorder among Indians. (ii) Community-based support services for Indians and women pregnant with Indian children. (iii) Community-based housing for adult Indians with fetal alcohol disorder. (3) CRITERIA FOR APPLICATIONS.— The Secretary shall establish criteria for the review and approval of applications for funding under this section. (b) SERVICES.— The Secretary, acting through the Service, shall— (1) develop and provide services for the prevention, intervention, treatment, and aftercare for those affected by fetal alcohol disorder in Indian communities; and (2) provide supportive services, including services to meet the special educational, vocational, school-to-work transition, and independent living needs of adolescent and adult Indians with fetal alcohol disorder. (c) TASK FORCE.— The Secretary shall establish a task force to be known as the Fetal Alcohol Disorder Task Force to advise the Secretary in carrying out subsection (b). Such task force shall be composed of representatives from the following: (1) The National Institute on Drug Abuse. (2) The National Institute on Alcohol and Alcoholism. (3) The Office of Substance Abuse	disorders-affected Indians and their families or caretakers. "(iv) To develop and implement counseling and support programs in schools for fetal alcohol spectrum disorders-affected Indian children. "(v) To develop prevention and intervention models which incorporate practitioners of traditional health care practices, cultural values, and community involvement. "(vi) To develop, print, and disseminate education and prevention materials on fetal alcohol spectrum disorders. "(vii) To develop and implement, in consultation with Indian Tribes and Tribal Organizations, and in conference with urban Indian organizations, culturally sensitive assessment and diagnostic tools including dysmorphology clinics and multidisciplinary fetal alcohol spectrum disorders clinics for use in Indian communities and urban centers. "(B) ADDITIONAL USES.— In addition to any purpose under subparagraph (A), funding provided pursuant to this section may be used for 1 or more of the following: "(i) Early childhood intervention projects from birth on to mitigate the effects of fetal alcohol spectrum disorders among Indians. "(ii) Community-based support services for Indians and women pregnant with Indian children. "(iii) Community-based housing for adult Indians with fetal alcohol spectrum disorders. "(3) CRITERIA FOR APPLICATIONS.— The Secretary shall establish criteria for the review and approval of applications for funding under this section. "(b) Services.— The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall— "(1) develop and provide services for the prevention, intervention, treatment, and aftercare for those affected by fetal alcohol spectrum disorders in Indian communities; and "(2) provide supportive services, including services to meet the special educational, vocational, school-to-work transition, and independent living needs of adolescent and adult Indians with fetal alcohol spectrum disorders. "(c) Task Force.— The Secretary shall establish a task force to be known as the Fetal Alcohol Spectrum Disorders Task	~~FAS and FAE~~ affected persons and their families or caretakers; (D) develop and implement counseling and support programs in schools for fetal alcohol disorder ~~FAS and FAE~~ affected children; (E) develop prevention and intervention models which incorporate traditional ~~healers~~ practitioners, cultural and spiritual values and community involvement; (F) develop, print, and disseminate education and prevention materials on fetal alcohol disorders ~~FAS and FAE; and~~ (G) develop and implement, through the tribal consultation process, culturally sensitive assessment and diagnostic tools including dysmorphology clinics and multidisciplinary fetal alcohol disorder clinics for use in tribal and urban Indian communities; (H) develop early childhood intervention projects from birth on to mitigate the effects of fetal alcohol disorders; and (I) develop and fund community-based adult fetal alcohol disorder housing and support services. (3) The Secretary shall establish criteria for the review and approval of applications for funding ~~grants~~ under this section. (b) The Secretary, acting through the Service, Indian Tribes, tribal organizations and urban Indian organizations, shall-- (1) develop and provide services ~~an annual plan~~ for the prevention, intervention, treatment, and aftercare for those affected by fetal alcohol disorders ~~FAS and FAE~~ in Indian communities; and (2) provide supportive services, directly or through an Indian Tribe, tribal organization or urban Indian organization, including, which services shall include but not be limited to, ~~conduct a study, directly or by contract with any organization, entity, or institution of higher education with significant knowledge of fetal alcohol disorders FAS and FAE and Indian communities, of the~~ meeting the special educational, vocational, school-to-work transition, and independent living needs of adolescent and adult Indians ~~and Alaska Natives~~ with fetal alcohol disorders. ~~FAS or FAE; and~~ ~~(3) establish a national clearinghouse for prevention and educational materials and other information on the effect of fetal alcohol disorders FAS and FAE effect in~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		(b) SERVICES.– The Secretary, acting through the Service, shall-- (1) develop and provide services ~~an annual plan~~ for the prevention, intervention, treatment, and aftercare for those affected by ~~FAS and FAE~~ fetal alcohol spectrum disorders in Indian communities; and (2) ~~conduct a study, directly or by contract with any organization, entity, or institution of higher education with significant knowledge of FAS and FAE and Indian communities, of~~ provide supportive services, including services to meet the special educational, vocational, school-to-work transition, and independent living needs of adolescent and adult Indians ~~and Alaska Natives~~ with ~~FAS or FAE~~ fetal alcohol spectrum disorders.~~; and~~ ~~(3) establish a national clearinghouse for prevention and educational materials and other information on FAS and FAE effect in Indian and Alaska Native communities and ensure access to clearinghouse materials by any Indian tribe or urban Indian organization.~~ ~~(c) The Secretary shall establish a task force to be known as the FAS/FAE Task Force to advise the Secretary in carrying out subsection (b). Such task force shall be composed of representatives from the National Institute on Drug Abuse, the National Institute on Alcohol and Alcoholism, the Office of Substance Abuse Prevention, the National Institute of Mental Health, the Service, the Office of Minority Health of the Department of Health and Human Services, the Administration for Native Americans, the Bureau of Indian Affairs, Indian tribes, tribal organizations, urban Indian communities, and Indian FAS/FAE experts.~~ (c)~~(d)~~ APPLIED RESEARCH PROJECTS.– The Secretary, acting through the Substance Abuse and Mental Health Services Administration, shall make grants to Indian Tribes, Tribal Organizations, and urban Indian Organizations ~~universities working with Indian tribes on cooperative projects, and urban Indian organizations~~ for applied research projects which propose to elevate the understanding of methods to prevent, intervene, treat, or provide regabilitation and behavioral health aftercare for Indians and urban Indians affected by ~~FAS or FAE~~ fetal alcohol spectrum disorders. ~~(e)(1) The Secretary shall submit to the President, for inclusion in each report~~	Prevention. (4) The National Institute of Mental Health. (5) The Service. (6) The Office of Minority Health of the Department of Health and Human Services. (7) The Administration for Native Americans. (8) The National Institute of Child Health and Human Development (NICHD). (9) The Centers for Disease Control and Prevention. (10) The Bureau of Indian Affairs. (11) Indian Tribes. (12) Tribal Organizations. (13) urban Indian organizations. (14) Indian fetal alcohol spectrum disorders experts. (d) APPLIED RESEARCH PROJECTS.— The Secretary, acting through the Substance Abuse and Mental Health Services Administration, shall make grants to Indian Tribes, Tribal Organizations, and urban Indian organizations for applied research projects which propose to elevate the understanding of methods to prevent, intervene, treat, or provide rehabilitation and behavioral health aftercare for Indians and urban Indians affected by fetal alcohol spectrum disorders.	Force to advise the Secretary in carrying out subsection (b). Such task force shall be composed of representatives from the following: "(1) The National Institute on Drug Abuse. "(2) The National Institute on Alcohol and Alcoholism. "(3) The Office of Substance Abuse Prevention. "(4) The National Institute of Mental Health. "(5) The Service. "(6) The Office of Minority Health of the Department of Health and Human Services. "(7) The Administration for Native Americans. "(8) The National Institute of Child Health and Human Development (NICHD). "(9) The Centers for Disease Control and Prevention. "(10) The Bureau of Indian Affairs. "(11) Indian Tribes. "(12) Tribal Organizations. "(13) urban Indian communities. "(14) Indian fetal alcohol spectrum disorders experts. "(d) Applied Research Projects.— The Secretary, acting through the Substance Abuse and Mental Health Services Administration, shall make grants to Indian Tribes, Tribal Organizations, and urban Indian organizations for applied research projects which propose to elevate the understanding of methods to prevent, intervene, treat, or provide rehabilitation and behavioral health aftercare for Indians and urban Indians affected by fetal alcohol spectrum disorders.	~~Indian and Alaska Native communities and ensure access to clearinghouse materials by any Indian Tribe, tribal organization or urban Indian organization.~~ (c) The Secretary shall establish a task force to be known as the Fetal Alcohol Disorders ~~FAS/FAE~~ Task Force to advise the Secretary in carrying out subsection (b). Such task force shall be composed of representatives from the National Institute on Drug Abuse, the National Institute on Alcohol and Alcoholism, the Office of Substance Abuse Prevention, the National Institute of Mental Health, the Service, the Office of Minority Health of the Department of Health and Human Services, the Administration for Native Americans, the National Institute of Child Health & Human Development (NICHD), Centers for Disease Control and Prevention, the Bureau of Indian Affairs, Indian Tribes, tribal organizations, urban Indian communities, and Indian fetal alcohol disorders ~~FAS/FAE~~ experts. (d) The Secretary, acting through the Substance Abuse and Mental Health Services Administration, shall make funding available ~~grants~~ to Indian Tribes, tribal organizations, ~~universities working with Indian Tribes and tribal organizations on cooperative projects,~~ and urban Indian organizations for applied research projects which propose to elevate the understanding of methods to prevent, intervene, treat, or provide rehabilitation and behavioral health aftercare for Indians and urban Indians affected by fetal alcohol disorders ~~FAS or FAE~~. ~~(e)(1) The Secretary shall submit to the President, for inclusion in each report required to be transmitted to the Congress under section 801, a report on the status of fetal alcohol disorders FAS and FAE in the Indian population. Such report shall include, in addition to the information required under section 3(d) with respect to the health status objective specified in section 3(b)(27), the following:~~ ~~(A) The progress of implementing a uniform assessment and diagnostic methodology in Service and tribally service delivery systems.~~ ~~(B) The incidence of fetal alcohol disorders FAS and FAE babies born for all births by reservation and urban-based sites.~~ ~~(C) The prevalence of fetal alcohol disorders FAS and FAE affected Indian~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~required to be transmitted to the Congress under section 801, a report on the status of FAS and FAE in the Indian population. Such report shall include, in addition to the information required under section (3)(d) with respect to the health status objective specified in section (3)(b)(27), the following:~~ ~~(A) The progress of implementing a uniform assessment and diagnostic methodology in Service and tribally service delivery systems.~~ ~~(B) The incidence of FAS and FAE babies born for all births by reservation and urban-based sites.~~ ~~(C) The prevalence of FAS and FAE affected Indian persons in Indian communities, their primary means of support, and recommendations to improve the support system for these individuals and their families or caretakers.~~ ~~(D) The level of support received from the entities specified in subsection (c) in the area of FAS and FAE.~~ ~~(E) The number of inpatient and outpatient substance abuse treatment resources which are specifically designed to meet the unique needs of Indian women, and the volume of care provided to Indian women through these means.~~ ~~(F) Recommendations regarding the prevention, intervention, and appropriate vocational, educational and other support services for FAS and FAE affected individuals in Indian communities.~~ ~~(2) The Secretary may contract the production of this report to a national organization specifically addressing FAS and FAE in Indian communities.~~			~~persons in Indian communities, their primary means of support, and recommendations to improve the support system for these individuals and their families or caretakers.~~ ~~(D) The level of support received from the entities specified in subsection (c) in the area of fetal alcohol disorders FAS and FAE.~~ ~~(E) The number of inpatient and outpatient substance abuse treatment resources which are specifically designed to meet the unique needs of Indian women, and the volume of care provided to Indian women through these means.~~ ~~(F) Recommendations regarding the prevention, intervention, and appropriate vocational, educational and other support services for fetal alcohol disorders FAS and FAE affected individuals in Indian communities.~~ ~~(2) The Secretary may contract the production of this report to a national organization specifically addressing fetal alcohol disorders FAS and FAE in Indian communities.~~
		~~(f)(1) There are authorized to be appropriated to carry out this section $22,000,000 for fiscal year 1993 and such sums as may be necessary for each of the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and 2000.~~ (e)~~(2)~~ FUNDING FOR URBAN INDIAN ORGANIZATIONS.– Ten percent of the funds appropriated pursuant to this section shall be used to make grants to urban Indian organizations funded under title V.	(e) FUNDING FOR URBAN INDIAN ORGANIZATIONS.— Ten percent of the funds appropriated pursuant to this section shall be used to make grants to urban Indian organizations funded under title V.	"(e) Funding for urban Indian organizations.— Ten percent of the funds appropriated pursuant to this section shall be used to make grants to urban Indian organizations funded under title V.	(e) ~~(f)(1) There are authorized to be appropriated to carry out this section $22,000,000 for fiscal year 1993 and such sums as may be necessary for each of the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and 2000.~~ ~~(2)~~ Ten percent of the funds appropriated pursuant to this section shall be used to make grants to urban Indian organizations funded under title V.
x	See, S. 1790 Sec. 181, which amended §819 as a new 713. RS amended it further as noted. *NOTE: The latter should be retained and the former deleted, as*	SEC. 713 ~~819~~ CHILD SEXUAL ABUSE ~~AND~~ PREVENTION AND TREATMENT PROGRAMS ~~(a) The Secretary and the Secretary of the Interior shall, for each fiscal year through fiscal year 1995, continue the demonstration programs involving~~	SEC. 713. CHILD SEXUAL ABUSE AND PREVENTION TREATMENT PROGRAMS.	"SEC. 713. CHILD SEXUAL ABUSE PREVENTION AND TREATMENT PROGRAMS.	CHILD SEXUAL ABUSE AND PREVENTION ~~DEMONSTRATION~~ TREATMENT PROGRAMS Sec. 712 .~~Sec. 819. The Secretary and the Secretary of the Interior shall, for each fiscal year through fiscal year 1995, continue the demonstration programs~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	duplicative.	~~treatment for child sexual abuse provided through the Hopi Tribe and the Assiniboine and Sioux Tribes of the Fort Peck Reservation.~~			~~involving treatment for child sexual abuse provided through the Hopi Tribe and the Assiniboine and Sioux Tribes of the Fort Peck Reservation.~~
		(a)~~(b)~~ ESTABLISHMENT.~~– Beginning October 1, 1995, the~~ The Secretary, acting through the Service, ~~and the Secretary of the Interior may~~ shall establish, consistent with section 702, in ~~any~~ every Service area, ~~demonstration~~ programs involving treatment for– (1) victims of ~~child~~ sexual abuse who are children or children in an Indian household; and~~, except that the Secretaries may not establish a greater number of such programs in one service area than in any other service area until there is an equal number of such programs established with respect to all service areas from which the Secretary receives qualified applications during the application period (as determined by the Secretary).~~ (2) other members of the household or family of the victims described in paragraph (1). ~~perpetrators of child sexual abuse who are Indian or members of an Indian household.~~	(a) ESTABLISHMENT.— The Secretary, acting through the Service, shall establish, consistent with section 701, in every Service Area, programs involving treatment for— (1) victims of sexual abuse who are Indian children or children in an Indian household; and (2) perpetrators of child sexual abuse who are Indian or members of an Indian household.	"(a) Establishment.— The Secretary, acting through the Service, and the Secretary of the Interior, Indian Tribes, and Tribal Organizations, shall establish, consistent with section 701, in every Service Area, programs involving treatment for victims of sexual abuse who are Indian children or children in an Indian household	~~(b) Beginning October 1, 1995, (~~a ~~1~~) The Secretary and the Secretary of the Interior, acting through the Service, Indian Tribes and tribal organizations, shall ~~may~~ establish, consistent with Section 701, in ~~any~~ every service area, ~~demonstration~~ programs involving treatment for (a) victims of child sexual abuse; and, (b) perpetrators of child sexual abuse.~~, except that the Secretaries may not establish a greater number of such programs in one service area than in any other service area until there is an equal number of such programs established with respect to all service areas from which the Secretary receives qualified applications during the application period (as determined by the Secretary).~~
x		(b) Use of Funds.—Funding provided pursuant to this section shall be used for the following: "(1) To develop and provide community education and prevention programs related to sexual abuse of Indian children or children in an Indian household. "(2) To identify and provide behavioral health treatment to victims of sexual abuse who are Indian children or children in an Indian household, and to their family members who are affected by sexual abuse. "(3) To develop prevention and intervention models which incorporate traditional health care practices, cultural values, and community involvement. "(4) To develop and implement culturally sensitive assessment and diagnostic tools for use in Indian communities and urban centers. "(5) To identify and provide behavioral health treatment to Indian perpetrators and perpetrators who are members of an Indian household— (~~A) making efforts to begin offender and behavioral health treatment while the perpetrator is incarcerated or at the earliest possible date if the perpetrator is not incarcerated; and~~	(b) USE OF FUNDS.— Funding provided pursuant to this section shall be used for the following: (1) To develop and provide community education and prevention programs related to sexual abuse of Indian children or children in an Indian household. (2) To identify and provide behavioral health treatment to victims of sexual abuse who are Indian children or children in an Indian household, and to their family members who are affected by sexual abuse. (3) To develop prevention and intervention models which incorporate traditional health care practices, cultural values, and community involvement. (4) To develop and implement culturally sensitive assessment and diagnostic tools for use in Indian communities and Urban Centers. (5) To identify and provide behavioral health treatment to Indian perpetrators and perpetrators who are members of an Indian household— (A) making efforts to begin offender and behavioral health treatment while the perpetrator is incarcerated or at the earliest possible date if the perpetrator is not incarcerated; and	"(b) Use of Funds.— Funding provided pursuant to this section shall be used for the following: "(1) To develop and provide community education and prevention programs related to sexual abuse of Indian children or children in an Indian household. "(2) To identify and provide behavioral health treatment to victims of sexual abuse who are Indian children or children in an Indian household, and to their family members who are affected by sexual abuse. "(3) To develop prevention and intervention models which incorporate traditional health care practices, cultural values, and community involvement. "(4) To develop and implement culturally sensitive assessment and diagnostic tools for use in Indian communities and urban centers. "(5) To identify and provide behavioral health treatment to Indian perpetrators and perpetrators who are members of an Indian household— "(A) making efforts to begin offender and behavioral health treatment while the perpetrator is incarcerated or at the earliest possible date if the perpetrator is not incarcerated; and	(b) Funding provided pursuant to this section shall be used to – (1) Develop and provide community education and prevention programs related to child sexual abuse; (2) Identify and provide behavioral health treatment to children who are victims of sexual abuse and to their families who are affected by sexual abuse; (3) Develop prevention and intervention models which incorporate traditional health care practitioners, cultural and spiritual values, and community involvement; (4) Develop and implement, though the tribal consultation process, culturally sensitive assessment and diagnostic tools for use in tribal and urban Indian communities. (5) Identify and provide behavioral health treatment to perpetrators. (A) Efforts will be made to begin offender and behavioral health treatment while the perpetrator is incarcerated or at the earliest possible date if the perpetrator is not incarcerated , and (B) Treatment should be provided after release to the community, until it is determined that the perpetrator is not a

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~"(B) providing treatment after the perpetrator is released, until it is determined that the perpetrator is not a threat to children.~~	(B) providing treatment after the perpetrator is released, until it is determined that the perpetrator is not a threat to children.	"(B) providing treatment after the perpetrator is released, until it is determined that the perpetrator is not a threat to children.	threat to children.
		(c) Coordination.—The programs established under subsection (a) shall be carried out in coordination with programs and services authorized under the Indian Child Protection and Family Violence Prevention Act (25 U.S.C. 3201 et seq.).	(c) COORDINATION.— The programs established under subsection (a) shall be carried out in coordination with programs and services authorized under the Indian Child Protection and Family Violence Prevention Act (25 U.S.C. 3201 et seq.).	"(c) Coordination.— The programs established under subsection (a) shall be carried out in coordination with programs and services authorized under the Indian Child Protection and Family Violence Prevention Act (25 U.S.C. 3201 et seq.).	
x	See, S. 1790 Sec. 181 added new §714. RS amended it, as noted. R&E did not include this section.	SEC. 714. DOMESTIC AND SEXUAL VIOLENCE PREVENTION AND TREATMENT. "(a) In General.—The Secretary, in accordance with section 702, is authorized to establish in each Service area programs involving the prevention and treatment of— "(1) Indian victims of domestic violence or sexual abuse; and "(2) other members of the household or family of the victims described in paragraph (1). ~~perpetrators of domestic violence or sexual abuse who are Indian or members of an Indian household.~~ "(b) Use of Funds.—Funds made available to carry out this section shall be used— "(1) to develop and implement prevention programs and community education programs relating to domestic violence and sexual abuse; "(2) to provide behavioral health services, including victim support services, and medical treatment (including examinations performed by sexual assault nurse examiners) to Indian victims of domestic violence or sexual abuse; (3) to purchase rape kits; and (4) to develop prevention and intervention models, which may incorporate traditional health care practices~~; and~~ ~~"(5) to identify and provide behavioral health treatment to perpetrators who are Indian or members of an Indian household~~. "(c) Training and Certification.— "(1) IN GENERAL.—Not later than 1 year after the date of enactment of the Indian Health Care Improvement Reauthorization and Extension Act of 2009, the Secretary shall establish appropriate protocols, policies, procedures, standards of practice, and, if not available elsewhere, training curricula and training and certification requirements for services for victims of domestic violence and sexual abuse. "(2) REPORT.—Not later than 18 months after the date of enactment of the Indian	SEC. 714. DOMESTIC AND SEXUAL VIOLENCE PREVENTION AND TREATMENT. (a) IN GENERAL.— The Secretary, in accordance with section 701, is authorized to establish in each Service Area programs involving the prevention and treatment of— (1) Indian victims of domestic violence or sexual abuse; and (2) perpetrators of domestic violence or sexual abuse who are Indian or members of an Indian household. (b) USE OF FUNDS.— Funds made available to carry out this section shall be used— " (1) to develop and implement prevention programs and community education programs relating to domestic violence and sexual abuse; (2) to provide behavioral health services, including victim support services, and medical treatment (including examinations performed by sexual assault nurse examiners) to Indian victims of domestic violence or sexual abuse; " (3) to purchase rape kits; (4) to develop prevention and intervention models, which may incorporate traditional health care practices; and (5) to identify and provide behavioral health treatment to perpetrators who are Indian or members of an Indian household. (c) TRAINING AND CERTIFICATION.— (1) IN GENERAL.— Not later than 1 year after the date of enactment of the Indian Health Care Improvement Act Amendments of 2009, the Secretary shall establish appropriate protocols, policies, procedures, standards of practice, and, if not available elsewhere, training curricula and training and certification requirements for services for victims of domestic violence and sexual abuse. (2) REPORT.— Not later than 18 months after the date of enactment of the Indian	"SEC. 714. DOMESTIC AND SEXUAL VIOLENCE PREVENTION AND TREATMENT. "(a) In General.— The Secretary, in accordance with section 701, is authorized to establish in each Service Area programs involving the prevention and treatment of— "(1) Indian victims of domestic violence or sexual abuse; and "(2) perpetrators of domestic violence or sexual abuse who are Indian or members of an Indian household. "(b) Use of Funds.— Funds made available to carry out this section shall be used— "(1) to develop and implement prevention programs and community education programs relating to domestic violence and sexual abuse; "(2) to provide behavioral health services, including victim support services, and medical treatment (including examinations performed by sexual assault nurse examiners) to Indian victims of domestic violence or sexual abuse; "(3) to purchase rape kits, "(4) to develop prevention and intervention models, which may incorporate traditional health care practices; and "(5) to identify and provide behavioral health treatment to perpetrators who are Indian or members of an Indian household. "(c) Training and Certification.— "(1) IN GENERAL.— Not later than 1 year after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall establish appropriate protocols, policies, procedures, standards of practice, and, if not available elsewhere, training curricula and training and certification requirements for services for victims of domestic violence and sexual abuse. "(2) REPORT.— Not later than 18 months after the date of enactment of the Indian	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		Health Care Improvement Reauthorization and Extension Act of 2009, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources of the House of Representatives a report that describes the means and extent to which the Secretary has carried out paragraph (1). "(d) Coordination.— "(1) IN GENERAL.—The Secretary, in coordination with the Attorney General, Federal and tribal law enforcement agencies, Indian health programs, and domestic violence or sexual assault victim organizations, shall develop appropriate victim services and victim advocate training programs— "(A) to improve domestic violence or sexual abuse responses; "(B) to improve forensic examinations and collection; "(C) to identify problems or obstacles in the prosecution of domestic violence or sexual abuse; and "(D) to meet other needs or carry out other activities required to prevent, treat, and improve prosecutions of domestic violence and sexual abuse. "(2) REPORT.—Not later than 2 years after the date of enactment of the Indian Health Care Improvement Reauthorization and Extension Act of 2009, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources of the House of Representatives a report that describes, with respect to the matters described in paragraph (1), the improvements made and needed, problems or obstacles identified, and costs necessary to address the problems or obstacles, and any other recommendations that the Secretary determines to be appropriate.	Health Care Improvement Act Amendments of 2008, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources of the House of Representatives a report that describes the means and extent to which the Secretary has carried out paragraph (1). (d) COORDINATION.— (1) IN GENERAL.— The Secretary, in coordination with the Attorney General, Federal and tribal law enforcement agencies, Indian Health Programs, and domestic violence or sexual assault victim organizations, shall develop appropriate victim services and victim advocate training programs— (A) to improve domestic violence or sexual abuse responses; (B) to improve forensic examinations and collection; (C) to identify problems or obstacles in the prosecution of domestic violence or sexual abuse; and (D) to meet other needs or carry out other activities required to prevent, treat, and improve prosecutions of domestic violence and sexual abuse. (2) REPORT.— Not later than 2 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources of the House of Representatives a report that describes, with respect to the matters described in paragraph (1), the improvements made and needed, problems or obstacles identified, and costs necessary to address the problems or obstacles, and any other recommendations that the Secretary determines to be appropriate.	Health Care Improvement Act Amendments of 2008, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources of the House of Representatives a report that describes the means and extent to which the Secretary has carried out paragraph (1). "(d) Coordination.— "(1) IN GENERAL.— The Secretary, in coordination with the Attorney General, Federal and tribal law enforcement agencies, Indian Health Programs, and domestic violence or sexual assault victim organizations, shall develop appropriate victim services and victim advocate training programs— "(A) to improve domestic violence or sexual abuse responses; "(B) to improve forensic examinations and collection; "(C) to identify problems or obstacles in the prosecution of domestic violence or sexual abuse; and "(D) to meet other needs or carry out other activities required to prevent, treat, and improve prosecutions of domestic violence and sexual abuse. "(2) REPORT.— Not later than 2 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources of the House of Representatives a report that describes, with respect to the matters described in paragraph (1), the improvements made and needed, problems or obstacles identified, and costs necessary to address the problems or obstacles, and any other recommendations that the Secretary determines to be appropriate.	
	See, S. 1790 Sec. 181 which amended §209(h) as new §715. *NOTE: The latter should be retained and the former deleted, as duplicative.* *ALSO NOTE: In (a)(2) "behavioral health problems" should be struck and replaced with "mental health disorders" since the list that follows "behavioral health disorders" all mostly all included, but*	SEC. 715 ~~209(h)~~ ~~MENTAL~~ BEHAVIORAL HEALTH RESEARCH.--(a) IN GENERAL.– The Secretary, ~~acting through the Service and~~ in consultation with ~~the National Institute of Mental Health~~ appropriate Federal agencies, shall make grants to or or enter into contracts with, Indian tribes, tribal organizations, and urban Indian organizations or enter into contracts with, or make grants to, appropriate institutions for the conduct of research on the incidence and prevalence of ~~mental disorders~~ behavioral health problems among Indians served by the Service, Indian tribes, or tribal organizations and among Indians ~~on~~	SEC. 715. BEHAVIORAL HEALTH RESEARCH. ''The Secretary, in consultation with appropriate Federal agencies, shall make grants to, or enter into contracts with, Indian Tribes, Tribal Organizations, and urban Indian organizations or enter into contracts with, or make grants to appropriate institutions for, the conduct of research on the incidence and prevalence of behavioral health problems among Indians served by the Service, Indian Tribes, or Tribal Organizations and among Indians in urban areas. Research priorities under this section shall include— (1) the multifactorial causes of Indian	"SEC. 716. BEHAVIORAL HEALTH RESEARCH. "The Secretary, in consultation with appropriate Federal agencies, shall make grants to, or enter into contracts with, Indian Tribes, Tribal Organizations, and urban Indian organizations or enter into contracts with, or make grants to appropriate institutions for, the conduct of research on the incidence and prevalence of behavioral health problems among Indians served by the Service, Indian Tribes, or Tribal Organizations and among Indians in urban areas. Research priorities under this section shall include— "(1) the multifactorial causes of Indian	BEHAVIORAL ~~MENTAL~~ HEALTH RESEARCH.– Sec. 713 ~~209(h).~~ The Secretary, acting through the Service and in consultation with appropriate federal agencies ~~the National Institute of Mental Health~~, shall provide funding to Indian Tribes, tribal organizations and urban Indian organizations or, enter into contracts with, or make grants to appropriate institutions for the conduct of research on the incidence and prevalence of ~~mental disorders~~ behavioral health problems among Indians served by the Service, Indian Tribes or tribal organizations ~~on Indian reservations~~ and

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	mental health disorders is not.	~~Indian reservations and~~ in urban areas. Research priorities under this ~~sub~~section shall include– (1) the multifactorial causes of Indian youth suicide, including— "(A) protective and risk factors and scientific data that identifies those factors; and "(B) the effects of loss of cultural identity and the development of scientific data on those effects; (2)~~(1)~~ the inter-relationship and inter-dependance of ~~mental disorders~~ behavioral health problems with alcoholism and other substance abuse, suicide, homicides, ~~accidents~~ other injuries, and the incidence of family violence, and (3)~~(2)~~ the development of models of prevention techniques. (b) EMPHASIS.– The effect of the inter-relationships and interdependencies referred to in ~~paragraph (i)~~ subsection (a)(2) on children, and the development of prevention techniques under ~~paragraph (2)~~ section (a)(3) applicable to children, shall be emphasized.	youth suicide, including— (A) protective and risk factors and scientific data that identifies those factors; and (B) the effects of loss of cultural identity and the development of scientific data on those effects; (2) the interrelationship and interdependence of behavioral health problems with alcoholism and other substance abuse, suicide, homicides, other injuries, and the incidence of family violence; and (3) the development of models of prevention techniques. The effect of the interrelationships and interdependencies referred to in paragraph (2) on children, and the development of prevention techniques under paragraph (3) applicable to children, shall be emphasized.	youth suicide, including— "(A) protective and risk factors and scientific data that identifies those factors; and "(B) the effects of loss of cultural identity and the development of scientific data on those effects; "(2) the interrelationship and interdependence of behavioral health problems with alcoholism and other substance abuse, suicide, homicides, other injuries, and the incidence of family violence; and "(3) the development of models of prevention techniques. The effect of the interrelationships and interdependencies referred to in paragraph (2) on children, and the development of prevention techniques under paragraph (3) applicable to children, shall be emphasized.	among Indians in urban areas. Research priorities under this ~~sub~~section shall include– (1) the inter-relationship and inter-dependance of ~~mental disorders~~ behavioral health problems with alcoholism and other substance abuse, suicide, homicides, other injuries ~~accidents~~, and the incidence of family violence, and (2) the development of models of prevention techniques. The effect of the inter-relationships and interdependencies referred to in paragraph (1) on children, and the development of prevention techniques under paragraph (2) applicable to children, shall be emphasized.
	See, S. 1790 Sec. 181, which added new subtitle to Title VII	Subtitle B–Indian Youth Suicide Prevention			
	See, S. 1790 Sec. 181, which added a new §721.	SEC. 721. FINDINGS AND PURPOSE. "(a) Findings.—Congress finds that— "(1)(A) the rate of suicide of American Indians and Alaska Natives is 1.9 times higher than the national average rate; and "(B) the rate of suicide of Indian and Alaska Native youth aged 15 through 24 is— "(i) 3.5 times the national average rate; and "(ii) the highest rate of any population group in the United States; "(2) many risk behaviors and contributing factors for suicide are more prevalent in Indian country than in other areas, including— "(A) history of previous suicide attempts; "(B) family history of suicide; "(C) history of depression or other mental illness; "(D) alcohol or drug abuse; "(E) health disparities; "(F) stressful life events and losses; "(G) easy access to lethal methods; "(H) exposure to the suicidal behavior of others; "(I) isolation; and "(J) incarceration; "(3) according to national data for 2005,			

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		suicide was the second-leading cause of death for Indians and Alaska Natives of both sexes aged 10 through 34; “(4)(A) the suicide rates of Indian and Alaska Native males aged 15 through 24 are— “(i) as compared to suicide rates of males of any other racial group, up to 4 times greater; and “(ii) as compared to suicide rates of females of any other racial group, up to 11 times greater; and “(B) data demonstrates that, over their lifetimes, females attempt suicide 2 to 3 times more often than males; “(5)(A) Indian tribes, especially Indian tribes located in the Great Plains, have experienced epidemic levels of suicide, up to 10 times the national average; and “(B) suicide clustering in Indian country affects entire tribal communities; “(6) death rates for Indians and Alaska Natives are statistically underestimated because many areas of Indian country lack the proper resources to identify and monitor the presence of disease; “(7)(A) the Indian Health Service experiences health professional shortages, with physician vacancy rates of approximately 17 percent, and nursing vacancy rates of approximately 18 percent, in 2007; “(B) 90 percent of all teens who die by suicide suffer from a diagnosable mental illness at time of death; “(C) more than \1/2\ of teens who die by suicide have never been seen by a mental health provider; and “(D) \1/3\ of health needs in Indian country relate to mental health; “(8) often, the lack of resources of Indian tribes and the remote nature of Indian reservations make it difficult to meet the requirements necessary to access Federal assistance, including grants; “(9) the Substance Abuse and Mental Health Services Administration and the Service have established specific initiatives to combat youth suicide in Indian country and among Indians and Alaska Natives throughout the United States, including the National Suicide Prevention Initiative of the Service, which has worked with Service, tribal, and urban Indian health programs since 2003; “(10) the National Strategy for Suicide Prevention was established in 2001 through a Department of Health and Human Services collaboration among—			

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		"(A) the Substance Abuse and Mental Health Services Administration; "(B) the Service; "(C) the Centers for Disease Control and Prevention; "(D) the National Institutes of Health; and "(E) the Health Resources and Services Administration; and "(11) the Service and other agencies of the Department of Health and Human Services use information technology and other programs to address the suicide prevention and mental health needs of Indians and Alaska Natives. "(b) Purposes.—The purposes of this subtitle are— "(1) to authorize the Secretary to carry out a demonstration project to test the use of telemental health services in suicide prevention, intervention, and treatment of Indian youth, including through— "(A) the use of psychotherapy, psychiatric assessments, diagnostic interviews, therapies for mental health conditions predisposing to suicide, and alcohol and substance abuse treatment; "(B) the provision of clinical expertise to, consultation services with, and medical advice and training for frontline health care providers working with Indian youth; "(C) training and related support for community leaders, family members, and health and education workers who work with Indian youth; "(D) the development of culturally relevant educational materials on suicide; and "(E) data collection and reporting; "(2) to encourage Indian tribes, tribal organizations, and other mental health care providers serving residents of Indian country to obtain the services of predoctoral psychology and psychiatry interns; and "(3) to enhance the provision of mental health care services to Indian youth through existing grant programs of the Substance Abuse and Mental Health Services Administration.			
x	See, S. 1790 Sec. 181 added a new §722. RS amended it by striking a definition. *NOTES:* *The term "Demonstration Project" is used in §726 as well as in §723, but*	SEC. 722. DEFINITIONS. "In this subtitle: "(1) ADMINISTRATION.—The term 'Administration' means the Substance Abuse and Mental Health Services Administration. "(2) DEMONSTRATION PROJECT.—The term 'demonstration project' means the Indian youth telemental health demonstration project authorized under			

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	this definition which applies through out the Subtitle will make the term refer back to only §723(a). If the definition is needed, it should be added back to §723 (§708 in S. 1200). Recommend deleting. *The definition of "telemental health" should be amended by adding "and other behavioral health" before "care" and by adding at the end "and includes telehealth as defined in section 4(22)". These changes are needed to support the integration of behavioral health services provided for in Subtitle A and to expand to allow other "clinical care" to be included.*	section 723(a). "(3) ~~INDIAN COUNTRY.—The term 'Indian country' has the meaning given the term in section 1151 of title 18, United States Code.~~ "~~(4)~~ TELEMENTAL HEALTH.—The term 'telemental health' means the use of electronic information and telecommunications technologies to support long-distance mental health care, patient and professional-related education, public health, and health administration.			
	See, S. 1790 Sec. 181 added a new §723. *Note: See, notes to §722(2) and (4) found in the row immediately above.* *(a)(1)(C) & (c)(1)(E)- recommend deleting "mental" and substituting "behavioral" given the correlation between substance abuse and suicide.*	SEC. 723. INDIAN YOUTH TELEMENTAL HEALTH DEMONSTRATION PROJECT. "(a) Authorization.— "(1) IN GENERAL.—The Secretary, acting through the Service, is authorized to carry out a demonstration project to award grants for the provision of telemental health services to Indian youth who— "(A) have expressed suicidal ideas; "(B) have attempted suicide; or "(C) have mental health conditions that increase or could increase the risk of suicide. "(2) ELIGIBILITY FOR GRANTS.—Grants under paragraph (1) shall be awarded to Indian tribes and tribal organizations that operate 1 or more facilities— "(A) located in an area with documented disproportionately high rates of suicide; "(B) reporting active clinical telehealth capabilities; or "(C) offering school-based telemental health services to Indian youth. "(3) GRANT PERIOD.—The Secretary shall award grants under this section for a period of up to 4 years. "(4) MAXIMUM NUMBER OF GRANTS.—Not more than 5 grants shall be provided under paragraph (1), with priority consideration given to Indian tribes and tribal organizations that— "(A) serve a particular community or geographic area in which there is a demonstrated need to address Indian youth	SEC. 708. INDIAN YOUTH TELEMENTAL HEALTH DEMONSTRATION PROJECT. (a) PURPOSE.— The purpose of this section is to authorize the Secretary to carry out a demonstration project to test the use of telemental health services in suicide prevention, intervention and treatment of Indian youth, including through— (1) the use of psychotherapy, psychiatric assessments, diagnostic interviews, therapies for mental health conditions predisposing to suicide, and alcohol and substance abuse treatment; (2) the provision of clinical expertise to, consultation services with, and medical advice and training for frontline health care providers working with Indian youth; (3) training and related support for community leaders, family members and health and education workers who work with Indian youth; (4) the development of culturally relevant educational materials on suicide; and (5) data collection and reporting. (b) DEFINITIONS.— For the purpose of this section, the following definitions shall apply: (1) DEMONSTRATION PROJECT.— The term 'demonstration project' means the Indian youth telemental health demonstration project authorized under subsection (c). (2) TELEMENTAL HEALTH.— The	"SEC. 708. INDIAN YOUTH TELEMENTAL HEALTH DEMONSTRATION PROJECT. "(a) Purpose.— The purpose of this section is to authorize the Secretary to carry out a demonstration project to test the use of telemental health services in suicide prevention, intervention and treatment of Indian youth, including through— "(1) the use of psychotherapy, psychiatric assessments, diagnostic interviews, therapies for mental health conditions predisposing to suicide, and alcohol and substance abuse treatment; "(2) the provision of clinical expertise to, consultation services with, and medical advice and training for frontline health care providers working with Indian youth; "(3) training and related support for community leaders, family members and health and education workers who work with Indian youth; "(4) the development of culturally-relevant educational materials on suicide; and "(5) data collection and reporting. "(b) Definitions.— For the purpose of this section, the following definitions shall apply: "(1) DEMONSTRATION PROJECT.— The term 'demonstration project' means the Indian youth telemental health demonstration project authorized under subsection (c).	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		suicide; "(B) enter into collaborative partnerships with Service or other tribal health programs or facilities to provide services under this demonstration project; "(C) serve an isolated community or geographic area that has limited or no access to behavioral health services; or "(D) operate a detention facility at which Indian youth are detained. "(5) CONSULTATION WITH ADMINISTRATION.—In developing and carrying out the demonstration project under this subsection, the Secretary shall consult with the Administration as the Federal agency focused on mental health issues, including suicide. "(b) Use of Funds.— "(1) IN GENERAL.—An Indian tribe or tribal organization shall use a grant received under subsection (a) for the following purposes: "(A) To provide telemental health services to Indian youth, including the provision of— "(i) psychotherapy; "(ii) psychiatric assessments and diagnostic interviews, therapies for mental health conditions predisposing to suicide, and treatment; and "(iii) alcohol and substance abuse treatment. "(B) To provide clinician-interactive medical advice, guidance and training, assistance in diagnosis and interpretation, crisis counseling and intervention, and related assistance to Service or tribal clinicians and health services providers working with youth being served under the demonstration project. "(C) To assist, educate, and train community leaders, health education professionals and paraprofessionals, tribal outreach workers, and family members who work with the youth receiving telemental health services under the demonstration project, including with identification of suicidal tendencies, crisis intervention and suicide prevention, emergency skill development, and building and expanding networks among those individuals and with State and local health services providers. "(D) To develop and distribute culturally appropriate community educational materials regarding— "(i) suicide prevention; "(ii) suicide education; "(iii) suicide screening;	term 'telemental health' means the use of electronic information and telecommunications technologies to support long distance mental health care, patient and professional-related education, public health, and health administration. (c) AUTHORIZATION.— (1) IN GENERAL.— The Secretary is authorized to award grants under the demonstration project for the provision of telemental health services to Indian youth who— (A) have expressed suicidal ideas; (B) have attempted suicide; or (C) have mental health conditions that increase or could increase the risk of suicide. (2) ELIGIBILITY FOR GRANTS.— Such grants shall be awarded to Indian Tribes and Tribal Organizations that operate 1 or more facilities— (A) located in Alaska and part of the Alaska Federal Health Care Access Network; (B) reporting active clinical telehealth capabilities; or (C) offering school-based telemental health services relating to psychiatry to Indian youth. (3) GRANT PERIOD.— The Secretary shall award grants under this section for a period of up to 4 years. (4) AWARDING OF GRANTS.— Not more than 5 grants shall be provided under paragraph (1), with priority consideration given to Indian Tribes and Tribal Organizations that— (A) serve a particular community or geographic area where there is a demonstrated need to address Indian youth suicide; (B) enter in to collaborative partnerships with Indian Health Service or Tribal Health Programs or facilities to provide services under this demonstration project; (C) serve an isolated community or geographic area which has limited or no access to behavioral health services; or (D) operate a detention facility at which Indian youth are detained. (d) USE OF FUNDS.— (1) IN GENERAL.— An Indian Tribe or Tribal Organization shall use a grant received under subsection (c) for the following purposes: (A) To provide telemental health services to Indian youth, including the provision of— (i) psychotherapy;	"(2) TELEMENTAL HEALTH.— The term 'telemental health' means the use of electronic information and telecommunications technologies to support long distance mental health care, patient and professional-related education, public health, and health administration. "(c) Authorization.— "(1) IN GENERAL.— The Secretary is authorized to award grants under the demonstration project for the provision of telemental health services to Indian youth who— "(A) have expressed suicidal ideas; "(B) have attempted suicide; or "(C) have mental health conditions that increase or could increase the risk of suicide. "(2) ELIGIBILITY FOR GRANTS.— Such grants shall be awarded to Indian Tribes and Tribal Organizations that operate 1 or more facilities— "(A) located in Alaska and part of the Alaska Federal Health Care Access Network; "(B) reporting active clinical telehealth capabilities; or "(C) offering school-based telemental health services relating to psychiatry to Indian youth. "(3) GRANT PERIOD.— The Secretary shall award grants under this section for a period of up to 4 years. "(4) AWARDING OF GRANTS.— Not more than 5 grants shall be provided under paragraph (1), with priority consideration given to Indian Tribes and Tribal Organizations that— "(A) serve a particular community or geographic area where there is a demonstrated need to address Indian youth suicide; "(B) enter in to collaborative partnerships with Indian Health Service or Tribal Health Programs or facilities to provide services under this demonstration project; "(C) serve an isolated community or geographic area which has limited or no access to behavioral health services; or "(D) operate a detention facility at which Indian youth are detained. "(d) Use of Funds.— "(1) IN GENERAL.— An Indian Tribe or Tribal Organization shall use a grant received under subsection (c) for the following purposes: "(A) To provide telemental health services to Indian youth, including the provision of—	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		"(iv) suicide intervention; and "(v) ways to mobilize communities with respect to the identification of risk factors for suicide. "(E) To conduct data collection and reporting relating to Indian youth suicide prevention efforts. "(2) TRADITIONAL HEALTH CARE PRACTICES.—In carrying out the purposes described in paragraph (1), an Indian tribe or tribal organization may use and promote the traditional health care practices of the Indian tribes of the youth to be served. "(c) Applications.— "(1) IN GENERAL.—Subject to paragraph (2), to be eligible to receive a grant under subsection (a), an Indian tribe or tribal organization shall prepare and submit to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, including— "(A) a description of the project that the Indian tribe or tribal organization will carry out using the funds provided under the grant; "(B) a description of the manner in which the project funded under the grant would— "(i) meet the telemental health care needs of the Indian youth population to be served by the project; or "(ii) improve the access of the Indian youth population to be served to suicide prevention and treatment services; "(C) evidence of support for the project from the local community to be served by the project; "(D) a description of how the families and leadership of the communities or populations to be served by the project would be involved in the development and ongoing operations of the project; "(E) a plan to involve the tribal community of the youth who are provided services by the project in planning and evaluating the mental health care and suicide prevention efforts provided, in order to ensure the integration of community, clinical, environmental, and cultural components of the treatment; and "(F) a plan for sustaining the project after Federal assistance for the demonstration project has terminated. "(2) EFFICIENCY OF GRANT APPLICATION PROCESS.—The Secretary shall carry out such measures as the Secretary determines to be necessary to maximize the time and	(ii) psychiatric assessments and diagnostic interviews, therapies for mental health conditions predisposing to suicide,and treatment; and (iii) alcohol and substance abuse treatment. (B) To provide clinician-interactive medical advice, guidance and training, assistance in diagnosis and interpretation, crisis counseling and intervention, and related assistance to Service, tribal, or urban clinicians and health services providers working with youth being served under this demonstration project. (C) To assist, educate and train community leaders, health education professionals and paraprofessionals, tribal outreach workers, and family members who work with the youth receiving telemental health services under this demonstration project, including with identification of suicidal tendencies, crisis intervention and suicide prevention, emergency skill development, and building and expanding networks among these individuals and with State and local health services providers. (D) To develop and distribute culturally appropriate community educational materials on— (i) suicide prevention; (ii) suicide education; (iii) suicide screening; (iv) suicide intervention; and (v) ways to mobilize communities with respect to the identification of risk factors for suicide. (E) For data collection and reporting related to Indian youth suicide prevention efforts. (2) TRADITIONAL HEALTH CARE PRACTICES.— In carrying out the purposes described in paragraph (1), an Indian Tribe or Tribal Organization may use and promote the traditional health care practices of the Indian Tribes of the youth to be served. (e) APPLICATIONS.— To be eligible to receive a grant under subsection (c), an Indian Tribe or Tribal Organization shall prepare and submit to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, including— (1) a description of the project that the Indian Tribe or Tribal Organization will carry out using the funds provided under the grant; (2) a description of the manner in which	"(i) psychotherapy; "(ii) psychiatric assessments and diagnostic interviews, therapies for mental health conditions predisposing to suicide, and treatment; and "(iii) alcohol and substance abuse treatment. "(B) To provide clinician-interactive medical advice, guidance and training, assistance in diagnosis and interpretation, crisis counseling and intervention, and related assistance to Service, tribal, or urban clinicians and health services providers working with youth being served under this demonstration project. "(C) To assist, educate and train community leaders, health education professionals and paraprofessionals, tribal outreach workers, and family members who work with the youth receiving telemental health services under this demonstration project, including with identification of suicidal tendencies, crisis intervention and suicide prevention, emergency skill development, and building and expanding networks among these individuals and with State and local health services providers. "(D) To develop and distribute culturally appropriate community educational materials on— "(i) suicide prevention; "(ii) suicide education; "(iii) suicide screening; "(iv) suicide intervention; and "(v) ways to mobilize communities with respect to the identification of risk factors for suicide. "(E) For data collection and reporting related to Indian youth suicide prevention efforts. "(2) TRADITIONAL HEALTH CARE PRACTICES.— In carrying out the purposes described in paragraph (1), an Indian Tribe or Tribal Organization may use and promote the traditional health care practices of the Indian Tribes of the youth to be served. "(e) Applications.— To be eligible to receive a grant under subsection (c), an Indian Tribe or Tribal Organization shall prepare and submit to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, including— "(1) a description of the project that the Indian Tribe or Tribal Organization will carry out using the funds provided under the grant;	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		workload efficiency of the process by which Indian tribes and tribal organizations apply for grants under paragraph (1). "(d) Collaboration.—The Secretary, acting through the Service, shall encourage Indian tribes and tribal organizations receiving grants under this section to collaborate to enable comparisons regarding best practices across projects. "(e) Annual Report.—Each grant recipient shall submit to the Secretary an annual report that— "(1) describes the number of telemental health services provided; and "(2) includes any other information that the Secretary may require. "(f) Reports to Congress.— "(1) INITIAL REPORT.— "(A) IN GENERAL.—Not later than 2 years after the date on which the first grant is awarded under this section, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources and the Committee on Energy and Commerce of the House of Representatives a report that— "(i) describes each project funded by a grant under this section during the preceding 2-year period, including a description of the level of success achieved by the project; and "(ii) evaluates whether the demonstration project should be continued during the period beginning on the date of termination of funding for the demonstration project under subsection (g) and ending on the date on which the final report is submitted under paragraph (2). "(B) CONTINUATION OF DEMONSTRATION PROJECT.—On a determination by the Secretary under clause (ii) of subparagraph (A) that the demonstration project should be continued, the Secretary may carry out the demonstration project during the period described in that clause using such sums otherwise made available to the Secretary as the Secretary determines to be appropriate. "(2) FINAL REPORT.—Not later than 270 days after the date of termination of funding for the demonstration project under subsection (g), the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources and the Committee on Energy and Commerce of the House of Representatives a final report that— "(A) describes the results of the projects	the project funded under the grant would— (A) meet the telemental health care needs of the Indian youth population to be served by the project; or (B) improve the access of the Indian youth population to be served to suicide prevention and treatment services; (3) evidence of support for the project from the local community to be served by the project; (4) a description of how the families and leadership of the communities or populations to be served by the project would be involved in the development and ongoing operations of the project; (5) a plan to involve the tribal community of the youth who are provided services by the project in planning and evaluating the mental health care and suicide prevention efforts provided, in order to ensure the integration of community, clinical, environmental, and cultural components of the treatment; and (6) a plan for sustaining the project after Federal assistance for the demonstration project has terminated. (f) COLLABORATION; REPORTING TO NATIONAL CLEARINGHOUSE.— (1) COLLABORATION.— The Secretary, acting through the Service, shall encourage Indian Tribes and Tribal Organizations receiving grants under this section to collaborate to enable comparisons about best practices across projects. (2) REPORTING TO NATIONAL CLEARINGHOUSE.— The Secretary, acting through the Service, shall also encourage Indian Tribes and Tribal Organizations receiving grants under this section to submit relevant, declassified project information to the national clearinghouse authorized under section 701 (b)(2) in order to better facilitate program performance and improve suicide prevention, intervention, and treatment services. (g) ANNUAL REPORT.— Each grant recipient shall submit to the Secretary an annual report that— (1) describes the number of telemental health services provided; and (2) includes any other information that the Secretary may require. (h) REPORT TO CONGRESS.— Not later than 270 days after the termination of the demonstration project, the Secretary	"(2) a description of the manner in which the project funded under the grant would— "(A) meet the telemental health care needs of the Indian youth population to be served by the project; or "(B) improve the access of the Indian youth population to be served to suicide prevention and treatment services; "(3) evidence of support for the project from the local community to be served by the project; "(4) a description of how the families and leadership of the communities or populations to be served by the project would be involved in the development and ongoing operations of the project; "(5) a plan to involve the tribal community of the youth who are provided services by the project in planning and evaluating the mental health care and suicide prevention efforts provided, in order to ensure the integration of community, clinical, environmental, and cultural components of the treatment; and "(6) a plan for sustaining the project after Federal assistance for the demonstration project has terminated. "(f) Collaboration; Reporting to National Clearinghouse.— "(1) COLLABORATION.— The Secretary, acting through the Service, shall encourage Indian Tribes and Tribal Organizations receiving grants under this section to collaborate to enable comparisons about best practices across projects. "(2) REPORTING TO NATIONAL CLEARINGHOUSE.— The Secretary, acting through the Service, shall also encourage Indian Tribes and Tribal Organizations receiving grants under this section to submit relevant, declassified project information to the national clearinghouse authorized under section 701(b)(2) in order to better facilitate program performance and improve suicide prevention, intervention, and treatment services. "(g) Annual Report.— Each grant recipient shall submit to the Secretary an annual report that— "(1) describes the number of telemental health services provided; and "(2) includes any other information that the Secretary may require. "(h) Report to Congress.— Not later than 270 days after the termination of the demonstration project, the Secretary shall	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		funded by grants awarded under this section, including any data available that indicate the number of attempted suicides; "(B) evaluates the impact of the telemental health services funded by the grants in reducing the number of completed suicides among Indian youth; "(C) evaluates whether the demonstration project should be— "(i) expanded to provide more than 5 grants; and "(ii) designated as a permanent program; and "(D) evaluates the benefits of expanding the demonstration project to include urban Indian organizations. "(g) Authorization of Appropriations.—There is authorized to be appropriated to carry out this section $1,500,000 for each of fiscal years 2010 through 2013.	shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources and Committee on Energy and Commerce of the House of Representatives a final report, based on the annual reports provided by grant recipients under subsection (h), that— (1) describes the results of the projects funded by grants awarded under this section, including any data available which indicates the number of attempted suicides; (2) evaluates the impact of the telemental health services funded by the grants in reducing the number of completed suicides among Indian youth; (3) evaluates whether the demonstration project should be— (A) expanded to provide more than 5 grants; and (B) designated a permanent program; and (4) evaluates the benefits of expanding the demonstration project to include urban Indian organizations. (i) AUTHORIZATION OF APPROPRIATIONS.— There is authorized to be appropriated to carry out this section $1,500,000 for each of fiscal years 2010 through 2025.	submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources and Committee on Energy and Commerce of the House of Representatives a final report, based on the annual reports provided by grant recipients under subsection (h), that— "(1) describes the results of the projects funded by grants awarded under this section, including any data available which indicates the number of attempted suicides; "(2) evaluates the impact of the telemental health services funded by the grants in reducing the number of completed suicides among Indian youth; "(3) evaluates whether the demonstration project should be— "(A) expanded to provide more than 5 grants; and "(B) designated a permanent program; and "(4) evaluates the benefits of expanding the demonstration project to include urban Indian organizations. "(i) Authorization of Appropriations.—There is authorized to be appropriated to carry out this section $1,500,000 for each of fiscal years 2008 through 2011.	
x	See, S. 1790 Sec. 181 added a new §724. RS amended, as noted.	SEC. 724. SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION GRANTS. "(a) Grant Applications.— "(1) EFFICIENCY OF GRANT APPLICATION PROCESS.—The Secretary, acting through the Administration, shall carry out such measures as the Secretary determines to be necessary to maximize the time and workload efficiency of the process by which Indian tribes and tribal organizations apply for grants under any program administered by the Administration, including by providing methods other than electronic methods of submitting applications for those grants, if necessary. "(2) PRIORITY FOR CERTAIN GRANTS.— "(A) IN GENERAL.—To fulfill the trust responsibility of the United States to Indian tribes, in awarding relevant grants pursuant to a program described in subparagraph (B), the Secretary shall take into consideration the needs of Indian tribes or tribal organizations, as applicable, that serve populations with documented high suicide rates, regardless of whether those Indian tribes or tribal organizations possess adequate personnel			

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		or infrastructure to fulfill all applicable requirements of the relevant program. "(B) DESCRIPTION OF GRANT PROGRAMS.—A grant program referred to in subparagraph (A) is a grant program— "(i) administered by the Administration to fund activities relating to mental health, suicide prevention, or suicide-related risk factors; and "(ii) under which an Indian tribe or tribal organization is an eligible recipient. "(3) CLARIFICATION REGARDING INDIAN TRIBES AND TRIBAL ORGANIZATIONS.—Notwithstanding any other provision of law, in applying for a grant under any program administered by the Administration, no Indian tribe or tribal organization shall be required to apply through a State or State agency. "(4) REQUIREMENTS FOR AFFECTED STATES.— "(A) DEFINITIONS.—In this paragraph: "(i) AFFECTED STATE.—The term 'affected State' means a State— "(I) the boundaries of which include 1 or more Indian tribes; and "(II) the application for a grant under any program administered by the Administration of which includes statewide data. "(ii) INDIAN POPULATION.—The term 'Indian population' means the total number of residents of an affected State who are ~~members of 1 or more~~ Indian ~~tribes or tribal communities located within the affected State~~. "(B) REQUIREMENTS.—As a condition of receipt of a grant under any program administered by the Administration, each affected State shall— "(i) describe in the grant application— "(I) the Indian population of the affected State; and "(II) the contribution of that Indian population to the statewide data used by the affected State in the application; and "(ii) demonstrate to the satisfaction of the Secretary that— "(I) of the total amount of the grant, the affected State will allocate for use for the Indian population of the affected State an amount equal to the proportion that— "(aa) the Indian population of the affected State; bears to "(bb) the total population of the affected State; and "(II) the affected State will take reasonable efforts to collaborate ~~offer to enter into a partnership~~ with each Indian			

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		tribe ~~or tribal organization, as applicable,~~ located within the affected State to carry out youth suicide prevention and treatment measures for members of the Indian tribe. "(C) REPORT.—Not later than 1 year after the date of receipt of a grant described in subparagraph (B), an affected State shall submit to the Secretary a report describing the measures carried out by the affected State to ensure compliance with the requirements of subparagraph (B)(ii). "(b) No Non-Federal Share Requirement.—Notwithstanding any other provision of law, no Indian tribe or tribal organization shall be required to provide a non-Federal share of the cost of any project or activity carried out using a grant provided under any program administered by the Administration. "(c) Outreach for Rural and Isolated Indian Tribes.—Due to the rural, isolated nature of most Indian reservations and communities (especially those reservations and communities in the Great Plains region), the Secretary shall conduct outreach activities, with a particular emphasis on the provision of telemental health services, to achieve the purposes of this subtitle with respect to Indian tribes located in rural, isolated areas. "(d) Provision of Other Assistance.— "(1) IN GENERAL.—The Secretary, acting through the Administration, shall carry out such measures (including monitoring and the provision of required assistance) as the Secretary determines to be necessary to ensure the provision of adequate suicide prevention and mental health services to Indian tribes described in paragraph (2), regardless of whether those Indian tribes possess adequate personnel or infrastructure— "(A) to submit an application for a grant under any program administered by the Administration, including due to problems relating to access to the Internet or other electronic means that may have resulted in previous obstacles to submission of a grant application; or "(B) to fulfill all applicable requirements of the relevant program. "(2) DESCRIPTION OF INDIAN TRIBES.—An Indian tribe referred to in paragraph (1) is an Indian tribe— "(A) the members of which experience— "(i) a high rate of youth suicide; "(ii) low socioeconomic status; and "(iii) extreme health disparity; "(B) that is located in a remote and			

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		isolated area; and "(C) that lacks technology and communication infrastructure. "(3) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Secretary such sums as the Secretary determines to be necessary to carry out this subsection. "(e) Early Intervention and Assessment Services.— "(1) DEFINITION OF AFFECTED ENTITY.—In this subsection, the term 'affected entity' means any entity— "(A) that receives a grant for suicide intervention, prevention, or treatment under a program administered by the Administration; and "(B) the population to be served by which includes Indian youth. "(2) REQUIREMENT.—The Secretary, acting through the Administration, shall ensure that each affected entity carrying out a youth suicide early intervention and prevention strategy described in section 520E(c)(1) of the Public Health Service Act (42 U.S.C. 290bb–36(c)(1)), or any other youth suicide-related early intervention and assessment activity, provides training or education to individuals who interact frequently with the Indian youth to be served by the affected entity (including parents, teachers, coaches, and mentors) on identifying warning signs of Indian youth who are at risk of committing suicide.			
x	See, S. 1790 Sec. 183, which added new §725. RS amended the new section, as noted.	SEC. 725. USE OF PREDOCTORAL PSYCHOLOGY AND PSYCHIATRY INTERNS. "The Secretary shall carry out such activities as the Secretary determines to be necessary to encourage Indian tribes, tribal organizations, and other mental health care providers ~~serving residents of Indian country~~ to obtain the services of predoctoral psychology and psychiatry interns— "(1) to increase the quantity of patients served by the Indian tribes, tribal organizations, and other mental health care providers; and "(2) for purposes of recruitment and retention.			
x	See, S. 1790 Sec. 181, which added §726. RS amended the new section, as noted.	SEC. 726. INDIAN YOUTH LIFE SKILLS DEVELOPMENT DEMONSTRATION PROGRAM. "(a) Purpose.—The purpose of this section is to authorize the Secretary, acting through the Administration, to carry out a			

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		demonstration program to test the effectiveness of a culturally compatible, school-based, life skills curriculum for the prevention of Indian and Alaska Native adolescent suicide, including through— "(1) the establishment of tribal partnerships to develop and implement such a curriculum, in cooperation with— "(A) behavioral ~~mental~~ health professionals, with a priority for tribal partnerships cooperating with mental health professionals employed by the Service; "(B) tribal or local school agencies; and "(C) parent and community groups; "(2) the provision by the Administration or the Service of— "(A) technical expertise; and "(B) clinicians, analysts, and educators, as appropriate; "(3) training for teachers, school administrators, and community members to implement the curriculum; "(4) the establishment of advisory councils composed of parents, educators, community members, trained peers, and others to provide advice regarding the curriculum and other components of the demonstration program; "(5) the development of culturally appropriate support measures to supplement the effectiveness of the curriculum; and "(6) projects modeled after evidence-based projects, such as programs evaluated and published in relevant literature. "(b) Demonstration Grant Program.— "(1) DEFINITIONS.—In this subsection: "(A) CURRICULUM.—The term 'curriculum' means the culturally compatible, school-based, life skills curriculum for the prevention of Indian and Alaska Native adolescent suicide identified by the Secretary under paragraph (2)(A). "(B) ELIGIBLE ENTITY.—The term 'eligible entity' means— "(i) an Indian tribe; "(ii) a tribal organization; "(iii) any other tribally authorized entity; and "(iv) any partnership composed of 2 or more entities described in clause (i), (ii), or (iii). "(2) ESTABLISHMENT.—The Secretary, acting through the Administration, may establish and carry out a demonstration program under which the Secretary shall—			

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		"(A) identify a culturally compatible, school-based, life skills curriculum for the prevention of Indian and Alaska Native adolescent suicide; "(B) identify the Indian tribes that are at greatest risk for adolescent suicide; "(C) invite those Indian tribes to participate in the demonstration program by— "(i) responding to a comprehensive program requirement request of the Secretary; or "(ii) submitting, through an eligible entity, an application in accordance with paragraph (4); and "(D) provide grants to the Indian tribes identified under subparagraph (B) and eligible entities to implement the curriculum with respect to Indian and Alaska Native youths who— "(i) are between the ages of 10 and 19; and "(ii) attend school in a region that is at risk of high youth suicide rates, as determined by the Administration. "(3) REQUIREMENTS.— "(A) TERM.—The term of a grant provided under the demonstration program under this section shall be not less than 4 years. "(B) MAXIMUM NUMBER.—The Secretary may provide not more than 5 grants under the demonstration program under this section. "(C) AMOUNT.—The grants provided under this section shall be of equal amounts. "(D) CERTAIN SCHOOLS.—In selecting eligible entities to receive grants under this section, the Secretary shall ensure that not less than 1 demonstration program shall be carried out at each of— "(i) a school operated by the Bureau of Indian Education; "(ii) a Tribal school; and "(iii) a school receiving payments under section 8002 or 8003 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7702, 7703). "(4) APPLICATIONS.—To be eligible to receive a grant under the demonstration program, an eligible entity shall submit to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, including— "(A) an assurance that, in implementing the curriculum, the eligible entity will collaborate with 1 or more local educational agencies, including elementary schools, middle schools, and			

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		high schools; "(B) an assurance that the eligible entity will collaborate, for the purpose of curriculum development, implementation, and training and technical assistance, with 1 or more— "(i) nonprofit entities with demonstrated expertise regarding the development of culturally sensitive, school-based, youth suicide prevention and intervention programs; or "(ii) institutions of higher education with demonstrated interest and knowledge regarding culturally sensitive, school-based, life skills youth suicide prevention and intervention programs; "(C) an assurance that the curriculum will be carried out in an academic setting in conjunction with at least 1 classroom teacher not less frequently than twice each school week for the duration of the academic year; "(D) a description of the methods by which curriculum participants will be— "(i) screened for mental health at-risk indicators; and "(ii) if needed and on a case-by-case basis, referred to a mental health clinician for further assessment and treatment and with crisis response capability; and "(E) an assurance that supportive services will be provided to curriculum participants identified as high-risk participants, including referral, counseling, and follow-up services for— "(i) drug or alcohol abuse; "(ii) sexual or domestic abuse; and "(iii) depression and other relevant mental health concerns. "(5) USE OF FUNDS.—An Indian tribe identified under paragraph (2)(B) or an eligible entity may use a grant provided under this subsection— "(A) to develop and implement the curriculum in a school-based setting; "(B) to establish an advisory council— "(i) to advise the Indian tribe or eligible entity regarding curriculum development; and "(ii) to provide support services identified as necessary by the community being served by the Indian tribe or eligible entity; "(C) to appoint and train a school- and community-based cultural resource liaison, who will act as an intermediary among the Indian tribe or eligible entity, the applicable school administrators, and the advisory council established by the			

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		Indian tribe or eligible entity; "(D) to establish an on-site, school-based, MA- or PhD-level mental health practitioner (employed by the Service, if practicable) to work with tribal educators and other personnel; "(E) to provide for the training of peer counselors to assist in carrying out the curriculum; "(F) to procure technical and training support from nonprofit or State entities or institutions of higher education identified by the community being served by the Indian tribe or eligible entity as the best suited to develop and implement the curriculum; "(G) to train teachers and school administrators to effectively carry out the curriculum; "(H) to establish an effective referral procedure and network; "(I) to identify and develop culturally compatible curriculum support measures; "(J) to obtain educational materials and other resources from the Administration or other appropriate entities to ensure the success of the demonstration program; and "(K) to evaluate the effectiveness of the curriculum in preventing Indian and Alaska Native adolescent suicide. "(c) Evaluations.—Using such amounts made available pursuant to subsection (e) as the Secretary determines to be appropriate, the Secretary shall conduct, directly or through a grant, contract, or cooperative agreement with an entity that has experience regarding the development and operation of successful culturally compatible, school-based, life skills suicide prevention and intervention programs or evaluations, an annual evaluation of the demonstration program under this section, including an evaluation of— "(1) the effectiveness of the curriculum in preventing Indian and Alaska Native adolescent suicide; "(2) areas for program improvement; and "(3) additional development of the goals and objectives of the demonstration program. "(d) Report to Congress.— "(1) IN GENERAL.—Subject to paragraph (2), not later than 180 days after the date of termination of the demonstration program, the Secretary shall submit to the Committee on Indian Affairs and the Committee on Health, Education, Labor, and Pensions of the Senate and the			

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		Committee on Natural Resources and the Committee on Education and Labor of the House of Representatives a final report that— "(A) describes the results of the program of each Indian tribe or eligible entity under this section; "(B) evaluates the effectiveness of the curriculum in preventing Indian and Alaska Native adolescent suicide; "(C) makes recommendations regarding— "(i) the expansion of the demonstration program under this section to additional eligible entities; "(ii) designating the demonstration program as a permanent program; and "(iii) identifying and distributing the curriculum through the Suicide Prevention Resource Center of the Administration; and "(D) incorporates any public comments received under paragraph (2). "(2) PUBLIC COMMENT.—The Secretary shall provide a notice of the report under paragraph (1) and an opportunity for public comment on the report for a period of not less than 90 days before submitting the report to Congress. "(e) Authorization of Appropriations.—There is authorized to be appropriated to carry out this section $1,000,000 for each of fiscal years 2010 through 2014.".			
	See, S. 1790 Sec. 181, which did not include CL §706 in the new Title VII.	~~GALLUP ALCOHOL AND SUBSTANCE ABUSE TREATMENT CENTER~~ ~~SEC. 706. (a) GRANTS FOR RESIDENTIAL TREATMENT.--The Secretary shall make grants to the Navajo Nation for the purpose of providing residential treatment for alcohol and substance abuse for adult and adolescent members of the Navajo Nation and neighboring tribes.~~ ~~(b) PURPOSES OF GRANTS.--Grants made pursuant to this section shall (to the extent appropriations are made available) be used to--~~ ~~(1) provide at least 15 residential beds each year for adult long-term treatment, including beds for specialized services such as polydrug abusers, dual diagnosis, and specialized services for women with fetal alcohol syndrome children;~~ ~~(2) establish clinical assessment teams consisting of a clinical psychologist, a part-time addictionologist, a master's level assessment counselor, and a certified~~			~~GALLUP ALCOHOL AND SUBSTANCE ABUSE TREATMENT CENTER~~ ~~SEC. 706. (a) GRANTS FOR RESIDENTIAL TREATMENT.--The Secretary shall make grants to the Navajo Nation for the purpose of providing residential treatment for alcohol and substance abuse for adult and adolescent members of the Navajo Nation and neighboring Tribes.~~ ~~(b) PURPOSES OF GRANTS.--Grants made pursuant to this section shall (to the extent appropriations are made available) be used to--~~ ~~(1) provide at least 15 residential beds each year for adult long-term treatment, including beds for specialized services such as polydrug abusers, dual diagnosis, and specialized services for women with fetal alcohol syndrome children;~~ ~~(2) establish clinical assessment teams consisting of a clinical psychologist, a part-time addictionologist, a master's level assessment counselor, and a certified~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~medical records technician which shall be responsible for conducting individual assessments and matching Indian clients with the appropriate available treatment;~~ ~~(3) provide at least 12 beds for an adolescent shelterbed program in the city of Gallup, New Mexico, which shall serve as a satellite facility to the Acoma/Canoncito/Laguna Hospital and the adolescent center located in Shiprock, New Mexico, for emergency crisis services, assessment, and family intervention;~~ ~~(4) develop a relapse program for the purposes of identifying sources of job training and job opportunity in the Gallup area and providing vocational training, job placement, and job retention services to recovering substance abusers; and~~ ~~(5) provide continuing education and training of treatment staff in the areas of intensive outpatient services, development of family support systems, and case management in cooperation with regional colleges, community colleges, and universities.~~ ~~(c) CONTRACT FOR RESIDENTIAL TREATMENT.--The Navajo Nation, in carrying out the purposes of this section, shall enter into a contract with an institution in the Gallup, New Mexico, area which is accredited by the Joint Commission of the Accreditation of Health Care Organizations to provide comprehensive alcohol and drug treatment as authorized in subsection (b).~~ ~~(d) AUTHORIZATION OF APPROPRIATIONS.– There are authorized to be appropriated-- for each of fiscal years 1996 through 2000, such sums as may be necessary to carry out subsection (b).~~			~~medical records technician which shall be responsible for conducting individual assessments and matching Indian clients with the appropriate available treatment;~~ ~~(3) provide at least 12 beds for an adolescent shelter bed program in the city of Gallup, New Mexico, which shall serve as a satellite facility to the Acoma/Canoncito/Laguna Hospital and the adolescent center located in Shiprock, New Mexico, for emergency crisis services, assessment, and family intervention;~~ ~~(4) develop a relapse program for the purposes of identifying sources of job training and job opportunity in the Gallup area and providing vocational training, job placement, and job retention services to recovering substance abusers; and~~ ~~(5) provide continuing education and training of treatment staff in the areas of intensive outpatient services, development of family support systems, and case management in cooperation with regional colleges, community colleges, and universities.~~ ~~(c) CONTRACT FOR RESIDENTIAL TREATMENT.--The Navajo Nation, in carrying out the purposes of this section, shall enter into a contract with an institution in the Gallup, New Mexico, area which is accredited by the Joint Commission of the Accreditation of Health Care Organizations to provide comprehensive alcohol and drug treatment as authorized in subsection (b).~~ ~~(d) AUTHORIZATION OF APPROPRIATIONS.--There are authorized to be appropriated-- for each of fiscal years 1996 through 2000, such sums as may be necessary to carry out subsection (b).~~
	See, S. 1790 Sec. 181, which did not include CL §707 in the new Title VII.	~~REPORTS.~~ ~~SEC. 707. (a) COMPILATION OF DATA.--The Secretary, with respect to the administration of any health program by a service unit, directly or through contract, including a contract under the Indian Self-Determination Act, shall require the compilation of data relating to the number of cases or incidents in which any Service personnel or services were involved and which were related, either directly or indirectly, to alcohol or substance abuse. Such report shall include the type of assistance provided and the disposition of these cases.~~ ~~(b) REFERRAL OF DATA.--The data compiled under subsection (a) shall~~			~~REPORTS.~~ ~~Sec. 707. (a) COMPILATION OF DATA.--The Secretary, with respect to the administration of any health program by a service unit, directly or through contract, including a contract under the Indian Self-Determination Act, shall require the compilation of data relating to the number of cases or incidents in which any Service personnel or services were involved and which were related, either directly or indirectly, to alcohol or substance abuse. Such report shall include the type of assistance provided and the disposition of these cases.~~ ~~(b) REFERRAL OF DATA.--The data compiled under subsection (a) shall~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~be provided annually to the affected Indian tribe and Tribal Coordinating Committee to assist them in developing or modifying a Tribal Action Plan under section 4206 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2471 et seq.).~~ ~~(c) COMPREHENSIVE REPORT.--Each service unit director shall be responsible for assembling the data compiled under this section and section 4214 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2434) into an annual tribal comprehensive report. Such report shall be provided to the affected tribe and to the Director of the Service who shall develop and publish a biennial national report based on such tribal comprehensive reports.~~			~~be provided annually to the affected Indian Tribe and tribal Coordinating Committee to assist them in developing or modifying a tribal Action Plan under section 4206 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2471 et seq.).~~ ~~(c) COMPREHENSIVE REPORT.--Each service unit director shall be responsible for assembling the data compiled under this section and section 4214 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2434) into an annual tribal comprehensive report. Such report shall be provided to the affected Tribe and to the Director of the Service who shall develop and publish a biennial national report based on such tribal comprehensive reports.~~
	See, S. 1790 Sec. 181, which did not include CL §702(c) in the new Title VII.	~~Sec. 702(c) GRANTS FOR MODEL PROGRAM.--(1) The Secretary, acting through the Service shall make a grant to the Standing Rock Sioux Tribe to develop a community-based demonstration project to reduce drug and alcohol abuse on the Standing Rock Sioux Reservation and to rehabilitate Indian families afflicted by such abuse.~~ ~~(2) Funds shall be used by the Tribe to--~~ ~~(A) develop and coordinate community-based alcohol and substance abuse prevention and treatment services for Indian families;~~ ~~(B) develop prevention and intervention models for Indian families;~~ ~~(C) conduct community education on alcohol and substance abuse; and~~ ~~(D) coordinate with existing Federal, State, and tribal services on the reservation to develop a comprehensive alcohol and substance abuse program that assists in the rehabilitation of Indian families that have been or are afflicted by alcoholism.~~ ~~(3) The Secretary shall submit to the President for inclusion in the report to be transmitted to the Congress under section 801 for fiscal year 1995 an evaluation of the demonstration project established under paragraph (1).~~			~~STANDING ROCK SIOUX COMMUNITY-BASED DEMONSTRATION PROJECT~~ ~~Sec. 702 (c) GRANTS FOR MODEL PROGRAM.--(1) The Secretary, acting through the Service shall make a grant to the Standing Rock Sioux Tribe to develop a community-based demonstration project to reduce drug and alcohol abuse on the Standing Rock Sioux Reservation and to rehabilitate Indian families afflicted by such abuse.~~ ~~(b)(2) Funds shall be used by the Tribe to--~~ ~~(1)(A) develop and coordinate community-based alcohol and substance abuse prevention and treatment services for Indian families;~~ ~~(2)(B) develop prevention and intervention models for Indian families;~~ ~~(3)(C) conduct community education on alcohol and substance abuse; and~~ ~~(4)(D) coordinate with existing federal, State, and tribal services on the reservation to develop a comprehensive alcohol and substance abuse program that assists in the rehabilitation of Indian families that have been or are afflicted by alcoholism.~~ ~~(c)(3) The Secretary shall submit to the President for inclusion in the report to be transmitted to the Congress under section 801 for fiscal year 1995 an evaluation of the demonstration project established under paragraph (1).~~
	See, S. 1790 Sec. 181, which did not include CL §709 in the new Title	~~PUEBLO SUBSTANCE ABUSE TREATMENT PROJECT FOR SAN~~			~~PUEBLO SUBSTANCE ABUSE TREATMENT PROJECT FOR SAN~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	VII.	~~JUAN PUEBLO, NEW MEXICO~~ ~~SEC. 709. The Secretary, acting through the Service, shall continue to make grants, through fiscal year 1995, to the 8 Northern Indian Pueblos Council, San Juan Pueblo, New Mexico, for the purpose of providing substance abuse treatment services to Indians in need of such services.~~			~~JUAN PUEBLO, NEW MEXICO~~ ~~SEC. 709. The Secretary, acting through the Service, shall continue to make grants, through fiscal year 1995, to the 8 Northern Indian Pueblos Council, San Juan Pueblo, New Mexico, for the purpose of providing substance abuse treatment services to Indians in need of such services.~~
	See, S. 1790 Sec. 181, which did not include CL §710 in the new Title VII.	~~THUNDER CHILD TREATMENT CENTER~~ ~~SEC. 710. (a) The Secretary, acting through the Service, shall make a grant to the Intertribal Addictions Recovery Organization, Inc. (commonly known as the Thunder Child Treatment Center) at Sheridan, Wyoming, for the completion of construction of a multiple approach substance abuse treatment center which specializes in the treatment of alcohol and drug abuse of Indians.~~ ~~(b) For the purposes of carrying out subsection (a), there are authorized to be appropriated $2,000,000 for fiscal years 1993 and 1994. No funding shall be available for staffing or operation of this facility. None of the funding appropriated to carry out subsection (a) shall be used for administrative purposes.~~			~~THUNDER CHILD TREATMENT CENTER~~ ~~SEC. 710. (a) The Secretary, acting through the Service, shall make a grant to the Intertribal Addictions Recovery Organization, Inc. (commonly known as the Thunder Child Treatment Center) at Sheridan, Wyoming, for the completion of construction of a multiple approach substance abuse treatment center which specializes in the treatment of alcohol and drug abuse of Indians.~~ ~~(b) For the purposes of carrying out subsection (a), there are authorized to be appropriated $2,000,000 for fiscal years 1993 and 1994. No funding shall be available for staffing or operation of this facility. None of the funding appropriated to carry out subsection (a) shall be used for administrative purposes.~~
	See, S. 1790 Sec. 181, which did not include CL §711 in the new Title VII. *Note: This provision of CL should not have been deleted. It should either be restored or moved to Title I, as it was in S. 1200.*	~~SUBSTANCE ABUSE COUNSELOR EDUCATION DEMONSTRATION PROJECT~~ ~~SEC. 711. (a) The Secretary, acting through the Service, may enter into contracts with, or make grants to, accredited tribally controlled community colleges, tribally controlled postsecondary vocational institutions, and eligible community colleges to establish demonstration projects to develop educational curricula for substance abuse counseling.~~	SEC. 125. SUBSTANCE ABUSE COUNSELOR EDUCATIONAL CURRICULA DEMONSTRATION PROGRAMS. (a) CONTRACTS AND GRANTS.— The Secretary, acting through the Service, may enter into contracts with, or make grants to, accredited tribal colleges and universities and eligible accredited and accessible community colleges to establish demonstration programs to develop educational curricula for substance abuse counseling.	"SEC. 125. SUBSTANCE ABUSE COUNSELOR EDUCATIONAL CURRICULA DEMONSTRATION PROGRAMS. "(a) Contracts and Grants.— The Secretary, acting through the Service, may enter into contracts with, or make grants to, accredited tribal colleges and universities and eligible accredited and accessible community colleges to establish demonstration programs to develop educational curricula for substance abuse counseling.	SUBSTANCE ABUSE COUNSELOR EDUCATION DEMONSTRATION PROJECT SEC. 126 ~~711~~. (a) The Secretary, acting through the Service, may enter into contracts with, or make grants to, accredited tribally controlled community colleges, tribally controlled postsecondary vocational institutions, and eligible accredited and accessible community colleges to establish demonstration projects to develop educational curricula for substance abuse counseling.
		~~(b) Funds provided under this section shall be used only for developing and providing educational curricula for substance abuse counseling (including paying salaries for instructors). Such curricula may be provided through satellite campus programs.~~	(b) USE OF FUNDS.— Funds provided under this section shall be used only for developing and providing educational curriculum for substance abuse counseling (including paying salaries for instructors). Such curricula may be provided through satellite campus programs.	"(b) Use of Funds.— Funds provided under this section shall be used only for developing and providing educational curriculum for substance abuse counseling (including paying salaries for instructors). Such curricula may be provided through satellite campus programs.	(b) Funds provided under this section shall be used only for developing and providing educational curricula for substance abuse counseling (including paying salaries for instructors). Such curricula may be provided through satellite campus programs.
		~~(c) A contract entered into or a grant provided under this section shall be for a period of one year. Such contract or grant may be renewed for an additional one year period upon the approval of the Secretary.~~	(c) TIME PERIOD OF ASSISTANCE; RENEWAL.— A contract entered into or a grant provided under this section shall be for a period of 3 years. Such contract or grant may be renewed for an additional 2-year period upon the approval of the Secretary.	"(c) Time Period of Assistance; Renewal.— A contract entered into or a grant provided under this section shall be for a period of 3 years. Such contract or grant may be renewed for an additional 2-year period upon the approval of the Secretary.	(c) A contract entered into or a grant provided under this section shall be for a period of one year. Such contract or grant may be renewed for an additional one year period upon the approval of the Secretary.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~(d) Not later than 180 days after the date of the enactment of this section, the Secretary, after consultation with Indian tribes and administrators of accredited tribally controlled community colleges, tribally controlled postsecondary vocational institutions, and eligible community colleges, shall develop and issue criteria for the review and approval of applications for funding (including applications for renewals of funding) under this section. Such criteria shall ensure that demonstration projects established under this section promote the development of the capacity of such entities to educate substance abuse counselors.~~	(d) CRITERIA FOR REVIEW AND APPROVAL OF APPLICATIONS.— Not later than 180 days after the date of enactment of the Indian Health Care Improvement Act Amendments of 2009, the Secretary, after consultation with Indian Tribes and administrators of tribal colleges and universities and eligible accredited and accessible community colleges, shall develop and issue criteria for the review and approval of applications for funding (including applications for renewals of funding) under this section. Such criteria shall ensure that demonstration programs established under this section promote the development of the capacity of such entities to educate substance abuse counselors.	"(d) Criteria for Review and Approval of Applications.— Not later than 180 days after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary, after consultation with Indian Tribes and administrators of tribal colleges and universities and eligible accredited and accessible community colleges, shall develop and issue criteria for the review and approval of applications for funding (including applications for renewals of funding) under this section. Such criteria shall ensure that demonstration programs established under this section promote the development of the capacity of such entities to educate substance abuse counselors.	(d) Not later than 180 days after the date of the enactment of this section, the Secretary, after consultation with Indian Tribes and administrators of accredited tribally controlled community colleges, tribally controlled postsecondary vocational institutions, and eligible <u>accredited and accessible</u> community colleges, shall develop and issue criteria for the review and approval of applications for funding (including applications for renewals of funding) under this section. Such criteria shall ensure that demonstration projects established under this section promote the development of the capacity of such entities to educate substance abuse counselors.
		~~(e) The Secretary shall provide such technical and other assistance as may be necessary to enable grant recipients to comply with the provi~~sions of this section.	(e) ASSISTANCE.— The Secretary shall provide such technical and other assistance as may be necessary to enable grant recipients to comply with the provisions of this section.	"(e) Assistance.— The Secretary shall provide such technical and other assistance as may be necessary to enable grant recipients to comply with the provisions of this section.	(e) The Secretary shall provide such technical and other assistance as may be necessary to enable grant recipients to comply with the provisions of this section.
		~~(f) The Secretary shall submit to the President, for inclusion in the report which is required to be submitted under section 801 for fiscal year 1999, a report on the findings and conclusions derived from the demonstration projects conducted under this section.~~	(f) REPORT.— Each fiscal year, the Secretary shall submit to the President, for inclusion in the report which is required to be submitted under section 801 for that fiscal year, a report on the findings and conclusions derived from the demonstration programs conducted under this section during that fiscal year.	"(f) Report.— Each fiscal year, the Secretary shall submit to the President, for inclusion in the report which is required to be submitted under section 801 for that fiscal year, a report on the findings and conclusions derived from the demonstration programs conducted under this section during that fiscal year.	(f) The Secretary shall submit to the President, for inclusion in the report which is required to be submitted under section 801 for fiscal year 1999, a report on the findings and conclusions derived from the demonstration projects conducted under this section.
		~~(g) For the purposes of this section, the following definitions apply:~~ ~~(1)The term "educational curriculum" means one or more of the following:~~ ~~(A) Classroom education.~~ ~~(B) Clinical work experience.~~ ~~(C) Continuing education workshops.~~ ~~(2)The term "eligible community college" means an accredited community college that--~~ ~~(i) is located on or near an Indian reservation;~~ ~~(ii) has entered into a cooperative agreement with the governing body of such Indian reservation to carry out a demonstration project under this section; and~~ ~~(iii) has a student enrollment of not less than 10 percent Indian.~~ ~~(3) The term "tribally controlled community college" has the meaning given such term in section 2(a)(4) of the Tribally Controlled Community College Assistance Act of 1978 (25 U.S.C. 1801(a)(4)).~~ ~~(4) The term "tribally controlled~~	(g) DEFINITION.— For the purposes of this section, the term 'educational curriculum' means 1 or more of the following: (1) Classroom education. (2) Clinical work experience. (3) Continuing education workshops.	(g) Definition.— For the purposes of this section, the term 'educational curriculum' means 1 or more of the following: "(1) Classroom education. "(2) Clinical work experience. "(3) Continuing education workshops.	(g) For the purposes of this section, the following definitions apply: (1)The term "educational curriculum" means one or more of the following: (A) Classroom education. (B) Clinical work experience. (C) Continuing education workshops. ~~(2)The term "eligible community college" means an accredited community college that--~~ ~~(i) is located on or near an Indian reservation;~~ ~~(ii) has entered into a cooperative agreement with the governing body of such Indian reservation to carry out a demonstration project under this section; and~~ ~~(iii) has a student enrollment of not less than 10 percent Indian~~. (2) The term "tribally controlled community college" has the meaning given such term in section 2(a)(4) of the tribally Controlled Community College Assistance Act of 1978 (25 U.S.C. 1801(a)(4)). (3) The term "tribally controlled

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~postsecondary vocational institution" has the meaning given such term in section 390(2) of the Tribally Controlled Vocational Institutions Support Act of 1990 (20 U.S.C. 2397h(2)).~~ ~~(h) There are authorized to be appropriated for each of the fiscal years 1996 through 2000 such sums as may be necessary to carry out the purposes of this section. Such sums shall remain available until expended.~~			postsecondary vocational institution" has the meaning given such term in section 390(2) of the tribally Controlled Vocational Institutions Support Act of 1990 (20 U.S.C. 2397h(2)). ~~(h) There are authorized to be appropriated for each of the fiscal years 1996 through 2000 such sums as may be necessary to carry out the purposes of this section. Such sums shall remain available until expended.~~
	See, S. 1790 Sec. 181, which did not include CL §712 in the new Title VII.	~~GILA RIVER ALCOHOL AND SUBSTANCE ABUSE TREATMENT FACILITY~~ ~~SEC.712. (a) The Secretary, acting through the Service, shall establish a regional youth alcohol and substance abuse prevention and treatment center in Sacaton, Arizona, on the Gila River Indian Reservation. The center shall be established within facilities leased, with the consent of the Gila River Indian Community, by the Service from such Community.~~ ~~(b) The center established pursuant to this section shall be known as the "Regional Youth Alcohol and Substance Abuse Prevention and Treatment Center".~~ ~~(c) The Secretary, acting through the Service, shall establish, as a unit of the regional center, a youth alcohol and substance abuse prevention and treatment facility in Fallon, Nevada.~~			~~GILA RIVER ALCOHOL AND SUBSTANCE ABUSE TREATMENT FACILITY~~ ~~Sec. 712. (a) The Secretary, acting through the Service, shall establish a regional youth alcohol and substance abuse prevention and treatment center in Sacaton, Arizona, on the Gila River Indian Reservation. The center shall be established within facilities leased, with the consent of the Gila River Indian Community, by the Service from such Community.~~ ~~(b) The center established pursuant to this section shall be known as the "Regional Youth Alcohol and Substance Abuse Prevention and Treatment Center".~~ ~~(c) The Secretary, acting through the Service, shall establish, as a unit of the regional center, a youth alcohol and substance abuse prevention and treatment facility in Fallon, Nevada.~~
	See, S. 1790 Sec. 181, which did not include CL §713 in the new Title VII.	~~ALASKA NATIVE DRUG AND ALCOHOL ABUSE DEMONSTRATION PROJECT~~ ~~SEC. 713. (a) The Secretary, acting through the Service, shall make grants to the Alaska Native Health Board for the conduct of a two-part community-based demonstration project to reduce drug and alcohol abuse in Alaska Native villages and to rehabilitate families afflicted by such abuse. Sixty percent of such grant funds shall be used by the Health Board to stimulate coordinated community development programs in villages seeking to organize to combat alcohol and drug use. Forty percent of such grant funds shall be transferred to a qualified nonprofit corporation providing alcohol recovery services in the village of St. Mary's, Alaska, to enlarge and strengthen a family life demonstration program of rehabilitation for families that have been or are afflicted by alcoholism.~~ ~~(b) The Secretary shall submit to the President for inclusion in the report~~			~~ALASKA NATIVE DRUG AND ALCOHOL ABUSE DEMONSTRATION PROJECT~~ ~~SEC. 713. (a) The Secretary, acting through the Service, shall make grants to the Alaska Native Health Board for the conduct of a two-part community-based demonstration project to reduce drug and alcohol abuse in Alaska Native villages and to rehabilitate families afflicted by such abuse. Sixty percent of such grant funds shall be used by the Health Board to stimulate coordinated community development programs in villages seeking to organize to combat alcohol and drug use. Forty percent of such grant funds shall be transferred to a qualified nonprofit corporation providing alcohol recovery services in the village of St. Mary's, Alaska, to enlarge and strengthen a family life demonstration program of rehabilitation for families that have been or are afflicted by alcoholism.~~ ~~(b) The Secretary shall submit to the President for inclusion in the report~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~required to be submitted to the Congress under section 801 for fiscal year 1995 an evaluation of the demonstration project established under subsection (a).~~			~~required to be submitted to the Congress under section 801 for fiscal year 1995 an evaluation of the demonstration project established under subsection (a).~~
	See, S. 1790 Sec. 181, which did not include CL §714 in the new Title VII.	~~AUTHORIZATION OF APPROPRIATIONS.1200~~ ~~SEC. 714. Except as provided in sections 703, 706, 708, 710, and 711, there are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 200 to carry out the provisions of this title.~~ ~~[NOTE: Sections 702(B) of P.L. 102-573 repealed Part 6 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act, P.L. 99-570 except for section 4224 which was redesignated as section 4208A and moved to Part II. Title VII above now includes former Part 6 Provisions as amended by P.L. 102-573.]~~	SEC. 717. AUTHORIZATION OF APPROPRIATIONS. ‘‘There is authorized to be appropriated such sums as may be necessary to carry out the provisions of this title.	“SEC. 717. AUTHORIZATION OF APPROPRIATIONS. “There is authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out the provisions of this title.	AUTHORIZATION OF APPROPRIATIONS.1200 Sec. 715 ~~714~~. ~~Except as provided in sections 703, 706, 708, 710, and 711, t~~There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year ~~2000~~ 2012 to carry out the provisions of this title. ~~[NOTE: Sections 702(B) of P.L. 102-573 repealed Part 6 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act, P.L. 99-570 except for section 4224 which was redesignated as section 4208A and moved to Part II. Title VII above now includes former Part 6 Provisions as amended by P.L. 102-573.]~~
				“SEC. 715. TESTIMONY BY SERVICE EMPLOYEES IN CASES OF RAPE AND SEXUAL ASSAULT. “(a) APPROVAL BY DIRECTOR.- “(1) IN GENERAL.-The Director shall approve or disapprove, in writing, any request or subpoena for a sexual assault nurse examiner employed by the Service to provide testimony in a deposition, trial, or other similar proceeding regarding information obtained in carrying out the official duties of the nurse examiner. “(2) REQUIREMENT.-The Director shall approve a request or subpoena under paragraph (1) if the request or subpoena does not violate the policy of the Department to maintain strict impartiality with respect to private causes of action. “(3) TREATMENT.-If the Director fails to approve or disapprove a request or subpoena by the date that is 7 days after the date of receipt of the request or subpoena, the request or subpoena shall be considered to be approved for purposes of this subsection. “(b) POLICIES AND PROTOCOL.-The Director, in coordination with the Director of the Office on Violence Against Women of the Department of Justice, in consultation with Indian Tribes and Tribal organizations, and in conference with Urban Indian Organizations, shall develop standardized sexual assault policies and protocol for the facilities of the Service.	
			“TITLE VIII— MISCELLANEOUS		
	S.1790 did not change CL § 801.	REPORTS Sec. 801. The President shall,	SEC. 801. REPORTS. ‘‘For each fiscal	“SEC. 801. REPORTS.	REPORTS

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	Note: CL §801(2) does not reference consultation with tribal organizations or conference with urban Indian organizations.	at the time the budget is submitted under section 1105 of title 31, United States Code, for each fiscal year transmit to the Congress a report containing-- (1) a report on the progress made in meeting the objectives of this Act, including a review of programs established or assisted pursuant to this Act and an assessment and recommendations of additional programs or additional assistance necessary to, at a minimum, provide health services to Indians, and ensure a health status for Indians, which are at a parity with the health services available to and the health status of, the general population; (2) a report on whether, and to what extent, new national health care programs, benefits, initiatives, or financing systems have had an impact on the purposes of this Act and any steps that the Secretary may have taken to consult with Indian tribes to address such impact; (3) a report on the use of health services by Indians-- (A) on a national and area or other relevant geographical basis; (B) by gender and age; (C) by source of payment and type of service; and (D) comparing such rates of use with rates of use among comparable non-Indian populations. (4) a separate statement which specifies the amount of funds requested to carry out the provisions of section 201; (5) a separate statement of the total amount obligated or expended in the most recently completed fiscal year to achieve each of the objectives described in section 814, relating to infant and maternal mortality and fetal alcohol syndrome; (6) the reports required by sections 3(d), 108(n), 203(b), 209(j), 301(c), 302(g), 305(a)(3), 403, 708(e), and 817(a), and 822(f); (7) for fiscal year 1995, the report required by sections 702(c)(3) and 713(b); (8) for fiscal year 1997, the interim report required by section 307(h)(1); and (9) for fiscal year 1999, the reports required by sections 307(h)(2), 512(b), 711(f), and 821(g).	year following the date of enactment of the Indian Health Care Improvement Act Amendments of 2009, the Secretary shall transmit to Congress a report containing the following: (1) A report on the progress made in meeting the objectives of this Act, including a review of pro- grams established or assisted pursuant to this Act and assessments and recommendations of additional programs or additional assistance necessary to, at a minimum, provide health services to Indians and ensure a health status for Indians, which are at a parity with the health services available to and the health status of the general population. (2) A report on whether, and to what extent, new national health care programs, benefits, initiatives, or financing systems have had an impact on the purposes of this Act and any steps that the Secretary may have taken to consult with Indian Tribes, Tribal Organizations, and urban Indian organizations to address such impact, including a report on proposed changes in allocation of funding pursuant to section 807. (3) A report on the use of health services by Indians— (A) on a national and area or other relevant geographical basis; (B) by gender and age; (C) by source of payment and type of service; (D) comparing such rates of use with rates of use among comparable non-Indian populations; and (E) provided under contracts. (4) A report of contractors to the Secretary on Health Care Educational Loan Repayments every 7 months required by section 110. (5) A general audit report of the Secretary on the Health Care Educational Loan Repayment Program as required by section 110(m). (6) A report of the findings and conclusions of demonstration programs on development of educational curricula for substance abuse counseling as required in section 125(f). (7) A separate statement which specifies the amount of funds requested to carry out the provisions of section 201. (8) A report of the evaluations of health promotion and disease prevention as required in section 20 203(c). (9) A biennial report to Congress on	"For each fiscal year following the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall transmit to Congress a report containing the following: "(1) A report on the progress made in meeting the objectives of this Act, including a review of programs established or assisted pursuant to this Act and assessments and recommendations of additional programs or additional assistance necessary to, at a minimum, provide health services to Indians and ensure a health status for Indians, which are at a parity with the health services available to and the health status of the general population. "(2) A report on whether, and to what extent, new national health care programs, benefits, initiatives, or financing systems have had an impact on the purposes of this Act and any steps that the Secretary may have taken to consult with Indian Tribes, Tribal Organizations, and urban Indian organizations to address such impact, including a report on proposed changes in allocation of funding pursuant to section 808. "(3) A report on the use of health services by Indians— "(A) on a national and area or other relevant geographical basis; "(B) by gender and age; "(C) by source of payment and type of service; "(D) comparing such rates of use with rates of use among comparable non-Indian populations; and "(E) provided under contracts. "(4) A report of contractors to the Secretary on Health Care Educational Loan Repayments every 6 months required by section 110. "(5) A general audit report of the Secretary on the Health Care Educational Loan Repayment Program as required by section 110(n). "(6) A report of the findings and conclusions of demonstration programs on development of educational curricula for substance abuse counseling as required in section 125(f). "(7) A separate statement which specifies the amount of funds requested to carry out the provisions of section 201. "(8) A report of the evaluations of health promotion and disease prevention as required in section 203(c). "(9) A biennial report to Congress on	Sec. 801. The President shall, at the time the budget is submitted under section 1105 of title 31, United States Code, for each fiscal year transmit to the Congress a report containing-- (1) a report on the progress made in meeting the objectives of this Act, including a review of programs established or assisted pursuant to this Act and an assessment and recommendations of additional programs or additional assistance necessary to, at a minimum, provide health services to Indians, and ensure a health status for Indians, which are at a parity with the health services available to and the health status of~~,~~ the general population including specific comparisons of appropriations provided and those required for such parity; (2) a report on whether, and to what extent, new national health care programs, benefits, initiatives, or financing systems have had an impact on the purposes of this Act and any steps that the Secretary may have taken to consult with Indian Tribes, tribal organizations and urban Indian organizations to address such impact, including a report on proposed changes in allocation of funding pursuant to section 808; (3) a report on the use of health services by Indians-- (A) on a national and area or other relevant geographical basis; (B) by gender and age; (C) by source of payment and type of service; and (D) comparing such rates of use with rates of use among comparable non-Indian populations. (E) on the services provided under funding agreements pursuant to the Indian Self-Determination and Education Assistance Act. (4) a report of contractors to the Secretary on Health Care Educational Loan Repayments every six months required by section 110; (5) a General Audit Report of the Secretary on the Health Care Educational Loan Repayment Program as required by section 110(n); (6) a separate statement which specifies the amount of funds requested to carry out the provisions of section 201; (7) a biennial report to Congress on infectious diseases as required by section 212; (8) report on Environmental and

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			infectious diseases as required by section 212. (10) A report on environmental and nuclear health hazards as required by section 215. (11) An annual report on the status of all health care facilities needs as required by section 3 301(c)(2)(B) and 301(d). (12) Reports on safe water and sanitary waste disposal facilities as required by section 302(h). (13) An annual report on the expenditure of non-Service funds for renovation as required by sections 304(b)(2). (14) A report identifying the backlog of maintenance and repair required at Service and tribal facilities required by section 313(a).	infectious diseases as required by section 212. "(10) A report on environmental and nuclear health hazards as required by section 215. "(11) An annual report on the status of all health care facilities needs as required by section 301(c)(2)(B) and 301(d). "(12) Reports on safe water and sanitary waste disposal facilities as required by section 302(h). "(13) An annual report on the expenditure of non-Service funds for renovation as required by sections 304(b)(2). "(14) A report identifying the backlog of maintenance and repair required at Service and tribal facilities required by section 313(a).	Nuclear Health Hazards as required by section 214; (9) an annual report on the status of all health care facilities needs as required by section 301(c)(2) and 301(d); (10) reports on safe water and sanitary waste disposal facilities as required by section 302(h)(1); (11) an annual report on the expenditure of non-service funds for rennovation as required by sections 305(a)(2) and 305(a)(3); (12) a report identifying the backlog of maintenance and repair required at Service and tribal facilities required by section 314(a);
			(15) A report providing an accounting of reimbursement funds made available to the Secretary under titles XVIII, XIX, and XXI of the Social Security Act.	"(15) A report providing an accounting of reimbursement funds made available to the Secretary under titles XVIII, XIX, and XXI of the Social Security Act.	(13) a report providing an accounting of reimbursement funds made available to the Secretary under titles XVIII and XIX of the Social Security Act required by section 403(a);
			(16) A report on any arrangements for the sharing of medical facilities or services, as authorized by section 406. (17) A report on evaluation and renewal of urban Indian programs under section 505. (18) A report on the evaluation of programs as required by section 513(d). (19) A report on alcohol and substance abuse as required by section 701(f). (20) A report on Indian youth mental health services as required by section 707(h). (21) A report on the reallocation of base resources if required by section 807.	"(16) A report on any arrangements for the sharing of medical facilities or services, as authorized by section 406. "(17) A report on evaluation and renewal of urban Indian programs under section 505. "(18) A report on the evaluation of programs as required by section 513(d). "(19) A report on alcohol and substance abuse as required by section 701(f). "(20) A report on Indian youth mental health services as required by section 707(h). "(21) A report on the reallocation of base resources if required by section 808.	(14) report on services sharing of Indian Health Service, Veteran's Affairs, and Other federal Agency Health Programs as required by section 412(c)(2); (15) report on evaluation and renewal of urban Indian programs as required by section 505; (16) report on the findings and conclusions derived from the demonstration project as required by section 512(a)(2); (17) report on the evaluation of programs as required by section 513; (18) reports on Alcohol and Substance Abuse as required by section 701(f); ~~(5) a separate statement of the total amount obligated or expended in the most recently completed fiscal year to achieve each of the objectives described in section 814, relating to infant and maternal mortality and fetal alcohol syndrome.;~~ ~~(6) the reports required by sections 3(d), 108(n), 203(b), 209(j), 301(c), 302(g), 305(a)(3), 403, 708(e), and 817(a), and 822(f);~~ ~~(7) for fiscal year 1995, the report required by sections 702(c)(3) and 713(b);~~ ~~(8) for fiscal year 1997, the interim report required by section 307(h)(1); and~~ ~~(9) for fiscal year 1999, the reports required by sections 307(h)(2), 512(b), 711(f), and 821(g).~~
			(22) A report on the movement of patients between Service Units, including— (A) a list of those Service Units that have		

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			a net increase and those that have a net decrease of patients due to patients assigned to one Service Unit voluntarily choosing to receive service at another Service Unit; (B) an analysis of the effect of patient movement on the quality of services for those Service Units experiencing an increase in the number of patients served; and (C) what funding changes are necessary to maintain a consistent quality of service at Service Units that have an increase in the number of patients served.		
			(23) A report on the extent to which health care facilities of the Service, Indian Tribes, Tribal Organizations, and urban Indian organizations comply with credentialing requirements of the Service or licensure requirements of States.		
	S.1790 did not change CL § 802.	REGULATIONS Sec. 802. Prior to any revision of or amendment to rules or regulations promulgated pursuant to this Act, the Secretary shall consult with Indian tribes and appropriate national or regional Indian organizations and shall publish any proposed revision or amendment in the Federal Register not less than sixty days prior to the effective date of such revision or amendment in order to provide adequate notice to, and receive comments from, other interested parties.	SEC. 802. REGULATIONS. (a) DEADLINES.— (1) PROCEDURES.— Not later than 90 days after the date of enactment of the Indian Health Care Improvement Act Amendments of 2009, the Secretary shall initiate procedures under subchapter III of chapter 5 of title 5, United States Code, to negotiate and promulgate such regulations or amendments thereto that are necessary to carry out this Act, except sections 105, 115, 117, 202, and 409 through 416. The Secretary may promulgate regulations to carry out such sections using the procedures required by chapter 5 of title 5, United States Code(commonly known as the 'Administrative Procedure Act'). (2) PROPOSED REGULATIONS.— Proposed regulations to implement this Act shall be published in the Federal Register by the Secretary no later than 2 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2009 and shall have no less than a 120-day comment period. (3) FINAL REGULATIONS.— The Secretary shall publish in the Federal Register final regulations to implement this Act by not later than 3 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2009. (b) COMMITTEE.— A negotiated	"SEC. 802. REGULATIONS. "(a) Deadlines.— "(1) PROCEDURES.— Not later than 90 days after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall initiate procedures under subchapter III of chapter 5 of title 5, United States Code, to negotiate and promulgate such regulations or amendments thereto that are necessary to carry out titles II (except section 202) and VII, the sections of title III for which negotiated rulemaking is specifically required, and section 807. Unless otherwise required, the Secretary may promulgate regulations to carry out titles I, III, IV, and V, and section 202, using the procedures required by chapter V of title 5, United States Code (commonly known as the 'Administrative Procedure Act'). "(2) PROPOSED REGULATIONS.— Proposed regulations to implement this Act shall be published in the Federal Register by the Secretary no later than 2 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008 and shall have no less than a 120-day comment period. "(3) FINAL REGULATIONS.— The Secretary shall publish in the Federal Register final regulations to implement this Act by not later than 3 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008. "(b) Committee.— A negotiated rulemaking committee established pursuant to section 565 of title 5, United	REGULATIONS Sec. 802. (a)(1) Not later than 90 days after the date of enactment of this Act, the Secretary shall initiate procedures under subchapter III of chapter 5 of ~~t~~Title 5, United States Code, to negotiate and promulgate such regulations or amendments thereto that are necessary to carry out the Indian Health Care Improvement Act, as amended. (2) Proposed regulations to implement this Act shall be published in the federal Register by the Secretary no later than 270 days after the date of enactment of this Act and shall have no less than a 120 day comment period. (3) The authority to promulgate regulations under this Act shall expire 18 months from the date of enactment of this Act. (b) COMMITTEE.— A negotiated rulemaking committee established pursuant to section 565 of Title 5, United States Code, to carry out this section shall have as its members only representatives of the federal government and representatives of Indian Tribes, and tribal organizations, a majority of whom shall be nominated by and be representatives of Indian Tribes, tribal organizations, and urban Indian organizations from each service area. (c) ADAPTATION OF PROCEDURES.— The Secretary shall adapt the negotiated rulemaking procedures to the unique context of self-governance and the government-to-government relationship between the

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			rulemaking committee established pursuant to section 565 of title 5,United States Code, to carry out this section shall have as its members only representatives of the Federal Government and representatives of Indian Tribes, and Tribal Organizations, a majority of whom shall be nominated by and be representatives of Indian Tribes and Tribal Organizations from each Service Area. (c) ADAPTATION OF PROCEDURES.— The Secretary shall adapt the negotiated rulemaking procedures to the unique context of self-governance and the government-to government relationship between the United States and Indian Tribes. (d) LACK OF REGULATIONS.— The lack of promulgated regulations shall not limit the effect of this Act.	States Code, to carry out this section shall have as its members only representatives of the Federal Government and representatives of Indian Tribes, and Tribal Organizations, a majority of whom shall be nominated by and be representatives of Indian Tribes and Tribal Organizations from each Service Area. "(c) Adaptation of Procedures.— The Secretary shall adapt the negotiated rulemaking procedures to the unique context of self-governance and the government-to-government relationship between the United States and Indian Tribes. "(d) Lack of Regulations.— The lack of promulgated regulations shall not limit the effect of this Act.	United States and Indian Tribes. ~~Prior to any revision of or amendment to rules or regulations promulgated pursuant to this Act, the Secretary shall consult with Indian Tribes and appropriate national or regional Indian organizations and shall publish any proposed revision or amendment in the federal Register not less than sixty days prior to the effective date of such revision or amendment in order to provide adequate notice to, and receive comments from, other interested parties.~~ (d) The lack of promulgated regulations shall not limit the effect of this Act. (e) The provisions of this Act shall supersede any conflicting provisions of law (including any conflicting regulations) in effect on the day before the date of enactment of the Indian Self-Determination Contract Reform Act of 1994, and the Secretary is authorized to repeal any regulation inconsistent with the provisions of this Act.
				"(e) Inconsistent Regulations.— The provisions of this Act shall supersede any conflicting provisions of law in effect on the day before the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, and the Secretary is authorized to repeal any regulation inconsistent with the provisions of this Act.	
	§803 was repealed. No substitute for it appears in S. 1790.	[*Repealed*]	SEC. 803. PLAN OF IMPLEMENTATION. (a) IN GENERAL.— Not later than 1 year after the date of enactment of the Indian Health Care Improvement Act Amendments of 2009, the Secretary, in consultation with Indian Tribes, Tribal Organizations, and urban Indian organizations, shall submit to Congress a plan explaining the manner and schedule, by title and section, by which the Secretary will implement the provisions of this Act. This consultation may be conducted jointly with the annual budget consultation pursuant to the Indian Self-Determination and Education Assistance Act (25 4 U.S.C. 450 et seq.).	"SEC. 803. PLAN OF IMPLEMENTATION. "Not later than 9 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary, in consultation with Indian Tribes and Tribal Organizations, and in conference with urban Indian organizations, shall submit to Congress a plan explaining the manner and schedule, by title and section, by which the Secretary will implement the provisions of this Act. This consultation may be conducted jointly with the annual budget consultation pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq).	PLAN OF IMPLEMENTATION Sec. 803. Within two hundred and forty days after enactment of this Act, a plan will be prepared by the Secretary in consultation with Indian Tribes, tribal organizations, and urban Indian organizations, and will be submitted to the Congress. The plan will explain the manner and schedule (including a schedule of appropriation requests), by title and section, by which the Secretary will implement the provisions of this Act.
			b) LACK OF PLAN.— The lack of (or failure to submit) such a plan shall not limit the effect, or prevent the implementation, of this Act.		
	S.1790 did not change CL § 804. E was different than any	LEASES WITH INDIAN TRIBES Sec. 804. Notwithstanding any other provision of law, the Secretary is authorized , in carrying out the purposes	SEC. 308. LEASES, CONTRACTS, AND OTHER AGREEMENTS. ''The Secretary, acting through the Service, may enter into leases, contracts, and other	"SEC. 308. LEASES, CONTRACTS, AND OTHER AGREEMENTS. "The Secretary, acting through the Service, may enter into leases, contracts,	LEAS~~ES WITH INDIAN TRIBES~~ Sec. 309 ~~804~~. (a) Notwithstanding any other provision of law, the Secretary is authorized, in carrying out the purposes of

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	other version.	of this Act, to enter into leases with Indian tribes for periods not to excess of twenty years. Property leased by the Secretary from an Indian tribe may be reconstructed or renovated by the Secretary pursuant to an agreement with such Indian tribe. (b) The Secretary may enter into leases, contracts, and other legal agreements with Indian tribes or tribal organizations which hold-- (1) title to; (2) a leasehold interest in; or (3) a beneficial interest in (where title is held by the United States in trust for the benefit of a tribe); facilities used for the administration and delivery of health services by the Service or by programs operated by Indian tribes or tribal organizations to compensate such Indian tribes or tribal organizations for costs associated with the use of such facilities for such purposes. Such costs include rent, depreciation based on the useful life of the building, principal and interest paid or accrued, operation and maintenance expenses, and other expenses determined by regulation to be allowable.	agreements with Indian Tribes and Tribal Organizations which hold (1) title to, (2) a leasehold interest in, or (3) a beneficial interest in (when title is held by the United States in trust for the benefit of an Indian Tribe) facilities used or to be used for the administration and delivery of health services by an Indian Health Program. Such leases, contracts, or agreements may include provisions for construction or renovation and provide for compensation to the Indian Tribe or Tribal Organization of rental and other costs consistent with section 105(l) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450j(l)) and regulations thereunder.	and other agreements with Indian Tribes and Tribal Organizations which hold (1) title to, (2) a leasehold interest in, or (3) a beneficial interest in (when title is held by the United States in trust for the benefit of an Indian Tribe) facilities used or to be used for the administration and delivery of health services by an Indian Health Program. Such leases, contracts, or agreements may include provisions for construction or renovation and provide for compensation to the Indian Tribe or Tribal Organization of rental and other costs consistent with section 105(l) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450j(l)) and regulations thereunder.	this Act, to enter into leases with Indian Tribes and tribal organizations for periods not in ~~to~~ excess of twenty (20) years. Property leased by the Secretary from an Indian Tribe or tribal organization may be reconstructed or renovated by the Secretary pursuant to an agreement with such Indian Tribe or tribal organization. (b) The Secretary may enter into leases, contracts, and other legal agreements with Indian Tribes or tribal organizations which hold– (1) title to; (2) a leasehold interest in; or (3) a beneficial interest in (where title is held by the United States in trust for the benefit of a Tribe); facilities used for the administration and delivery of health services by the Service or by programs operated by Indian Tribes or tribal organizations to compensate such Indian Tribes or tribal organizations for costs associated with the use of such facilities for such purposes, and such leases shall be considered as operating leases for the purposes of scoring under the Budget Enforcement Act, notwithstanding any other provision of law. Such costs include rent, depreciation based on the useful life of the building, principal and interest paid or accrued, operation and maintenance expenses, and other expenses determined by regulation to be allowable pursuant to regulations under section 105(l) of the Indian Self-Determination and Education Assistance Act.
	See, S. 1790 Sec. 191, which added a new §805.	SEC. 805. CONFIDENTIALITY OF MEDICAL QUALITY ASSURANCE RECORDS; QUALIFIED IMMUNITY FOR PARTICIPANTS.	SEC. 814. CONFIDENTIALITY OF MEDICAL QUALITY ASSURANCE RECORDS; QUALIFIED IMMUNITY FOR PARTICIPANTS.	"SEC. 814. CONFIDENTIALITY OF MEDICAL QUALITY ASSURANCE RECORDS; QUALIFIED IMMUNITY FOR PARTICIPANTS.	*Note: The NSC endorsed this new section.*
	E did not include.	(a) DEFINITIONS.—In this section: "(1) HEALTH CARE PROVIDER.—The term 'health care provider' means any health care professional, including community health aides and practitioners certified under section 119, who is— "(A) granted clinical practice privileges or employed to provide health care services at— "(i) an Indian health program; or "(ii) a health program of an urban Indian organization; and "(B) licensed or certified to perform health care services by a governmental board or agency or professional health care society or organization.	(j) DEFINITIONS.— In this section: (1) The term 'health care provider' means any health care professional, including community health aides and practitioners certified under section 121, who are granted clinical practice privileges or employed to provide health care services in an Indian Health Program or health program of an Urban Indian Organization, who is licensed or certified to perform health care services by a governmental board or agency or professional health care society or organization.	"(j) Definitions.— In this section: "(1) The term 'health care provider' means any health care professional, including community health aides and practitioners certified under section 121, who are granted clinical practice privileges or employed to provide health care services in an Indian Health Program or health program of an urban Indian organization, who is licensed or certified to perform health care services by a governmental board or agency or professional health care society or organization.	
		(2) MEDICAL QUALITY ASSURANCE	(2) The term 'medical quality assurance		

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		PROGRAM.—The term 'medical quality assurance program' means any activity carried out before, on, or after the date of enactment of the Indian Health Care Improvement Reauthorization and Extension Act of 2009 by or for any Indian health program or urban Indian organization to assess the quality of medical care, including activities conducted by or on behalf of individuals, Indian health program or urban Indian organization medical or dental treatment review committees, or other review bodies responsible for quality assurance, credentials, infection control, patient safety, patient care assessment (including treatment procedures, blood, drugs, and therapeutics), medical records, health resources management review, and identification and prevention of medical or dental incidents and risks.	program' means any activity carried out before, on, or after the date of enactment of this Act by or for any Indian Health Program or Urban Indian Organization to assess the quality of medical care, including activities conducted by or on behalf of individuals, Indian Health Program or Urban Indian Organization medical or dental treatment review committees, or other review bodies responsible for quality assurance, credentials, infection control, patient safety, patient care assessment (including treatment procedures, blood, drugs, and therapeutics), medical records, health resources management review and identification and prevention of medical or dental incidents and risks.		
	E did not include.	(3) MEDICAL QUALITY ASSURANCE RECORD.—The term 'medical quality assurance record' means the proceedings, records, minutes, and reports that— "(A) emanate from quality assurance program activities described in paragraph (2); and "(B) are produced or compiled by or for an Indian health program or urban Indian organization as part of a medical quality assurance program.	(3) The term 'medical quality assurance record' means the proceedings, records, minutes, and reports that emanate from quality assurance program activities described in paragraph (2) and are produced or compiled by or for an Indian Health Program or Urban Indian Organization as part of a medical quality assurance program.	"(3) The term 'medical quality assurance record' means the proceedings, records, minutes, and reports that emanate from quality assurance program activities described in paragraph (2) and are produced or compiled by or for an Indian Health Program or urban Indian organization as part of a medical quality assurance program.	
	E did not include.	(b) Confidentiality of Records.—Medical quality assurance records created by or for any Indian health program or a health program of an urban Indian organization as part of a medical quality assurance program are confidential and privileged. Such records may not be disclosed to any person or entity, except as provided in subsection (d).	(a) CONFIDENTIALITY OF RECORDS.— Medical quality assurance records created by or for any Indian Health Program or a health program of an Urban Indian Organization as part of a medical quality assurance program are confidential and privileged. Such records may not be disclosed to any person or entity, except as provided in subsection (c).	"(a) Confidentiality of Records.— Medical quality assurance records created by or for any Indian Health Program or a health program of an urban Indian organization as part of a medical quality assurance program are confidential and privileged. Such records may not be disclosed to any person or entity, except as provided in subsection (c).	
	E did not include.	(c) Prohibition on Disclosure and Testimony.— "(1) IN GENERAL.—No part of any medical quality assurance record described in subsection (b) may be subject to discovery or admitted into evidence in any judicial or administrative proceeding, except as provided in subsection (d).	(b) PROHIBITION ON DISCLOSURE AND TESTIMONY.— (1) IN GENERAL.— No part of any medical quality assurance record described in subsection (a) may be subject to discovery or admitted into evidence in any judicial or administrative proceeding, except as provided in subsection (c).	"(b) Prohibition on Disclosure and Testimony.— "(1) IN GENERAL.— No part of any medical quality assurance record described in subsection (a) may be subject to discovery or admitted into evidence in any judicial or administrative proceeding, except as provided in subsection (c).	
		(2) TESTIMONY.—An individual who reviews or creates medical quality assurance records for any Indian health program or urban Indian organization who participates in any proceeding that reviews or creates such records may not be permitted or required to testify in any	(2) TESTIMONY.— A person who reviews or creates medical quality assurance records for any Indian Health Program or Urban Indian Organization who participates in any proceeding that reviews or creates such records may not be permitted or required to testify in any		

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		judicial or administrative proceeding with respect to such records or with respect to any finding, recommendation, evaluation, opinion, or action taken by such person or body in connection with such records except as provided in this section.	judicial or administrative proceeding with respect to such records or with respect to any finding, recommendation, evaluation, opinion, or action taken by such person or body in connection with such records except as provided in this section.		
	E did not include.	(d) Authorized Disclosure and Testimony.— "(1) IN GENERAL.—Subject to paragraph (2), a medical quality assurance record described in subsection (b) may be disclosed, and an individual referred to in subsection (c) may give testimony in connection with such a record, only as follows:	(c) AUTHORIZED DISCLOSURE AND TESTIMONY.— (1) IN GENERAL.— Subject to paragraph (2), a medical quality assurance record described in subsection (a) may be disclosed, and a person referred to in subsection (b) may give testimony in connection with such a record, only as follows:	"(c) Authorized Disclosure and Testimony.— "(1) IN GENERAL.— Subject to paragraph (2), a medical quality assurance record described in subsection (a) may be disclosed, and a person referred to in subsection (b) may give testimony in connection with such a record, only as follows:	
	E did not include.	(A) To a Federal agency or private organization, if such medical quality assurance record or testimony is needed by such agency or organization to perform licensing or accreditation functions related to any Indian health program or to a health program of an urban Indian organization to perform monitoring, required by law, of such program or organization.	(A) To a Federal executive agency or private organization, if such medical quality assurance record or testimony is needed by such agency or organization to perform licensing or accreditation functions related to any Indian Health Program or to a health program of an Urban Indian Organization to perform monitoring, required by law, of such program or organization.	"(A) To a Federal executive agency or private organization, if such medical quality assurance record or testimony is needed by such agency or organization to perform licensing or accreditation functions related to any Indian Health Program or to a health program of an urban Indian organization to perform monitoring, required by law, of such program or organization.	
		(B) To an administrative or judicial proceeding commenced by a present or former Indian health program or urban Indian organization provider concerning the termination, suspension, or limitation of clinical privileges of such health care provider.	(B) To an administrative or judicial proceeding commenced by a present or former Indian Health Program or Urban Indian Organization provider concerning the termination, suspension, or limitation of clinical privileges of such health care provider.		
	E did not include.	(C) To a governmental board or agency or to a professional health care society or organization, if such medical quality assurance record or testimony is needed by such board, agency, society, or organization to perform licensing, credentialing, or the monitoring of professional standards with respect to any health care provider who is or was an employee of any Indian health program or urban Indian organization.	(C) To a governmental board or agency or to a professional health care society or organization, if such medical quality assurance record or testimony is needed by such board, agency, society, or organization to perform licensing, credentialing, or the monitoring of professional standards with respect to any health care provider who is or was an employee of any Indian Health Program or Urban Indian Organization.	"(C) To a governmental board or agency or to a professional health care society or organization, if such medical quality assurance record or testimony is needed by such board, agency, society, or organization to perform licensing, credentialing, or the monitoring of professional standards with respect to any health care provider who is or was an employee of any Indian Health Program or urban Indian organization.	
	E did not include.	(D) To a hospital, medical center, or other institution that provides health care services, if such medical quality assurance record or testimony is needed by such institution to assess the professional qualifications of any health care provider who is or was an employee of any Indian health program or urban Indian organization and who has applied for or been granted authority or employment to provide health care services in or on behalf of such program or organization.	(D) To a hospital, medical center, or other institution that provides health care services, if such medical quality assurance record or testimony is needed by such institution to assess the professional qualifications of any health care provider who is or was an employee of any Indian Health Program or Urban Indian Organization and who has applied for or been granted authority or employment to provide health care services in or on behalf of such program or organization.	"(D) To a hospital, medical center, or other institution that provides health care services, if such medical quality assurance record or testimony is needed by such institution to assess the professional qualifications of any health care provider who is or was an employee of any Indian Health Program or urban Indian organization and who has applied for or been granted authority or employment to provide health care services in or on behalf of such program or organization.	
		(E) To an officer, employee, or contractor of the Indian health program or urban	(E) To an officer, employee, or contractor of the Indian Health Program or Urban		

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		Indian organization that created the records or for which the records were created. If that officer, employee, or contractor has a need for such record or testimony to perform official duties.	Indian Organization that created the records or for which the records were created. If that officer, employee, or contractor has a need for such record or testimony to perform official duties.		
	E did not include.	(F) To a criminal or civil law enforcement agency or instrumentality charged under applicable law with the protection of the public health or safety, if a qualified representative of such agency or instrumentality makes a written request that such record or testimony be provided for a purpose authorized by law.	(F) To a criminal or civil law enforcement agency or instrumentality charged under applicable law with the protection of the public health or safety, if a qualified representative of such agency or instrumentality makes a written request that such record or testimony be provided for a purpose authorized by law.	"(F) To a criminal or civil law enforcement agency or instrumentality charged under applicable law with the protection of the public health or safety, if a qualified representative of such agency or instrumentality makes a written request that such record or testimony be provided for a purpose authorized by law.	
	E did not include.	(G) In an administrative or judicial proceeding commenced by a criminal or civil law enforcement agency or instrumentality referred to in subparagraph (F), but only with respect to the subject of such proceeding.	(G) In an administrative or judicial proceeding commenced by a criminal or civil law enforcement agency or instrumentality referred to in subparagraph (F), but only with respect to the subject of such proceeding.	"(G) In an administrative or judicial proceeding commenced by a criminal or civil law enforcement agency or instrumentality referred to in subparagraph (F), but only with respect to the subject of such proceeding.	
		(2) IDENTITY OF PARTICIPANTS.—With the exception of the subject of a quality assurance action, the identity of any person receiving health care services from any Indian health program or urban Indian organization or the identity of any other person associated with such program or organization for purposes of a medical quality assurance program that is disclosed in a medical quality assurance record described in subsection (b) shall be deleted from that record or document before any disclosure of such record is made outside such program or organization.	(2) IDENTITY OF PARTICIPANTS.— With the exception of the subject of a quality assurance action, the identity of any person receiving health care services from any Indian Health Program or Urban Indian Organization or the identity of any other person associated with such program or organization for purposes of a medical quality assurance program that is disclosed in a medical quality assurance record described in subsection (a) shall be deleted from that record or document before any disclosure of such record is made outside such program or organization.		
	E did not include.	(e) Disclosure for Certain Purposes.— "(1) IN GENERAL.—Nothing in this section shall be construed as authorizing or requiring the withholding from any person or entity aggregate statistical information regarding the results of any Indian health program or urban Indian organization's medical quality assurance programs.	(d) DISCLOSURE FOR CERTAIN PURPOSES.— (1) IN GENERAL.— Nothing in this section shall be construed as authorizing or requiring the withholding from any person or entity aggregate statistical information regarding the results of any Indian Health Program or Urban Indian Organizations's medical quality assurance programs.	"(d) Disclosure for Certain Purposes.— "(1) IN GENERAL.— Nothing in this section shall be construed as authorizing or requiring the withholding from any person or entity aggregate statistical information regarding the results of any Indian Health Program's or urban Indian organization's medical quality assurance programs.	
	E did not include.	(2) WITHHOLDING FROM CONGRESS.—Nothing in this section shall be construed as authority to withhold any medical quality assurance record from a committee of either House of Congress, any joint committee of Congress, or the Government Accountability Office if such record pertains to any matter within their respective jurisdictions.	(2) WITHHOLDING FROM CONGRESS.— Nothing in this section shall be construed as authority to withhold any medical quality assurance record from a committee of either House of Congress, any joint committee of Congress, or the Government Accountability Office if such record pertains to any matter within their respective jurisdictions.	"(2) WITHHOLDING FROM CONGRESS.— Nothing in this section shall be construed as authority to withhold any medical quality assurance record from a committee of either House of Congress, any joint committee of Congress, or the Government Accountability Office if such record pertains to any matter within their respective jurisdictions.	
		(f) Prohibition on Disclosure of Record or Testimony.—An individual or entity having possession of or access to a record or testimony described by this section may	(e) PROHIBITION ON DISCLOSURE OF RECORD OR TESTIMONY.— A person or entity having possession of or access to a record or testimony described		

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		not disclose the contents of such record or testimony in any manner or for any purpose except as provided in this section.	by this section may not disclose the contents of such record or testimony in any manner or for any purpose except as provided in this section.		
	E did not include.	(g) Exemption From Freedom of Information Act.—Medical quality assurance records described in subsection (b) may not be made available to any person under section 552 of title 5, United States Code.	(f) EXEMPTION FROM FREEDOM OF INFORMATION ACT.— Medical quality assurance records described in subsection (a) may not be made available to any person under section 552 of title 5, United States Code.	"(f) Exemption From Freedom of Information Act.— Medical quality assurance records described in subsection (a) may not be made available to any person under section 552 of title 5.	
	E did not include.	(h) Limitation on Civil Liability.—An individual who participates in or provides information to a person or body that reviews or creates medical quality assurance records described in subsection (b) shall not be civilly liable for such participation or for providing such information if the participation or provision of information was in good faith based on prevailing professional standards at the time the medical quality assurance program activity took place.	(g) LIMITATION ON CIVIL LIABILITY.— A person who participates in or provides information to a person or body that reviews or creates medical quality assurance records described in subsection (a) shall not be civilly liable for such participation or for providing such information if the participation or provision of information was in good faith based on prevailing professional standards at the time the medical quality assurance program activity took place.	"(g) Limitation on Civil Liability.— A person who participates in or provides information to a person or body that reviews or creates medical quality assurance records described in subsection (a) shall not be civilly liable for such participation or for providing such information if the participation or provision of information was in good faith based on prevailing professional standards at the time the medical quality assurance program activity took place.	
		(i) Application to Information in Certain Other Records.—Nothing in this section shall be construed as limiting access to the information in a record created and maintained outside a medical quality assurance program, including a patient's medical records, on the grounds that the information was presented during meetings of a review body that are part of a medical quality assurance program.	(h) APPLICATION TO INFORMATION IN CERTAIN OTHER RECORDS.— Nothing in this section shall be construed as limiting access to the information in a record created and maintained outside a medical quality assurance program, including a patient's medical records, on the grounds that the information was presented during meetings of a review body that are part of a medical quality assurance program.		
	E did not include.	(j) Regulations.—The Secretary, acting through the Service, shall promulgate regulations pursuant to section 802.	(i) REGULATIONS.— The Secretary, acting through the Service, shall promulgate regulations pursuant to section 802.	"(i) Regulations.— The Secretary, acting through the Service, is authorized to promulgate regulations pursuant to section 802.	
	E & R = S	(k) Continued Protection.—Disclosure under subsection (d) does not permit redisclosure except to the extent such further disclosure is authorized under subsection (d) or is otherwise authorized to be disclosed under this section.	(k) CONTINUED PROTECTION.— Disclosure under subsection (c) does not permit redisclosure except to the extent such further disclosure is authorized under subsection (c) or is otherwise authorized to be disclosed under this section.		
	E & R = S.	(l) Inconsistencies.—To the extent that the protections under part C of title IX of the Public Health Service Act (42 U.S.C. 229b–21 et seq.) (as amended by the Patient Safety and Quality Improvement Act of 2005 (Public Law 109–41; 119 Stat. 424)) and this section are inconsistent, the provisions of whichever is more protective shall control.	(l) INCONSISTENCIES.— To the extent that the protections under the Patient Safety and Quality Improvement Act of 2005 and this section are inconsistent, the provisions of whichever is more protective shall control.		
	E & R did not include.	(m) Relationship to Other Law.—This section shall continue in force and effect, except as otherwise specifically provided in any Federal law enacted after the date	(m) RELATIONSHIP TO OTHER LAW.— This section shall continue in force and effect, except as otherwise specifically provided in any Federal law	"(k) Relationship to Other Law.— This section shall continue in force and effect, except as otherwise specifically provided in any Federal law enacted after the date	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		of enactment of the Indian Health Care Improvement Reauthorization and Extension Act of 2009.”.	enacted after the date of enactment of the Indian Health Care Improvement Act Amendments of 2009.	of enactment of the Indian Health Care Improvement Act Amendments of 2008.	
	See, S. 1790 Sec. 101(b)(11), which repealed §805. *Note: This is provided for in S. 1790 §825.*	~~AVAILABILITY OF FUNDS~~ ~~Sec. 805. The funds appropriated pursuant to this Act shall remain available until expended.~~	817(c) AVAILABILITY.— The funds appropriated pursuant to this Act shall remain available until expended.”.	“SEC. 804. AVAILABILITY OF FUNDS. “The funds appropriated pursuant to this Act shall remain available until expended.	AVAILABILITY OF FUNDS Sec. 804 ~~805~~ The funds appropriated pursuant to this Act shall remain available until expended.
	S.1790 did not change CL § 806.	LIMITATION ON USE OF FUNDS APPROPRIATED TO THE INDIAN HEALTH SERVICE Sec. 806. Any limitation on the use of funds contained in an Act providing appropriations for the Department of Health and Human Services for a period with respect to the performance of abortions shall apply for that period with respect to the performance of abortions using funds contained in an Act providing appropriations for the Indian Health Service.	SEC. 804. LIMITATION ON USE OF FUNDS APPROPRIATED TO INDIAN HEALTH SERVICE. ‘‘Any limitation on the use of funds contained in an Act providing appropriations for the Department for a period with respect to the performance of abortions shall apply for that period with respect to the performance of abortions using funds contained in an Act providing appropriations for the Service.	“SEC. 805. LIMITATION RELATING TO ABORTION. “(a) DEFINITION OF HEALTH BENEFITS COVERAGE.-In this section, the term ‘health benefits coverage’ means a health-related service or group of services provided pursuant to a contract, grant, or other agreement. “(b) LIMITATION.- “(1) IN GENERAL.-Except as provided in paragraph (2), no funds or facilities of the service may be used- “(A) to provide any abortion; or “(B) to provide, or pay any administrative cost of, any health benefits coverage that includes coverage of an abortion. “(2) EXCEPTIONS.-The limitation described in paragraph (1) shall not apply in any case in which- “(A) a pregnancy is the result of an act of rape, or an act of incest against a minor; or “(B) the woman suffers from a physical disorder, physical injury, or physical illness that, as certified by a physician, would place the woman in danger of death unless an abortion is performed, including a life-endangering physical condition caused by or arising from the pregnancy itself.”.	LIMITATION ON USE OF FUNDS APPROPRIATED TO THE INDIAN HEALTH SERVICE Sec. 805 ~~806~~. Any limitation on the use of funds contained in an Act providing appropriations for the Department ~~of Health and Human Services~~ for a period with respect to the performance of abortions shall apply for that period with respect to the performance of abortions using funds contained in an Act providing appropriations for the Indian Health Service.
		[*see*, Sec. 831]			
				“(d) FIREARM PROGRAMS.— None of the funds made available to carry out this Act may be used to carry out any antifirearm program, gun buy-back	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				program, or program to discourage or stigmatize the private ownership of firearms for collecting, hunting, or self-defense purposes.	
	S.1790 did not change CL § 807.	NUCLEAR RESOURCE DEVELOPMENT HEALTH HAZARDS Sec. 807. (a) The Secretary and the Service shall conduct, in conjunction with other appropriate Federal agencies and in consultation with concerned Indian tribes and organizations, a study of the health hazards to Indian miners and Indians on or near Indian reservations and in Indian communities as a result of nuclear resource development. Such study shall include- (1) an evaluation of the nature and extent of nuclear resource development related health problems currently exhibited among Indians and the causes of such health problems; (2) an analysis of the potential effect of ongoing and future nuclear resource development on or near Indian reservations and communities; (3) an evaluation of the types and nature of activities, practices, and conditions causing or affecting such health problems including uranium mining and milling, uranium mine tailing deposits, nuclear power plant operation and construction, and nuclear waste disposal; (4) a summary of any findings and recommendations provided in Federal and State studies, reports, investigations, and inspections during the five years prior to the date of the enactment of this section that directly or indirectly relate to the activities, practices, and conditions affecting the health or safety of such Indians; and (5) the efforts that have been made by Federal and State agencies and mining and milling companies to effectively carry out an education program for such Indians regarding the health and safety hazards of such nuclear resource development. (b) Upon completion of such study the Secretary and the Service shall take into account the results of such study and develop a health care plan to address the health problems studied under subsection (a). The plan shall include-- (1) methods for diagnosing and treating Indians currently exhibiting such health problems; (2) preventive care for Indians who may be exposed to such health hazards, including the monitoring of the health of	SEC. 214. ENVIRONMENTAL AND NUCLEAR HEALTH HAZARDS. (a) STUDIES AND MONITORING.— The Secretary and the Service shall conduct, in conjunction with other appropriate Federal agencies and in consultation with concerned Indian Tribes and Tribal Organizations, studies and ongoing monitoring programs to determine trends in the health hazards to Indian miners and to Indians on or near reservations and Indian communities as a result of environmental hazards which may result in chronic or life threatening health problems, such as nuclear resource development, petroleum contamination, and contamination of water source and of the food chain. Such studies shall include— (1) an evaluation of the nature and extent of health problems caused by environmental hazards currently exhibited among Indians and the causes of such health problems; (2) an analysis of the potential effect of ongoing and future environmental resource development on or near reservations and Indian communities, including the cumulative effect over time on health; (3) an evaluation of the types and nature of activities, practices, and conditions causing or affecting such health problems, including uranium mining and milling, uranium mine tailing deposits, nuclear power plant operation and construction, and nuclear waste disposal; oil and gas production or transportation on or near reservations or Indian communities; and other development that could affect the health of Indians and their water supply and food chain; (4) a summary of any findings and recommendations provided in Federal and State studies, reports, investigations, and inspections during the 5 years prior to the date of enactment of the Indian Health Care Improvement Act Amendments of 2009 that directly or indirectly relate to the activities, practices, and conditions affecting the health or safety of such Indians; and (5) the efforts that have been made by Federal and State agencies and resource and economic development companies to	"SEC. 215. ENVIRONMENTAL AND NUCLEAR HEALTH HAZARDS. "(a) Studies and Monitoring.— The Secretary and the Service shall conduct, in conjunction with other appropriate Federal agencies and in consultation with concerned Indian Tribes and Tribal Organizations, studies and ongoing monitoring programs to determine trends in the health hazards to Indian miners and to Indians on or near reservations and Indian communities as a result of environmental hazards which may result in chronic or life threatening health problems, such as nuclear resource development, petroleum contamination, and contamination of water sources and of the food chain. Such studies shall include— "(1) an evaluation of the nature and extent of health problems caused by environmental hazards currently exhibited among Indians and the causes of such health problems; "(2) an analysis of the potential effect of ongoing and future environmental resource development on or near reservations and Indian communities, including the cumulative effect over time on health; "(3) an evaluation of the types and nature of activities, practices, and conditions causing or affecting such health problems, including uranium mining and milling, uranium mine tailing deposits, nuclear power plant operation and construction, and nuclear waste disposal; oil and gas production or transportation on or near reservations or Indian communities; and other development that could affect the health of Indians and their water supply and food chain; "(4) a summary of any findings and recommendations provided in Federal and State studies, reports, investigations, and inspections during the 5 years prior to the date of enactment of the Indian Health Care Improvement Act Amendments of 2008 that directly or indirectly relate to the activities, practices, and conditions affecting the health or safety of such Indians; and "(5) the efforts that have been made by Federal and State agencies and resource and economic development companies to	ENVIRONMENTAL & NUCLEAR ~~RESOURCE DEVELOPMENT~~ HEALTH HAZARDS Sec. 215 ~~807~~. (a) The Secretary and the Service shall conduct, in conjunction with other appropriate federal agencies and in consultation with concerned Indian Tribes and tribal organizations, ~~a~~ stud~~y~~ies and ongoing monitoring programs to determine trends in ~~of~~ the health hazards to Indian miners and to Indians on or near Indian reservations and in Indian communities as a result environmental hazards which may result in chronic or life-threatening health problems, which hazards include, but are not limited to , ~~of~~ nuclear resource development, petroleum contamination, contamination of water source and/or of the food chain, etc. Such study shall include- (1) an evaluation of the nature and extent of ~~nuclear resource development related~~ health problems caused by environmental hazards currently exhibited among Indians and the causes of such health problems; (2) an analysis of the potential effect of ongoing and future ~~nuclear~~ environmental resource development on or near Indian reservations and communities including the cumulative effect over time on health; (3) an evaluation of the types and nature of activities, practices, and conditions causing or affecting such health problems including, but not limited to, uranium mining and milling, uranium mine tailing deposits, nuclear power plant operation and construction, and nuclear waste disposal; oil and gas production or transportation on or near Indian reservations or communities; and other development that could affect the health of Indians and their water supply and food chain. (4) a summary of any findings and recommendations provided in federal and State studies, reports, investigations, and inspections during the five years prior to the date of the enactment of this section that directly or indirectly relate to the activities, practices, and conditions affecting the health or safety of such Indians; and (5) the efforts that have been made

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		individuals who have or may have been exposed to excessive amounts of radiation, or affected by other nuclear development activities that have had or could have a serious impact upon the health of such individuals; and (3) a program of education for Indians who, by reason of their work or geographic proximity to such nuclear development activities, may experience health problems. (c) The Secretary and the Service shall submit to Congress the study prepared under subsection (a) no later than the date eighteen months after the date of enactment of this section. The health care plan prepared under subsection (b) shall be submitted in a report no later than the date one year after the date that the study prepared under subsection (a) is submitted to Congress. Such report shall include recommended activities for the implementation of the plan, as well as an evaluation of any activities previously undertaken by the Service to address such health problems. (d)(1) There is established an Intergovernmental Task Force to be composed of the following individuals (or their designees): The Secretary of Energy, the Administrator of the Environmental Protection Agency, the Director of the Bureau of Mines, the Assistant Secretary for Occupational Safety and Health, and the Secretary of the Interior. (2) The Task Force shall identify existing and potential operations related to nuclear resource development that affect or may affect the health of Indians on or near an Indian reservation or in an Indian community and enter into activities to correct existing health hazards and insure that current and future health problems resulting from nuclear resource development activities are minimized or reduced. (3) The Secretary shall be Chairman of the Task Force. The Task Force shall meet at least twice each year. Each member of the Task Force shall furnish necessary assistance to the Task Force. (e) In the case of any Indian who-- (1) as a result of employment in or near a uranium mine or mill, suffers from a work related illness or condition; (2) is eligible to receive diagnosis and treatment services from a Service facility; and (3) by reason of such Indian's	effectively carry out an education program for such Indians regarding the health and safety hazards of such development. (b) HEALTH CARE PLANS.— Upon completion of such studies, the Secretary and the Service shall take into account the results of such studies and develop health care plans to address the health problems studied under subsection (a). The plans shall include— (1) methods for diagnosing and treating Indians currently exhibiting such health problems; (2) preventive care and testing for Indians who may be exposed to such health hazards, including the monitoring of the health of individuals who have or may have been exposed to excessive amounts of radiation or affected by other activities that have had or could have a serious impact upon the health of such individuals; and (3) a program of education for Indians who, by reason of their work or geographic proximity to such nuclear or other development activities, may experience health problems. (c) SUBMISSION OF REPORT AND PLAN TO CONGRESS.— The Secretary and the Service shall submit to Congress the study prepared under subsection (a) no later than 18 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2009. The health care plan prepared under subsection (b) shall be submitted in a report no later than 1 year after the study prepared under subsection (a) is submitted to Congress. Such report shall include recommended activities for the implementation of the plan, as well as an evaluation of any activities previously undertaken by the Service to address such health problems. (d) INTERGOVERNMENTAL TASK FORCE.— (1) ESTABLISHMENT; MEMBERS.— There is established an Intergovernmental Task Force to be composed of the following individuals (or their designees): (A) The Secretary of Energy. (B) The Secretary of the Environmental Protection Agency. (C) The Director of the Bureau of Mines. (D) The Assistant Secretary for Occupational Safety and Health. (E) The Secretary of the Interior. (F) The Secretary of Health and Human	effectively carry out an education program for such Indians regarding the health and safety hazards of such development. "(b) Health Care Plans.— Upon completion of such studies, the Secretary and the Service shall take into account the results of such studies and develop health care plans to address the health problems studied under subsection (a). The plans shall include— "(1) methods for diagnosing and treating Indians currently exhibiting such health problems; "(2) preventive care and testing for Indians who may be exposed to such health hazards, including the monitoring of the health of individuals who have or may have been exposed to excessive amounts of radiation or affected by other activities that have had or could have a serious impact upon the health of such individuals; and "(3) a program of education for Indians who, by reason of their work or geographic proximity to such nuclear or other development activities, may experience health problems. "(c) Submission of Report and Plan to Congress.— The Secretary and the Service shall submit to Congress the study prepared under subsection (a) no later than 18 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008. The health care plan prepared under subsection (b) shall be submitted in a report no later than 1 year after the study prepared under subsection (a) is submitted to Congress. Such report shall include recommended activities for the implementation of the plan, as well as an evaluation of any activities previously undertaken by the Service to address such health problems. "(d) Intergovernmental Task Force.— "(1) ESTABLISHMENT; MEMBERS.— There is established an Intergovernmental Task Force to be composed of the following individuals (or their designees): "(A) The Secretary of Energy. "(B) The Secretary of the Environmental Protection Agency. "(C) The Director of the Bureau of Mines. "(D) The Assistant Secretary for Occupational Safety and Health. "(E) The Secretary of the Interior. "(F) The Secretary of Health and Human Services. "(G) The Director. "(2) DUTIES.— The Task Force shall—	by federal and State agencies and ~~mining and milling~~ resource and economic development companies to effectively carry out an education program for such Indians regarding the health and safety hazards of such ~~nuclear resource~~ development. (b) Upon completion of such study the Secretary and the Service shall take into account the results of such study and, in consultation with Indian Tribes and tribal organizations, develop ~~a~~ health care plans to address the health problems studied under subsection (a). The plans shall include– (1) methods for diagnosing and treating Indians currently exhibiting such health problems; (2) preventive care and testing for Indians who may be exposed to such health hazards, including the monitoring of the health of individuals who have or may have been exposed to excessive amounts of radiation, or affected by other ~~nuclear development~~ activities that have had or could have a serious impact upon the health of such individuals; and (3) a program of education for Indians who, by reason of their work or geographic proximity to such nuclear or other development activities, may experience health problems. (c) The Secretary and the Service shall submit to Congress the study prepared under subsection (a) no later than the date eighteen months after the date of enactment of this section. The health care plan prepared under subsection (b) shall be submitted in a report no later than the date one year after the date that the study prepared under subsection (a) is submitted to Congress. Such report shall include recommended activities for the implementation of the plan, as well as an evaluation of any activities previously undertaken by the Service to address such health problems. (d)(1) There is established an Intergovernmental Task Force to be composed of the following individuals (or their designees): The Secretary of Energy, the Administrator of the Environmental Protection Agency, the Director of the Bureau of Mines, the Assistant Secretary for Occupational Safety and Health, and the Secretary of the Interior. (2) The Task Force shall identify existing and potential operations related to nuclear resource development or other

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		employment, is entitled to medical care at the expense of such mine or mill operator, the Service shall, at the request of such Indian, render appropriate medical care to such Indian for such illness or condition and may recover the costs of any medical care so rendered to which such Indian is entitled at the expense of such operator from such operator. Nothing in this subsection shall affect the rights of such Indian to recover damages other than such costs paid to the Service from the employer for such illness or condition.	Services. (G) The Director of the Indian Health Service. (2) DUTIES.— The Task Force shall— (A) identify existing and potential operations related to nuclear resource development or other environmental hazards that affect or may affect the health of Indians on or near a reservation or in an Indian community; and (B) enter into activities to correct existing health hazards and ensure that current and future health problems resulting from nuclear resource or other development activities are minimized or reduced. (3) CHAIRMAN; MEETINGS.— The Secretary of Health and Human Services shall be the Chairman of the Task Force. The Task Force shall meet at least twice each year. (e) HEALTH SERVICES TO CERTAIN EMPLOYEES.— In the case of any Indian who— (1) as a result of employment in or near a uranium mine or mill or near any other environmental hazard, suffers from a work-related illness or condition; (2) is eligible to receive diagnosis and treatment services from an Indian Health Program; and (3) by reason of such Indian's employment, is entitled to medical care at the expense of such mine or mill operator or entity responsible for the environmental hazard, the Indian Health Program shall, at the request of such Indian, render appropriate medical care to such Indian for such illness or condition and may be reimbursed for any medical care so rendered to which such Indian is entitled at the expense of such operator or entity from such operator or entity. Nothing in this subsection shall affect the rights of such Indian to recover damages other than such amounts paid to the Indian Health Program from the employer for providing medical care for such illness or condition.	"(A) identify existing and potential operations related to nuclear resource development or other environmental hazards that affect or may affect the health of Indians on or near a reservation or in an Indian community; and "(B) enter into activities to correct existing health hazards and ensure that current and future health problems resulting from nuclear resource or other development activities are minimized or reduced. "(3) CHAIRMAN; MEETINGS.— The Secretary of Health and Human Services shall be the Chairman of the Task Force. The Task Force shall meet at least twice each year. "(e) Health Services to Certain Employees.— In the case of any Indian who— "(1) as a result of employment in or near a uranium mine or mill or near any other environmental hazard, suffers from a work-related illness or condition; "(2) is eligible to receive diagnosis and treatment services from an Indian Health Program; and "(3) by reason of such Indian's employment, is entitled to medical care at the expense of such mine or mill operator or entity responsible for the environmental hazard, the Indian Health Program shall, at the request of such Indian, render appropriate medical care to such Indian for such illness or condition and may be reimbursed for any medical care so rendered to which such Indian is entitled at the expense of such operator or entity from such operator or entity. Nothing in this subsection shall affect the rights of such Indian to recover damages other than such amounts paid to the Indian Health Program from the employer for providing medical care for such illness or condition.	environmental hazards that affect or may affect the health of Indians on or near an Indian reservation or in an Indian community and enter into activities to correct existing health hazards and insure that current and future health problems resulting from nuclear resource or other development activities are minimized or reduced. (3) The Secretary shall be Chairman of the Task Force. The Task Force shall meet at least twice each year. Each member of the Task Force shall furnish necessary assistance to the Task Force. (e) In the case of any Indian who– (1) as a result of employment in or near a uranium mine or mill or near any other environmental hazard, suffers from a work related illness or condition; (2) is eligible to receive diagnosis and treatment services from a Service facility; and (3) by reason of such Indian's employment, is entitled to medical care at the expense of such mine or mill operator or entity responsible for the environmental hazard, the Service shall, at the request of such Indian, render appropriate medical care to such Indian for such illness or condition and may recover the costs of any medical care so rendered to which such Indian is entitled at the expense of such operator or entity from such operator or entity. Nothing in this subsection shall affect the rights of such Indian to recover damages other than such costs paid to the Service from the employer for such illness or condition.
	H.R. 3962 deleted §807 from H.R. 2708.		~~SEC. 807. TREATMENT OF CERTAIN SERVICES AND BENEFITS.~~ ~~(a) Gross income does not include~~ ~~(1) health services or benefits provided or purchased by the Indian Health Service, either directly or indirectly, through a grant to or a contract or compact with an~~		*Note: This section was endorsed by NSC.*

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			~~Indian tribe or tribal organization, or grants to or other programs of third parties funded by the Indian Health Service;~~ ~~(2) health services, health benefits or other amounts for health care services, including preventive care and treatment of personal injuries or sickness and other health conditions, provided by an Indian tribe or tribal organization to an Indian either directly, through purchased services, or through accident or health insurance (or through an arrangement having the effect of accident or health insurance);~~ ~~(3) the value of health coverage provided or premiums paid by an Indian tribe or tribal organization to or on behalf of an Indian under an accident or health plan (or through an arrangement having the effect of accident or health insurance), or~~ ~~(4) any other benefit or service provided by an Indian tribe that supplements the programs and services provided by the Federal government to Indian tribes or Indians, or other general welfare benefits or services provided by Indian tribes to Indians.~~ ~~(b) DEFINITIONS.— For the purposes of this section:~~ ~~(1) The terms 'accident or health insurance' and 'personal injuries and sickness' have the meaning given those terms in section 104 of the Internal Revenue Code of 1986.~~ ~~(2) The term 'Indian tribe' has the meaning given that term in section 4(e) of the Indian Self- Determination and Education Assistance Act (25 12 U.S.C. 450b(e)).~~ ~~(3) The term 'Indians' and 'Indian' means any person who—~~ ~~(A) is a member of an Indian tribe, as defined in paragraph (2), and~~ ~~(B)(i) irrespective of whether the individual lives on or near a reservation, is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized by the State in which they reside;~~ ~~(ii) is a descendant, in the first or second degree, of any such member;~~ ~~(iii) is an Eskimo or Aleut or other Alaska Native;~~ ~~(iv) is otherwise eligible for services provided or funded by the Indian Health Service under applicable law; or~~ ~~(v) is considered by the Secretary of the Interior to be an Indian for any purpose.~~ ~~(4) The term 'tribal organization' has the~~		

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			~~meaning given that term in section 4(l) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b(l)).~~ ~~(c) NO INFERENCE.— Nothing in this section is intended as an inference to the tax treatment of governmental benefits (including health care benefits not covered under this section) provided by Indian tribes to Indians after the date of the enactment of this section.~~		
	See, S. 1790 Sec. 192(1), which amended §808. R, E=S.1200 *Note: Other provisions establishing CHSDAs do not have an end date.*	SEC. 808. ARIZONA AS A CONTRACT HEALTH SERVICE DELIVERY AREA (a) IN GENERAL.– ~~For fiscal years beginning with the fiscal year ending September 30, 1983, and ending with the fiscal year ending September 30, 2000, the~~ The State of Arizona shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of ~~federally recognized~~ Indian tribes in ~~of~~ the State of Arizona. (b) MAINTENANCE OF SERVICES.— The Service shall not curtail any health care services provided to Indians residing on ~~Federal~~ reservations in the State of Arizona if ~~such~~ the curtailment is due to the provision of contract services in ~~such~~ that State pursuant to the designation of ~~such~~ the State as a contract health service delivery area pursuant to subsection (a).	SEC. 215. ARIZONA AS A CONTRACT HEALTH SERVICE DELIVERY AREA. (a) IN GENERAL.— For fiscal years beginning with the fiscal year ending September 30, 1983, and ending with the fiscal year ending September 30, 2025, the State of Arizona shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of federally recognized Indian Tribes of Arizona. (b) MAINTENANCE OF SERVICES.— The Service shall not curtail any health care services provided to Indians residing on reservations in the State of Arizona if such curtailment is due to the provision of contract services in such State pursuant to the designation of such State as a contract health service delivery area pursuant to subsection (a).	"SEC. 216. ARIZONA AS A CONTRACT HEALTH SERVICE DELIVERY AREA. "(a) In General.— For fiscal years beginning with the fiscal year ending September 30, 1983, and ending with the fiscal year ending September 30, 2016, the State of Arizona shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of federally recognized Indian Tribes of Arizona. "(b) Maintenance of Services.— The Service shall not curtail any health care services provided to Indians residing on reservations in the State of Arizona if such curtailment is due to the provision of contract services in such State pursuant to the designation of such State as a contract health service delivery area pursuant to subsection (a).	ARIZONA AS A CONTRACT HEALTH SERVICE DELIVERY AREA Sec. 216 ~~808~~. (a) For fiscal years beginning with the fiscal year ending September 30, 1983, and ending with the fiscal year ending September 30, ~~2000~~ 2012, the State of Arizona shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of federally recognized Indian Tribes of Arizona. (b) The Service shall not curtail any health care services provided to Indians residing on federal reservations in the State of Arizona if such curtailment is due to the provision of contract services in such State pursuant to the designation of such State as a contract health service delivery area pursuant to subsection (a).
	See, S. 1790 Sec. 192(2), which added a new §808A.	SEC. 808A. NORTH DAKOTA AND SOUTH DAKOTA AS CONTRACT HEALTH SERVICE DELIVERY AREA. "(a) In General.—The States of North Dakota and South Dakota shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of Indian tribes in the States of North Dakota and South Dakota. "(b) Maintenance of Services.—The Service shall not curtail any health care services provided to Indians residing on any reservation, or in any county that has a common boundary with any reservation, in the State of North Dakota or South Dakota if the curtailment is due to the provision of contract services in those States pursuant to the designation of the States as a contract health service delivery area by subsection (a).	SEC. 216. NORTH DAKOTA AND SOUTH DAKOTA AS CONTRACT HEALTH SERVICE DELIVERY AREA. (a) IN GENERAL.— Beginning in fiscal year 2003, the States of North Dakota and South Dakota shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of federally recognized Indian Tribes of North Dakota and South Dakota. (b) LIMITATION.— The Service shall not curtail any health care services provided to Indians residing on any reservation, or in any county that has a common boundary with any reservation, in the State of North Dakota or South Dakota if such curtailment is due to the provision of contract services in such States pursuant to the designation of such States as a contract health service delivery area pursuant to subsection (a).	"SEC. 216A. NORTH DAKOTA AND SOUTH DAKOTA AS A CONTRACT HEALTH SERVICE DELIVERY AREA. "(a) In General.— Beginning in fiscal year 2003, the States of North Dakota and South Dakota shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of federally recognized Indian Tribes of North Dakota and South Dakota. "(b) Limitation.— The Service shall not curtail any health care services provided to Indians residing on any reservation, or in any county that has a common boundary with any reservation, in the State of North Dakota or South Dakota if such curtailment is due to the provision of contract services in such States pursuant to the designation of such States as a contract health service delivery area pursuant to subsection (a).	
x	See, S. 1790 Sec. 192(3), which amended §809. RS amended (a)(4).	SEC. 809. ELIGIBILITY OF CALIFORNIA INDIANS (a)~~(1)~~ IN GENERAL.— ~~In order to provide~~	SEC. 805. ELIGIBILITY OF CALIFORNIA INDIANS. (a) IN GENERAL.— The following	"SEC. 806. ELIGIBILITY OF CALIFORNIA INDIANS. "(a) In General.— The following	ELIGIBILITY OF CALIFORNIA INDIANS Sec. 806 ~~809~~. (a)~~(1) In order to~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~the Congress with sufficient data to determine which Indians in the State of California should be eligible for health services provided by the Service, the Secrtary shall, by no later than the date that is 3 years after the date of enactment of the Indian Health Care Amendments of 1988, prepare and submit to the Congress a report which sets forth--~~ ~~(A) a determination by the Secretary of the number of Indians described in subsection (b)(2), and the number of Indians described in (b)(3), who are not members of an Indian tribe recognized by the Federal Government;~~ ~~(B) the geographic location of such Indians;~~ ~~(C) the Indian tribes of which such Indians are members;~~ ~~(D) an assessment of the current health status, and health care needs, of such Indians, and~~ ~~(E) an assessment of the actual availability and accessibility of alternative resources for the health care of such Indians that such Indians would have to rely on if the Service did not provide for the health care of such Indians.~~ ~~(2) The report required under paragraph (1) shall be prepared by the Secretary--~~ ~~(A) in consultation with the Secretary of the Interior, and~~ ~~(B) with the assistance of the tribal health programs providing services to the Indians described in paragraph (2) or (3) of subsection (b) who are not members of any Indian tribe recognized by the Federal Government.~~ ~~(b) Until such time as any subsequent law may otherwise provide, the~~ The following California Indians shall be eligible for health services provided by the Service: (1) Any member of a federally-recognized Indian tribe. (2) Any descendant of an Indian who was residing in California on June 1,1952, ~~but only~~ if such descendant-- (A) ~~is living in California,~~ ~~(B)~~ is a member of the Indian community served by a local program of the Service, and (B)~~(C)~~ is regarded as an Indian by the Indian community in which such descendant lives. (3) Any Indian who holds trust interests in public domain, national forest, or ~~Indian~~ reservation allotments in California.	California Indians shall be eligible for health services provided by the Service: (1) Any member of a federally recognized Indian Tribe. (2) Any descendant of an Indian who was residing in California on June 1, 1852, if such descendant— (A) is a member of the Indian community served by a local program of the Service; and (B) is regarded as an Indian by the community in which such descendant lives. (3) Any Indian who holds trust interests in public domain, national forest, or reservation allotments in California. (4) Any Indian in California who is listed on the plans for distribution of the assets of rancherias and reservations located within the State of California under the Act of August 18, 1958 (72 Stat.10 619), and any descendant of such an Indian. (b) CLARIFICATION.— Nothing in this section may be construed as expanding the eligibility of California Indians for health services provided by the Service beyond the scope of eligibility for such health services that applied on May 1, 1986.	California Indians shall be eligible for health services provided by the Service: "(1) Any member of a federally recognized Indian Tribe. "(2) Any descendant of an Indian who was residing in California on June 1, 1852, if such descendant– "(A) is a member of the Indian community served by a local program of the Service; and "(B) is regarded as an Indian by the community in which such descendant lives. "(3) Any Indian who holds trust interests in public domain, national forest, or reservation allotments in California. "(4) Any Indian in California who is listed on the plans for distribution of the assets of rancherias and reservations located within the State of California under the Act of August 18, 1958 (72 Stat. 619), and any descendant of such an Indian. "(b) Clarification.— Nothing in this section may be construed as expanding the eligibility of California Indians for health services provided by the Service beyond the scope of eligibility for such health services that applied on May 1, 1986.	~~provide the Congress with sufficient data to determine which Indians in the State of California should be eligible for health services provided by the Service, the Secrtary shall, by no later than the date that is 3 years after the date of enactment of the Indian Health Care Amendments of 1988, prepare and submit to the Congress a report which sets forth=~~ ~~(A) a determination by the Secretary of the number of Indians described in subsection (b)(2), and the number of Indians described in (b)(3), who are not members of an Indian Tribe recognized by the federal Government;~~ ~~(B) the geographic location of such Indians;~~ ~~(C) the Indian Tribes of which such Indians are members;~~ ~~(D) an assessment of the current health status, and health care needs, of such Indians, and~~ ~~(E) an assessment of the actual availability and accessibility of alternative resources for the health care of such Indians that such Indians would have to rely on if the Service did not provide for the health care of such Indians.~~ ~~(2) The report required under paragraph (1) shall be prepared by the Secretary=~~ ~~(A) in consultation with the Secretary of the Interior, and~~ ~~(B) with the assistance of the tribal health programs providing services to the Indians described in paragraph (2) or (3) of subsection (b) who are not members of any Indian Tribe recognized by the federal Government.~~ ~~(b)~~ (1) Until such time as any subsequent law may otherwise provide, the following California Indians shall be eligible for health services provided by the Service; (1) Any member of a federally-recognized Indian Tribe. (2) Any descendant of an Indian who was residing in California on June 1, 1852, but only if such descendant~~=~~ (A) ~~is living in California,~~ ~~(B)~~ is a member of the Indian community served by a local program of the Service, and (B) ~~(C)~~ is regarded as an Indian by the community in which such descendant lives. (3) Any Indian who holds trust interests in public domain, national forest, or Indian reservation allotments in

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		(4) Any Indian ~~in~~ of California who is listed on the plans for distribution of the assets of ~~California~~ rancherias and reservations located within the State of California under the Act of August 18, 1958 (72 Stat. 619), and any descendant of such an Indian. (c) CLARIFICATION.– Nothing in this section may be construed as expanding the eligibility of California Indians for health services provided by the Service beyond the scope of eligibility for such health services that applied on May 1, 1986.			California. (4) Any Indian in California who is listed on the plans for distribution of the assets of California rancherias and reservations under the Act of August 18, 1958 (72 Stat. 619), and any descendant of such an Indian. (b) ~~(c)~~ Nothing in this section may be construed as expanding the eligibility of California Indians for health services provided by the Service beyond the scope of eligibility for such health services that applied on May 1, 1986.
	S.1790 did not change CL § 810.	CALIFORNIA AS A CONTRACT HEALTH SERVICE DELIVERY AREA Sec. 810. The State of California, excluding the counties of Alameda, Contra Costa, Los Angeles, Marin, Orange, Sacramento, San Francisco, San Mateo, Santa Clara, Kern, Merced, Monterey, Napa, San Benito, San Joaquin, San Luis Obispo, Santa Cruz, Solano, Stanislaus, and Ventura shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health services to Indians in such State.	SEC. 218. CALIFORNIA AS A CONTRACT HEALTH SERVICE DELIVERY AREA. ''The State of California, excluding the counties of Alameda, Contra Costa, Los Angeles, Marin, Orange, Sacramento, San Francisco, San Mateo, Santa Clara, Kern, Merced, Monterey, Napa, San Benito, San Joaquin, San Luis Obispo, Santa Cruz, Solano, Stanislaus, and Ventura, shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health services to California Indians. However, any of the counties listed herein may only be included in the contract health services delivery area if funding is specifically provided by the Service for such services in those counties.	"SEC. 218. CALIFORNIA AS A CONTRACT HEALTH SERVICE DELIVERY AREA. "The State of California, excluding the counties of Alameda, Contra Costa, Los Angeles, Marin, Orange, Sacramento, San Francisco, San Mateo, Santa Clara, Kern, Merced, Monterey, Napa, San Benito, San Joaquin, San Luis Obispo, Santa Cruz, Solano, Stanislaus, and Ventura, shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health services to California Indians. However, any of the counties listed herein may only be included in the contract health services delivery area if funding is specifically provided by the Service for such services in those counties.	CALIFORNIA AS A CONTRACT HEALTH SERVICE DELIVERY AREA Sec. 218 ~~810~~. The State of California, excluding the counties of Alameda, Contra Costa, Los Angeles, Marin, Orange, Sacramento, San Francisco, San Mateo, Santa Clara, Kern, Merced, Monterey, Napa, San Benito, San Joaquin, San Luis Obispo, Santa Cruz, Solano, Stanislaus, and Ventura shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health services to Indians in such State; provided, however, that any of the counties herein may be included in the contract health services delivery area if funding is specifically provided by the Service for such services in those counties .
	S.1790 did not change CL § 811.	CONTRACT HEALTH FACILITIES Sec. 811. The Service shall provide funds for health care programs and facilities operated by tribes and tribal organizations under contracts with the Service entered into under the Indian Self-Determination Act-- (1) for the maintenance and repair of clinics owned or leased by such tribes or tribal organizations, (2) for employee training, (3) for cost-of-living increases for employees, and (4) for any other expenses relating to the provision of health services, on the same basis as such funds are provided to programs and facilities operated directly by the Service.	SEC. 220. PROGRAMS OPERATED BY INDIAN TRIBES AND TRIBAL ORGANIZATIONS. ''The Service shall provide funds for health care programs, functions, services, activities, information technology, and facilities operated by Tribal Health Programs on the same basis as such funds are provided to programs, functions, services, activities, information technology, and facilities operated directly by the Service.	"SEC. 220. PROGRAMS OPERATED BY INDIAN TRIBES AND TRIBAL ORGANIZATIONS. "The Service shall provide funds for health care programs and facilities operated by Tribal Health Programs on the same basis as such funds are provided to programs and facilities operated directly by the Service.	~~CONTRACT HEALTH FACILITI~~ES PROGRAMS OPERATED BY INDIAN TRIBES AND TRIBAL ORGANIZATIONS Sec. 220 ~~811~~. The Service shall provide funds for health care programs and facilities operated by Indian Tribes and tribal organizations under ~~contracts~~ funding agreements with the Service entered into under the Indian Self-Determination and Education Assistance Act~~-~~ ~~(1) for the maintenance and repair of clinics owned or leased by such Tribes or tribal organizations,~~ ~~(2) for employee training,~~ ~~(3) for cost-of-living increases for employees, and~~ ~~(4) for any other expenses relating to the provision of health services,~~ on the same basis as such funds are provided to programs and facilities operated directly by the Service.
	See, S. 1790 Sec. 193, which amended §812.	SEC. 812. NATIONAL HEALTH SERVICE CORPS. (a) NO REDUCTION IN SERVICES.—The	SEC. 124. NATIONAL HEALTH SERVICE CORPS. (a) NO REDUCTION IN SERVICES.—	NATIONAL HEALTH SERVICE CORPS SEC. 125 ~~812~~. (a) The Secretary ~~of Health and Human Services~~ shall not–	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		Secretary ~~of Health and Human Services~~ shall not ~~(1)~~ remove a member of the National Health Services Corps from ~~a health facility operated by the Indian Health Service or by a tribe or tribal organization under contract with the Indian Health Service under the Indian Self-Determination Act;~~ an Indian health program or urban Indian organization or	The Secretary shall not— (1) remove a member of the National Health Service Corps from an Indian Health Program or urban Indian organization; orSEC. 124. NATIONAL HEALTH SERVICE CORPS. (a) NO REDUCTION IN SERVICES.—The Secretary shall not— (1) remove a member of the National Health Service Corps from an Indian Health Program or Urban Indian Organization; or	(1) Remove a member of the National Health Services Corps from a health program ~~facility~~ operated by the Indian Health Service or by a Tribe or tribal organization under funding agreement with the Service under the Indian Self-Determination and Education Assistance Act, or by urban Indian organizations, or	
		~~(2)~~ withdraw funding used to support such a member, unless the Secretary, acting through the Service, has ensured that the Indians receiving services from ~~such~~ the member will experience no reduction in services.	(2) withdraw funding used to support such member, unless the Secretary, acting through the Service, has ensured that the Indians receiving services from such member will experience no reduction in services.	"(2) withdraw funding used to support such member, unless the Secretary, acting through the Service, has ensured that the Indians receiving services from such member will experience no reduction in services.	(2) withdraw funding used to support such member, unless the Secretary, acting through the Service, Tribes or tribal organizations, has ensured that the Indians receiving services from such member will experience no reduction in services.
		(b) TREATMENT OF INDIAN HEALTH PROGRAMS.— At the request of an Indian Health Program, the services of a member of the National Health Service Corps assigned to an Indian Health Program may be limited to the persons who are eligible for services from such Program.			
			(b) EXEMPTION FROM LIMITATIONS.— National Health Service Corps scholars qualifying for the Commissioned Corps in the Public Health Service shall be exempt from the full-time equivalent limitations of the National Health Service Corps and the Service when serving as a commissioned corps officer in a Tribal Health Program or an Urban Indian Organization.		(c) National Health Service Corps scholars qualifying for the Commissioned Corps in the United States Public Health Service shall be exempt from FTE limitations of the National Health Service Corps and the Service when serving as a commissioned corps officer in a health program operated by an Indian Tribe or tribal organization under the Indian Self-Determination and Education Assistance Act or by urban Indian organizations.
	[Note: *See* 42 U.S.C. § 254e(a) (2)(B) under which "medical facility" is defined for the purposes of health professional shortage areas to include "a facility for the delivery of health services and includes . . .[those] of the Indian Health Service, and a health program or facility operated by a tribe or tribal organization under the Indian Self-Determination Act".				(b) All service areas served by programs operated by the Service or by Tribes or tribal organizations under the Indian Self-Determination and Education Assistance Act or by urban Indian organizations shall be designated under 24 U.S.C. 254c(a) as Health Professional Shortage areas.
	See, S. 1790 Sec. 194, which amended §813.	HEALTH SERVICES FOR INELIGIBLE PERSONS Sec. 813. (a) CHILDREN.—	SEC. 806. HEALTH SERVICES FOR INELIGIBLE PERSONS. (a) CHILDREN.— Any individual who—	"SEC. 807. HEALTH SERVICES FOR INELIGIBLE PERSONS. "(a) Children.— Any individual who— "(1) has not attained 19 years of age;	HEALTH SERVICES FOR INELIGIBLE PERSONS Sec. 807 ~~813~~. (a)(1) Any individual who–

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~(1)~~ Any individual who– (1)~~(A)~~ has not attained 19 years of age, (2)~~(B)~~ is the natural or adopted child, step-child, foster child, legal ward, or orphan of an eligible Indian, and (3)~~(C)~~ is not otherwise eligible for health services provided by the Service, shall be eligible for all health services provided by the Service on the same basis and subject to the same rules that apply to eligible Indians until such individual attains 19 years of age. The existing and potential health needs of all such individuals shall be taken into consideration by the Service in determining the need for, or the allocation of, the health resources of the Service. If such an individual has been determined to be legally incompetent prior to attaining 19 years of age, such individual shall remain eligible for such services until ~~one~~ 1 year after the date of a determination of competency ~~such disability has been removed~~.	(1) has not attained 19 years of age; (2) is the natural or adopted child, stepchild, foster child, legal ward, or orphan of an eligible Indian; and (3) is not otherwise eligible for health services provided by the Service, shall be eligible for all health services provided by the Service on the same basis and subject to the same rules that apply to eligible Indians until such individual attains 19 years of age. The existing and potential health needs of all such individuals shall be taken into consideration by the Service in determining the need for, or the allocation of, the health resources of the Service. If such an individual has been determined to be legally incompetent prior to attaining 19 years of age, such individual shall remain eligible for such services until 1 year after the date of a determination of competency.	"(2) is the natural or adopted child, stepchild, foster child, legal ward, or orphan of an eligible Indian; and "(3) is not otherwise eligible for health services provided by the Service, shall be eligible for all health services provided by the Service on the same basis and subject to the same rules that apply to eligible Indians until such individual attains 19 years of age. The existing and potential health needs of all such individuals shall be taken into consideration by the Service in determining the need for, or the allocation of, the health resources of the Service. If such an individual has been determined to be legally incompetent prior to attaining 19 years of age, such individual shall remain eligible for such services until 1 year after the date of a determination of competency.	(A) has not attained 19 years of age, (B) is the natural or adopted child, step-child, foster-child, legal ward, or orphan of an eligible Indian, and (C) is not otherwise eligible for health services provided by the Service, shall be eligible for all health services provided by the Service on the same basis and subject to the same rules that apply to eligible Indians until such individual attains 19 years of age. The existing and potential health needs of all such individuals shall be taken into consideration by the Service in determining the need for, or the allocation of, the health resources of the service. If such an individual has been determined to be legally incompetent prior to attaining 19 years of age, such individual shall remain eligible for such services until one year after the date of a determination of competency.
		(b)~~(2)~~ Any spouse of an eligible Indian who is not an Indian, or who is of Indian descent but is not otherwise eligible for the health services provided by the Service, shall be eligible for such health services if all ~~of~~ such spouses or spouses who are married to members of each Indian tribe being served are made eligible, as a class, by an appropriate resolution of the governing body of the Indian tribe or tribal organization providing such services ~~of the eligible Indian~~. The health needs of persons made eligible under this paragraph shall not be taken into consideration by the Service in determining the need for, or allocation of, its health resources.	(b) SPOUSES.— Any spouse of an eligible Indian who is not an Indian, or who is of Indian descent but is not otherwise eligible for the health services provided by the Service, shall be eligible for such health services if all such spouses or spouses who are married to members of each Indian Tribe being served are made eligible, as a class, by an appropriate resolution of the governing body of the Indian Tribe or Tribal Organization providing such services. The health needs of persons made eligible under this paragraph shall not be taken into consideration by the Service in determining the need for, or allocation of, its health resources.	"(b) Spouses.— Any spouse of an eligible Indian who is not an Indian, or who is of Indian descent but is not otherwise eligible for the health services provided by the Service, shall be eligible for such health services if all such spouses or spouses who are married to members of each Indian Tribe being served are made eligible, as a class, by an appropriate resolution of the governing body of the Indian Tribe or Tribal Organization providing such services. The health needs of persons made eligible under this paragraph shall not be taken into consideration by the Service in determining the need for, or allocation of, its health resources.	(2) Any spouse of an eligible Indian who is not an Indian, or who is of Indian descent but not otherwise eligible for the health services provided by the Service, shall be eligible for such health services if all such spouses or spouses who are married to members of the Indian Tribe(s) being served are made eligible, as a class, by an appropriate resolution of the governing body of the Indian Tribe or tribal organization providing such services ~~of the eligible Indian~~. The health needs of persons made eligible under this paragraph shall not be taken into consideration by the Service in determining the need for, or allocation of, its health resources.
		(c)~~(b)~~ HEALTH FACILITIES PROVIDING HEALTH SERVICES.— (1)IN GENERAL.– ~~(A)~~ The Secretary is authorized to provide health services under this subsection through health facilities operated directly by the Service to individuals who reside within the ~~service area of a~~ service unit and who are not otherwise eligible for such health services ~~under any other subsection of this section or under any other provision of law~~ if– (A)~~(i)~~ the Indian tribe ~~(or, in the case of a multi-tribal service area, all the Indian tribes)~~ served by such Service Unit requests such provision of health services to such individuals, and (B)~~(ii)~~ the Secretary and the served Indian	(c) PROVISION OF SERVICES TO OTHER INDIVIDUALS.— (1) IN GENERAL.— The Secretary is authorized to provide health services under this subsection through health programs operated directly by the Service to individuals who reside within the Service area of the Service Unit and who are not otherwise eligible for such health services if— (A) the Indian Tribes served by such Service Unit request such provision of health services to such individuals; and (B) the Secretary and the served Indian Tribes have jointly determined that— (i) the provision of such health services will not result in a denial or diminution of health services to eligible Indians; and	"(c) Provision of Services to Other Individuals.— "(1) IN GENERAL.— The Secretary is authorized to provide health services under this subsection through health programs operated directly by the Service to individuals who reside within the Service Unit and who are not otherwise eligible for such health services if— "(A) the Indian Tribes served by such Service Unit request such provision of health services to such individuals; and "(B) the Secretary and the served Indian Tribes have jointly determined that— "(i) the provision of such health services will not result in a denial or diminution of health services to eligible Indians; and "(ii) there is no reasonable alternative	(b)(1)(A) The Secretary is authorized to provide health services under this subsection through health programs operated directly by the Service to individuals who reside within the service area of a service unit and who are not eligible for such health services under any other subsection of this section or under any other provision of law if– (i) the Indian Tribe (or, in the case of a multi-tribal service area, all the Indian Tribes) served by such service unit requests such provision of health services to such individuals, and (ii) the Secretary and the Indian Tribe or Tribes have jointly determined that– (I) the provision of such health

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~tribe or~~ tribes have jointly determined that~~-- (I)~~ the provision of such health services will not result in a denial or diminution of health services to eligible Indians.~~, and~~ ~~(II) there is no reasonable alternative health facility or services, within or without the service area of such service unit, available to meet the health needs of such individuals.~~	(ii) there is no reasonable alternative health facilities or services, within or with out the Service Unit, available to meet the health needs of such individuals.	health facilities or services, within or without the Service Unit, available to meet the health needs of such individuals.	services will not result in a denial or diminution of health services to eligible Indians, and (II) there is no reasonable alternative health program, within or without the service area of such service unit, available to meet the health needs of such individuals.
		(2)~~(B)~~ ISDEAA PROGRAMS.— In the case of health facilities operated under a contract or compact entered into under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), the governing body of the Indian tribe or tribal organization providing health services under such contract or compact is authorized to determine whether health services should be provided under such contract or compact to individuals who are not eligible for such health services under any other subsection of ~~in~~ this section or under any other provision of law. In making such determinations, the governing body of the Indian tribe or tribal organization shall take into account the considerations described in paragraph (1)(B) ~~subparagraph (A)(ii)~~. Any services provided by the Indian tribe or tribal organization pursuant to a determination made under this subparagraph shall be deemed to be provided under the agreement entered into by the Indian tribe or tribal organization under the Indian Self-Determination and Education Assistance Act. The provisions of section 314 of Public Law 101–512 (104 Stat. 1959), as amended by section 308 of Public Law 103–138 (107 Stat. 1416), shall apply to any services provided by the Indian tribe or tribal organization pursuant to a determination made under this subparagraph.	(2) ISDEAA PROGRAMS.— In the case of health programs and facilities operated under a contract or compact entered into under the Indian Self-Determination and Education Assistance Act (25 22 U.S.C. 450 et seq.), the governing body of the Indian Tribe or Tribal Organization providing health services under such contract or compact is authorized to determine whether health services should be provided under such contract to individuals who are not eligible for such health services under any other subsection of this section or under any other provision of law. In making such determinations, the governing body of the Indian Tribe or Tribal Organization shall take into account the considerations described in paragraph (1)(B).	"(2) ISDEAA PROGRAMS.— In the case of health programs and facilities operated under a contract or compact entered into under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), the governing body of the Indian Tribe or Tribal Organization providing health services under such contract or compact is authorized to determine whether health services should be provided under such contract to individuals who are not eligible for such health services under any other subsection of this section or under any other provision of law. In making such determinations, the governing body of the Indian Tribe or Tribal Organization shall take into account the considerations described in paragraph (1)(B).	(B) In the case of health programs operated under a contract entered into under the Indian Self-Determination and Education Assistance Act, the governing body of the Indian Tribe or tribal organization providing health services under such contract is authorized to determine whether health services should be provided under such funding agreement ~~contract~~ to individuals who are not eligible for such health services under any other subsection in this section or under any other provision of law. In making such determinations, the governing body of the Indian Tribe or tribal organization shall take into account the considerations described in subparagraph (A)(ii).
		(3)~~(2)~~ PAYMENT FOR SERVICES.— (A) IN GENERAL.—Persons receiving health services provided by the Service by reason of this subsection shall be liable for payment of such health services under a schedule of charges prescribed by the Secretary which, in the judgment of the Secretary, results in reimbursement in an amount not less than the actual cost of providing the health services. Notwithstanding ~~section 1880(c) of the Social Security Act~~, section 207 ~~402(a)~~ of this Act, or any other provision of law, amounts collected under this subsection,	(3) PAYMENT FOR SERVICES.— (A) IN GENERAL.— Persons receiving health services provided by the Service under this subsection shall be liable for payment of such health services under a schedule of charges prescribed by the Secretary which, in the judgment of the Secretary, results in reimbursement in an amount not less than the actual cost of providing the health services. Notwithstanding section 404 of this Act or any other provision of law, amounts collected under this subsection, including Medicare, Medicaid, or SCHIP	"(3) PAYMENT FOR SERVICES.— "(A) IN GENERAL.— Persons receiving health services provided by the Service under this subsection shall be liable for payment of such health services under a schedule of charges prescribed by the Secretary which, in the judgment of the Secretary, results in reimbursement in an amount not less than the actual cost of providing the health services. Notwithstanding section 404 of this Act or any other provision of law, amounts collected under this subsection, including Medicare, Medicaid, or SCHIP	(2)(~~a~~A) Persons receiving health services provided by the Service by reason of this subsection shall be liable for payment of such health services under a schedule of charges prescribed by the Secretary which, in the judgment of the Secretary, results in reimbursement in an amount not less than the actual cost of providing the health services. Notwithstanding section 1880(c) of the Social Security Act, section 402(a) of this Act, or any other provision of law, amounts collected under this subsection, including medicare or medicaid

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		including Medicare, ~~or~~ Medicaid, or children's health insurance program reimbursements under titles XVIII, ~~and~~ XIX, and XXI of the Social Security Act (42 U.S.C. 1395 et seq.), shall be credited to the account of the program ~~facility~~ providing the service and shall be used for the purposes listed in section 401(d)(2) and ~~solely for the provision of health services within that facility. A~~amounts collected under this subsection shall be available for expenditure within such program ~~facility for not to exceed one fiscal year after the fiscal year in which collected~~. (B) INDIGENT PEOPLE.—Health services may be provided by the Secretary through the Service under this subsection to an indigent individual ~~person~~ who would not be otherwise eligible for such health services but for the provisions of paragraph (1) only if an agreement has been entered into with a State or local government under which the State or local government agrees to reimburse the Service for the expenses incurred by the Service in providing such health services to such indigent person.	reimbursements under titles XVIII, XIX, and XXI of the Social Security Act, shall be credited to the account of the program providing the service and shall be used for the purposes listed in section 401(d)(2) and amounts collected under this subsection shall be available for expenditure within such program. (B) INDIGENT PEOPLE.— Health services may be provided by the Secretary through the Service under this subsection to an indigent individual who would not be otherwise eligible for such health services but for the provisions of paragraph (1) only if an agreement has been entered into with a State or local government under which the State or local government agrees to reimburse the Service for the expenses incurred by the Service in providing such health services to such indigent individual.	reimbursements under titles XVIII, XIX, and XXI of the Social Security Act, shall be credited to the account of the program providing the service and shall be used for the purposes listed in section 401(d)(2) and amounts collected under this subsection shall be available for expenditure within such program. "(B) INDIGENT PEOPLE.— Health services may be provided by the Secretary through the Service under this subsection to an indigent individual who would not be otherwise eligible for such health services but for the provisions of paragraph (1) only if an agreement has been entered into with a State or local government under which the State or local government agrees to reimburse the Service for the expenses incurred by the Service in providing such health services to such indigent individual.	reimbursements under Titles XVIII and XIX of the Social Security Act, shall be credited to the account of the program providing the service and shall be used solely for the provision of health services within that program. Amounts collected under this subsection shall be available for expenditure within such program. (B) Health services may be provided by the Secretary through the Service under this subsection to an indigent person who would not be eligible for such health services but for the provisions of paragraph (1) only if an agreement has been entered into with a State or local government under which the State or local government agrees to reimburse the Service for the expenses incurred by the Service in providing such health services to such indigent person.
		(4)~~(3)~~ REVOCATION OF CONSENT FOR SERVICES.— (A) SINGLE TRIBE SERVICE AREA.—In the case of a Service Area which serves only 1 ~~one~~ Indian tribe, the authority of the Secretary to provide health services under paragraph (1)~~(A)~~ shall terminate at the end of the fiscal year succeeding the fiscal year in which the governing body of the Indian tribe revokes its concurrence to the provision of such health services.	(4) REVOCATION OF CONSENT FOR SERVICES.— (A) SINGLE TRIBE SERVICE AREA.— In the case of a Service Area which serves only 1 Indian Tribe, the authority of the Secretary to provide health services under paragraph (1) shall terminate at the end of the fiscal year succeeding the fiscal year in which the governing body of the Indian Tribe revokes its concurrence to the provision of such health services.	"(4) REVOCATION OF CONSENT FOR SERVICES.— "(A) SINGLE TRIBE SERVICE AREA.— In the case of a Service Area which serves only 1 Indian Tribe, the authority of the Secretary to provide health services under paragraph (1) shall terminate at the end of the fiscal year succeeding the fiscal year in which the governing body of the Indian Tribe revokes its concurrence to the provision of such health services.	(3)(A) In the case of a service area which serves only one Indian Tribe, the authority of the Secretary to provide health services under paragraph (1)(A) shall terminate at the end of the fiscal year succeeding the fiscal year in which the governing body of the Indian Tribe revokes its concurrence to the provision of such health services.
		(B) MULTITRIBAL SERVICE AREA.— In the case of a multi-tribal Service Area, the authority of the Secretary to provide health services under paragraph (1)~~(A)~~ shall terminate at the end of the fiscal year succeeding the fiscal year in which at least 51 percent of the number of Indian tribes in the Service Area revoke their concurrence to the provisions of such health services.	(B) MULTITRIBAL SERVICE AREA.— In the case of a multitribal Service Area, the authority of the Secretary to provide health services under paragraph (1) shall terminate at the end of the fiscal year succeeding the fiscal year in which at least 51 percent of the number of Indian Tribes in the Service Area revoke their concurrence to the provisions of such health services.	"(B) MULTITRIBAL SERVICE AREA.— In the case of a multitribal Service Area, the authority of the Secretary to provide health services under paragraph (1) shall terminate at the end of the fiscal year succeeding the fiscal year in which at least 51 percent of the number of Indian Tribes in the Service Area revoke their concurrence to the provisions of such health services.	(B) In the case of a multi-tribal service area, the authority of the Secretary to provide health services under paragraph (1)(A) shall terminate at the end of the fiscal year succeeding the fiscal year in which at least 51 percent of the number of Indian Tribes in the service area revoke their concurrence to the provisions of such health services.
		(d)~~(c)~~ OTHER SERVICES.— The Service may provide health services under this subsection to individuals who are not eligible for health services provided by the Service ~~under any other subsection of this section or~~ under any other provision of law in order to– (1) achieve stability in a medical emergency,	(d) OTHER SERVICES.— The Service may provide health services under this subsection to individuals who are not eligible for health services provided by the Service under any other provision of law in order to— (1) achieve stability in a medical emergency; (2) prevent the spread of a communicable	"(d) Other Services.— The Service may provide health services under this subsection to individuals who are not eligible for health services provided by the Service under any other provision of law in order to— "(1) achieve stability in a medical emergency; "(2) prevent the spread of a communicable	(c) The Service may provide health services under this subsection to individuals who are not eligible for health services provided by the Service under any other subsection of this section or under any other provision of law in order to– (1) achieve stability in a medical emergency, (2) prevent the spread of a

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		(2) prevent the spread of a communicable disease or otherwise deal with a public health hazard, (3) provide care to non-Indian women pregnant with an eligible Indian's child for the duration of the pregnancy through post partum, or (4) provide care to immediate family members of an eligible individual ~~person~~ if such care is directly related to the treatment of the eligible individual ~~person~~.	disease or otherwise deal with a public health hazard; (3) provide care to non-Indian women pregnant with an eligible Indian's child for the duration of the pregnancy through postpartum; or (4) provide care to immediate family members of an eligible individual if such care is directly related to the treatment of the eligible individual.	disease or otherwise deal with a public health hazard; "(3) provide care to non-Indian women pregnant with an eligible Indian's child for the duration of the pregnancy through postpartum; or "(4) provide care to immediate family members of an eligible individual if such care is directly related to the treatment of the eligible individual.	communicable disease or otherwise deal with a public health hazard, (3) provide care to non-Indian women pregnant with an eligible Indian's child for the duration of the pregnancy through post partum, or (4) provide care to immediate family members of an eligible person if such care is directly related to the treatment of the eligible person.
		(e)~~(d)~~ HOSPITAL PRIVILEGES FOR PRACTITIONERS.— (1) IN GENERAL.—Hospital privileges in health facilities operated and maintained by the Service or operated under a contract or compact pursuant ~~entered in~~to ~~under~~ the Indian Self-Determination Education Assistance Act (25 U.S.C. 450 et seq.) may be extended to non-Service health care practitioners who provide services to individuals ~~persons~~ described in subsection (a), ~~or~~ (b), (c), or (d). Such non-Service health care practitioners may, as part of the privileging process, be designated ~~be regarded as~~ employees of the Federal Government for purposes of section 1346(b) and chapter 171 of title 28, United States Code (relating to Federal tort claims) only with respect to acts or omissions which occur in the course of providing services to eligible individuals ~~persons~~ as a part of the conditions under which such hospital privileges are extended.	(e) HOSPITAL PRIVILEGES FOR PRACTITIONERS.— (1) IN GENERAL.— Hospital privileges in health facilities operated and maintained by the Service or operated under a contract or compact pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) may be extended to non-Service health care practitioners who provide services to individuals described in subsection (a), (b), (c), or (d). Such non-Service health care practitioners may, as part of the privileging process, be designated as employees of the Federal Government for purposes of section 1346(b) and chapter 171 of title 28, United States Code (relating to Federal tort claims) only with respect to acts or omissions which occur in the course of providing services to eligible individuals as a part of the conditions under which such hospital privileges are extended.	"(e) Hospital Privileges for Practitioners.— Hospital privileges in health facilities operated and maintained by the Service or operated under a contract or compact pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) may be extended to non-Service health care practitioners who provide services to individuals described in subsection (a), (b), (c), or (d). Such non-Service health care practitioners may, as part of the privileging process, be designated as employees of the Federal Government for purposes of section 1346(b) and chapter 171 of title 28, United States Code (relating to Federal tort claims) only with respect to acts or omissions which occur in the course of providing services to eligible individuals as a part of the conditions under which such hospital privileges are extended.	(d) Hospital privileges in health facilities operated and maintained by the Service or operated under a contract entered into under the Indian Self-Determination and Education Assistance Act may be extended to non-Service health care practitioners who provide services to persons described in subsection (a) or (b). Such non-Service health care practitioners may be regarded as employees of the federal Government for purposes of section 1346(b) and chapter 171 of Title 28, United States Code (relating to federal tort claims) only with respect to acts or omissions which occur in the course of providing services to eligible persons as a part of the conditions under which such hospital privileges are extended.
		(2) DEFINITION.—For purposes of this subsection, the term 'non-Service health care practitioner' means a practitioner who is not— "(A) an employee of the Service; or "(B) an employee of an Indian tribe or tribal organization operating a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) or an individual who provides health care services pursuant to a personal services contract with such Indian tribe or tribal organization.	(2) DEFINITION.— For purposes of this subsection, the term 'non-Service health care practitioner' means a practitioner who is not— (A) an employee of the Service; or (B) an employee of an Indian tribe or tribal organization operating a contract or compact under the Indian Self-Determination and Education Assistance Act or an individual who provides health care services pursuant to a personal services contract with such Indian tribe or tribal organization.		
		(f)~~(e)~~ ELIGIBLE INDIAN.– FOR purposes of this section, the term "eligible Indian" means any Indian who is eligible for health services provided by the Service without regard to the provisions of this section.	(f) ELIGIBLE INDIAN.— For purposes of this section, the term 'eligible Indian' means any Indian who is eligible for health services provided by the Service without regard to the provisions of this section.	"(f) Eligible Indian.— For purposes of this section, the term 'eligible Indian' means any Indian who is eligible for health services provided by the Service without regard to the provisions of this section.	(e) For purposes of this section, the term "eligible Indian" means any Indian who is eligible for health services provided by the Service without regard to the provisions of this section.
	S.1790 did not change CL § 814.	INFANT AND MATERNAL MORTALITY; FETAL ALCOHOL SYNDROME			~~INFANT AND MATERNAL MORTALITY; FETAL ALCOHOL SYNDROME~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		Sec. 814. By no later than January 1, 1990, the Secretary shall develop and begin implementation of a plan to achieve the following objectives by January 1, 1994: (1) reduction of the rate of Indian infant mortality in each area office of the Service to the lower of-- (A) twelve deaths per one thousand live births, or (B) the rate of infant mortality applicable to the United States population as a whole; (2) reduction of the rate of maternal mortality in each area office of the Service to the lower of-- (A) five deaths per one hundred thousand live births, or (B) the rate of maternal mortality applicable to the United States population as a whole; and (3) reduction of the rate of fetal alcohol syndrome among Indians served by, or on behalf of, the Service to one per one thousand live births.			~~Sec. 814. By no later than January 1, 1990, the Secretary shall develop and begin implementation of a plan to achieve the following objectives by January 1, 1994:~~ ~~(1) reduction of the rate of Indian infant mortality in each area office of the Service to the lower of=~~ ~~(A) twelve deaths per one thousand live births, or~~ ~~(B) the rate of infant mortality applicable to the United States population as a whole;~~ ~~(2) reduction of the rate of maternal mortality in each area office of the Service to the lower of=~~ ~~(A) five deaths per one hundred thousand live births, or~~ ~~(B) the rate of maternal mortality applicable to the United States population as a whole; and~~ ~~(3) reduction of the rate of fetal alcohol syndrome among Indians served by, or on behalf of, the Service to one per one thousand live births.~~
	S.1790 did not change CL § 815.	CONTRACT HEALTH SERVICES FOR THE TRENTON SERVICE AREA Sec. 815. (a) The Secretary, acting through the Service, is directed to provide contract health services to members of the Turtle Mountain Band of Chippewa Indians that reside in the Trenton Service Area of Divide, McKenzie, and Williams counties in the State of North Dakota and the adjoining counties of Richland, Roosevelt, and Sheridan in the State of Montana. (b) Nothing in this section may be construed as expanding the eligibility of members of the Turtle Mountain Band of Chippewa Indians for health services provided by the Service beyond the scope of eligibility for such health services that applied on May 1, 1986.	SEC. 219. CONTRACT HEALTH SERVICES FOR THE TRENTON SERVICE AREA. (a) AUTHORIZATION FOR SERVICES.— The Secretary, acting through the Service, is directed to provide contract health services to members of the Turtle Mountain Band of Chippewa Indians that reside in the Trenton Service Area of Divide, McKenzie, and Williams counties in the State of North Dakota and the adjoining counties of Richland, Roosevelt, and Sheridan in the State of Montana. (b) NO EXPANSION OF ELIGIBILITY.— Nothing in this section may be construed as expanding the eligibility of members of the Turtle Mountain Band of Chippewa Indians for health services provided by the Service beyond the scope of eligibility for such health services that applied on May 1, 1986.	"SEC. 219. CONTRACT HEALTH SERVICES FOR THE TRENTON SERVICE AREA. "(a) Authorization for Services.— The Secretary, acting through the Service, is directed to provide contract health services to members of the Turtle Mountain Band of Chippewa Indians that reside in the Trenton Service Area of Divide, McKenzie, and Williams counties in the State of North Dakota and the adjoining counties of Richland, Roosevelt, and Sheridan in the State of Montana. "(b) No Expansion of Eligibility.— Nothing in this section may be construed as expanding the eligibility of members of the Turtle Mountain Band of Chippewa Indians for health services provided by the Service beyond the scope of eligibility for such health services that applied on May 1, 1986.	CONTRACT HEALTH SERVICES FOR THE TRENTON SERVICE AREA Sec. 219 ~~815~~. (a) The Secretary, acting through the Service, is directed to provide contract health services to members of the Turtle Mountain Band of Chippewa Indians that reside in the Trenton Service Area of Divide, McKenzie, and Williams counties in the State of North Dakota and the adjoining counties of Richland, Roosevelt, and Sheridan in the State of Montana. (b) Nothing in this section may be construed as expanding the eligibility of members of the Turtle Mountain Band of Chippewa Indians for health services provided by the Service beyond the scope of eligibility for such health services that applied on May 1, 1986.
	S.1790 did not change CL § 816. *NOTE: See, S. 1790 Sec. 155 added a new §405, which is functionally an amendment of CL §816, which should be deleted.*	SEC. 816. INDIAN HEALTH SERVICE AND DEPARTMENT OF VETERANS AFFAIRS HEALTH FACILITIES AND SERVICES SHARING *See §405, as amended for text and related sections of other bills.*			
	S.1790 did not change CL § 817.	REALLOCATION OF BASE RESOURCES. Sec. 817. (a) Notwithstanding any other provision of law, any allocation of	SEC. 807 ~~808~~. REALLOCATION OF BASE RESOURCES. (a) REPORT REQUIRED.—	"SEC. 808. REALLOCATION OF BASE RESOURCES. "(a) Report Required.— Notwithstanding any other provision of law, any allocation	REALLOCATION OF BASE RESOURCES~~.~~ Sec. 808 ~~817~~. (a) Notwithstanding any other provision of law, any allocation

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		Service funds for a fiscal year that reduces by 5 percent or more from the previous fiscal year the funding for any recurring program, project, or activity of a service unit may be implemented only after the Secretary has submitted to the President, for inclusion in the report required to be transmitted to the Congress under section 801, a report on the proposed change in allocation of funding, including the reasons for the change and its likely effects. (b) Subsection (a) shall not apply if the total amount appropriated to the Service for a fiscal year is less than the amount appropriated to the Service for previous fiscal year.	Notwithstanding any other provision of law, any allocation of Service funds for a fiscal year that reduces by 5 percent or more from the previous fiscal year the funding for any recurring program, project, or activity of a Service Unit may be implemented only after the Secretary has submitted to Congress, under section 801, a report on the proposed change in allocation of funding, including the reasons for the change and its likely effects. (b) EXCEPTION.— Subsection (a) shall not apply if the total amount appropriated to the Service for a fiscal year is at least 5 percent less than the amount appropriated to the Service for the previous fiscal year.	of Service funds for a fiscal year that reduces by 5 percent or more from the previous fiscal year the funding for any recurring program, project, or activity of a Service Unit may be implemented only after the Secretary has submitted to Congress, under section 801, a report on the proposed change in allocation of funding, including the reasons for the change and its likely effects. "(b) Exception.— Subsection (a) shall not apply if the total amount appropriated to the Service for a fiscal year is at least 5 percent less than the amount appropriated to the Service for the previous fiscal year.	of Service funds for a fiscal year that reduces by 5 percent or more from the previous fiscal year the funding for any recurring program, project, or activity of a service unit may be implemented only after the Secretary has submitted to the President, for inclusion in the report required to be transmitted to the Congress under section 801, a report on the proposed change in allocation of funding, including the reasons for the change and its likely effects. (b) Subsection (a) shall not apply if the total amount appropriated to the Service for a fiscal year is less than the amount appropriated to the Service for previous fiscal year.
	S.1790 did not change CL § 818.	DEMONSTRATION PROJECTS FOR TRIBAL MANAGEMENT OF HEALTH CARE SERVICES Sec. 818. (a)(1) The Secretary, acting through the Service, shall make grants to Indian tribes to establish demonstration projects under which the Indian tribe will develop and test a phased approach to assumption by the Indian tribe of the health care delivery system of the Service for members of the Indian tribe living on or near the reservations of the Indian tribe through the use of Service, tribal, and private sector resources. (2) A grant may be awarded to an Indian tribe under paragraph (1) only if the Secretary determines that the Indian tribe has the administrative and financial capabilities necessary to conduct a demonstration project described in paragraph (1). (b) During the period in which a demonstration project established under subsection (a) is being conducted by an Indian tribe, the Secretary shall award all health care contracts, including community, behavioral, preventive health care contracts, to the Indian tribe, in the form of a single grant to which the regulations prescribed under part A of title XIX of the Public Health Service Act (as modified as necessary by any agreement entered into between the Secretary and the Indian tribe to achieve the purposes of the demonstration project established under subsection (a)) shall apply. (c) The Secretary may waive such provisions of Federal procurement law as are necessary to enable any Indian tribe to develop and test administrative systems under the demonstration project established under subsection (a), but only			~~DEMONSTRATION PROJECTS FOR TRIBAL MANAGEMENT OF HEALTH CARE SERVICES~~ ~~Sec. 818. (a)(1) The Secretary, acting through the Service, shall make grants to Indian Tribes to establish demonstration projects under which the Indian Tribe will develop and test a phased approach to assumption by the Indian Tribe of the health care delivery system of the Service for members of the Indian Tribe living on or near the reservations of the Indian Tribe through the use of Service, tribal, and private sector resources.~~ ~~(2) A grant may be awarded to an Indian Tribe under paragraph (1) only if the Secretary determines that the Indian Tribe has the administrative and financial capabilities necessary to conduct a demonstration project described in paragraph (1).~~ ~~(b) During the period in which a demonstration project established under subsection (a) is being conducted by an Indian Tribe, the Secretary shall award all health care contracts, including community, behavioral, preventive health care contracts, to the Indian Tribe, in the form of a single grant to which the regulations prescribed under part A of title XIX of the Public Health Service Act (as modified as necessary by any agreement entered into between the Secretary and the Indian Tribe to achieve the purposes of the demonstration project established under subsection (a)) shall apply.~~ ~~(c) The Secretary may waive such provisions of federal procurement law as are necessary to enable any Indian Tribe to develop and test administrative systems under the demonstration project~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		if such waiver does not diminish or endanger the delivery of health care services to Indians. (d) (1) The demonstration project established under subsection (a) shall terminate on September 30, 1993 or, in the case of a demonstration project for which a grant is made after September 30, 1990, three years after date on which such grant is made. (2) By no later than September 30, 1996, the Secretary shall evaluate the performance of each Indian tribe that has participated in a demonstration project established under subsection (a) and shall submit to the Congress a report on such evaluations and demonstration projects.			~~established under subsection (a), but only if such waiver does not diminish or endanger the delivery of health care services to Indians.~~ ~~(d)(1) The demonstration project established under subsection (a) shall terminate on September 30, 1993 or, in the case of a demonstration project for which a grant is made after September 30, 1990, three years after date on which such grant is made.~~ ~~(2) By no later than September 30, 1996, the Secretary shall evaluate the performance of each Indian Tribe that has participated in a demonstration project established under subsection (a) and shall submit to the Congress a report on such evaluations and demonstration projects.~~
		(e) (1) The Secretary, acting through the Service, shall make arrangements with Indian tribes to establish joint venture demonstration projects under which an Indian tribe shall expend tribal, private, or other available nontribal funds, for the acquisition or construction of a health facility for a minimum of 20 years, under a no-cost lease, in exchange for agreement by the Service to provide the equipment, supplies, and staffing for the operation and maintenance of such a health facility. A tribe may utilize tribal funds, private sector, or other available resources, including loan guarantees, to fulfill its commitment under this subsection.	SEC. 311. INDIAN HEALTH SERVICE/TRIBAL FACILITIES JOINT VENTURE PROGRAM. (a) IN GENERAL.— The Secretary, acting through the Service, shall make arrangements with Indian Tribes and Tribal Organizations to establish joint venture demonstration projects under which an Indian Tribe or Tribal Organization shall expend tribal, private, or other available funds, for the acquisition or construction of a health facility for a minimum of 10 years, under a no-cost lease, in exchange for agreement by the Service to provide the equipment, supplies, and staffing for the operation and maintenance of such a health facility. An Indian Tribe or Tribal Organization may use tribal funds, private sector, or other available resources, including loan guarantees, to fulfill its commitment under a joint venture entered into under this subsection.	"SEC. 311. INDIAN HEALTH SERVICE/TRIBAL FACILITIES JOINT VENTURE PROGRAM. "(a) In General.— The Secretary, acting through the Service, shall make arrangements with Indian Tribes and Tribal Organizations to establish joint venture demonstration projects under which an Indian Tribe or Tribal Organization shall expend tribal, private, or other available funds, for the acquisition or construction of a health facility for a minimum of 10 years, under a no-cost lease, in exchange for agreement by the Service to provide the equipment, supplies, and staffing for the operation and maintenance of such a health facility. An Indian Tribe or Tribal Organization may use tribal funds, private sector, or other available resources, including loan guarantees, to fulfill its commitment under a joint venture entered into under this subsection.	INDIAN HEALTH SERVICE/TRIBAL FACILITIES JOINT VENTURE PROGRAM Sec. 312 (a) ~~818(e)(1)~~ The Secretary, acting through the Service, shall make arrangements with Indian Tribes and tribal organizations to establish joint venture demonstration projects under which an Indian Tribe or tribal organization shall expend tribal, private, or other available ~~nontribal~~ funds, for the acquisition or construction of a health facility for a minimum of ~~20~~ 10 years, under a no-cost lease, in exchange for agreement by the Service to provide the equipment, supplies, and staffing for the operation and maintenance of such a health facility. A Tribe or tribal organization may utilize tribal funds, private sector, or other available resources, including loan guarantees, to fulfill its commitment under this subsection.
			An Indian Tribe or Tribal Organization shall be eligible to establish a joint venture project if, when it submits a letter of intent, it— (1) has begun but not completed the process of acquisition or construction of a health facility to be used in the joint venture project;	An Indian Tribe or Tribal Organization shall be eligible to establish a joint venture project if, when it submits a letter of intent, it— "(1) has begun but not completed the process of acquisition or construction of a health facility to be used in the joint venture project; or	
			(2) has not begun the process of acquisition or construction of a health facility for use in the joint venture project; or	"(2) has not begun the process of acquisition or construction of a health facility for use in the joint venture project.	A Tribe that has begun and substantially completed the process of acquisition or construction of a health facility shall be eligible to establish a joint venture project with the Service using such health facility.
			(3) in its application for a joint venture agreement, agrees— (A) to construct a facility for the joint		

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			venture which complies with the size and space criteria established by the Service; or (B) if the facility it proposes for the joint venture is already in existence or under construction, that only the portion of such facility which complies with the size and space criteria of the Service will be eligible for the joint venture agreement.		
		(2) The Secretary shall make such an arrangement with an Indian tribe only if	(b) REQUIREMENTS.— The Secretary shall make such an arrangement with an Indian Tribe or Tribal Organization only if—	"(b) Requirements.— The Secretary shall make such an arrangement with an Indian Tribe or Tribal Organization only if—	(b)(1) ~~(2)~~ The Secretary shall make such an arrangement with an Indian Tribe or tribal organization only if –
		the Secretary first determines that the Indian tribe has the administrative and financial capabilities necessary to complete the timely acquisition or construction of the health facility described in paragraph (1).	(1) the Secretary first determines that the Indian Tribe or Tribal Organization has the administrative and financial capabilities necessary to complete the timely acquisition or construction of the relevant health facility; and	"(1) the Secretary first determines that the Indian Tribe or Tribal Organization has the administrative and financial capabilities necessary to complete the timely acquisition or construction of the relevant health facility; and	(A) the Secretary first determines that the Indian Tribe or tribal organization has the administrative and financial capabilities necessary to complete the timely acquisition or construction of the health facility described in paragraph (1), and
			(2) the Indian Tribe or Tribal Organization meets the need criteria determined using the criteria developed under the health care facility priority system under section 301, unless the Secretary determines, pursuant to regulations, that other criteria will result in a more cost-effective and efficient method of facilitating and completing construction of health care facilities.	"(2) the Indian Tribe or Tribal Organization meets the need criteria determined using the criteria developed under the health care facility priority system under section 301, unless the Secretary determines, pursuant to regulations, that other criteria will result in a more cost-effective and efficient method of facilitating and completing construction of health care facilities.	(B) the Indian Tribe or tribal organization meets the need criteria which shall be developed through the negotiated rulemaking process provided for under Sec. 802.
			(c) CONTINUED OPERATION.— The Secretary shall negotiate an agreement with the Indian Tribe or Tribal Organization regarding the continued operation of the facility at the end of the initial 10 year no-cost lease period.	"(c) Continued Operation.— The Secretary shall negotiate an agreement with the Indian Tribe or Tribal Organization regarding the continued operation of the facility at the end of the initial 10 year no-cost lease period.	(2) The Secretary shall negotiate an agreement with the Indian Tribe or tribal organization regarding the continued operation of the facility at the end of the initial 10 year no-cost lease period.
		(3) An Indian tribe or tribal organization that has entered into a written agreement with the Secretary under this subsection, and that breaches or terminates without cause such agreement, shall be liable to the United States for the amount that has been paid to the tribe, or paid to a third party on the tribe's behalf, under the agreement. The Secretary has the right to recover tangible property (including supplies), and equipment, less depreciation, and any funds expended for operations and maintenance under this section. The preceding sentence does not apply to any funds expended for the delivery of health care services, or for personnel or staffing, shall be recoverable.	(d) BREACH OF AGREEMENT.— An Indian Tribe or Tribal Organization that has entered into a written agreement with the Secretary under this section, and that breaches or terminates without cause such agreement, shall be liable to the United States for the amount that has been paid to the Indian Tribe or Tribal Organization, or paid to a third party on the Indian Tribe's or Tribal Organization's behalf, under the agreement. The Secretary has the right to recover tangible property (including supplies) and equipment, less depreciation, and any funds expended for operations and maintenance under this section. The preceding sentence does not apply to any funds expended for the delivery of health care services, personnel, or staffing.	"(d) Breach of Agreement.— An Indian Tribe or Tribal Organization that has entered into a written agreement with the Secretary under this section, and that breaches or terminates without cause such agreement, shall be liable to the United States for the amount that has been paid to the Indian Tribe or Tribal Organization, or paid to a third party on the Indian Tribe's or Tribal Organization's behalf, under the agreement. The Secretary has the right to recover tangible property (including supplies) and equipment, less depreciation, and any funds expended for operations and maintenance under this section. The preceding sentence does not apply to any funds expended for the delivery of health care services, personnel, or staffing.	(c) ~~(3)~~ An Indian Tribe or tribal organization that has entered into a written agreement with the Secretary under this subsection, and that breaches or terminates without cause such agreement, shall be liable to the United States for the amount that has been paid to the Tribe or tribal organization, or paid to a third party on the Tribe's or tribal organization's behalf, under the agreement. The Secretary has the right to recover tangible property (including supplies), and equipment, less depreciation, and any funds expended for operations and maintenance under this section. The preceding sentence does not apply to any funds expended for the delivery of health care services, or for personnel or staffing~~, shall be recoverable~~.
			(e) RECOVERY FOR NONUSE.— An Indian Tribe or Tribal Organization that	"(e) Recovery for Nonuse.— An Indian Tribe or Tribal Organization that has	(d) Recovery for non-use. An Indian Tribe or tribal organization that has

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			has entered into a written agreement with the Secretary under this subsection shall be entitled to recover from the United States an amount that is proportional to the value of such facility if, at any time within the 10-year term of the agreement, the Service ceases to use the facility or otherwise breaches the agreement.	entered into a written agreement with the Secretary under this subsection shall be entitled to recover from the United States an amount that is proportional to the value of such facility if, at any time within the 10-year term of the agreement, the Service ceases to use the facility or otherwise breaches the agreement.	entered into a written agreement with the Secretary under this subsection shall be entitled to recover from the United States an amount that is proportional to the value of such facility should at any time within 10 years the Service ceases to use the facility or otherwise breaches the agreement.
			(f) DEFINITION.— For the purposes of this section, the term 'health facility' or 'health facilities' includes quarters needed to provide housing for staff of the relevant Tribal Health Program.	"(f) Definition.— For the purposes of this section, the term 'health facility' or 'health facilities' includes quarters needed to provide housing for staff of the relevant Tribal Health Program.	(e) Wherever health facility" or health facilities" are used in this section, they may include quarters needed to provide housing for staff of the tribal health program.
	S.1790 did not change CL § 819. *Note: In all versions of the bills, including S. 1790, this section, which is very out-of-date, was amended into a new section (§713 in S. 1790). §819 should be deleted.*	SEC. 819 CHILD SEXUAL ABUSE TREATMENT PROGRAMS *See, S. 1790 §713 for text of CL.*			
	S.1790 did not change CL § 820.	TRIBAL LEASING Sec. 820. Indian tribes providing health care services pursuant to a contract entered into under the Indian Self-Determination Act may lease permanent structures for the purpose of providing such health care services without obtaining advance approval in appropriation Acts.	SEC. 310. TRIBAL LEASING. ''A Tribal Health Program may lease permanent structures for the purpose of providing health care services without obtaining advance approval in appropriation Acts.	"Sec. 310. TRIBAL LEASING. A Tribal Health Program may lease permanent structures for the purpose of providing health services without obtaining advance approval in appropriation Acts.	TRIBAL LEASING Sec. 311 ~~820~~. Indian Tribes and tribal organizations providing health care services pursuant to a funding agreement ~~contract~~ entered into under the Indian Self- Determination and Education Assistance Act may lease permanent structures for the purpose of providing such health care services without obtaining advance approval in appropriation Acts.
	See, S. 1790 Sec. 121(a)(2), which repealed §821.	~~Sec. 821 HOME- AND COMMUNITY-BASED CARE DEMONSTRATION PROJECT~~ ~~(a) Authority of Secretary.~~ ~~The Secretary, acting through the Service, is authorized to enter into contracts with, or make grants to, Indian tribes or tribal organizations providing health care services pursuant to a contract entered into under the Indian Self-Determination Act, to establish demonstration projects for the delivery of home- and community-based services to functionally disabled Indians.~~ ~~(b) Use of funds.~~ ~~(1) Funds provided for a demonstration project under this section shall be used only for the delivery of home- and community-based services (including transportation services) to functionally disabled Indians.~~ ~~(2) Such funds may not be used--~~ ~~(A) to make cash payments to functionally disabled Indians;~~ ~~(B) to provide room and board for~~			~~HOME- AND COMMUNITY-BASED CARE DEMONSTRATION PROJECT~~ ~~Sec. 821. (a) The Secretary, acting through the Service, is authorized to enter into contracts with, or make grants to, Indian Tribes or tribal organizations providing health care services pursuant to a contract entered into under the Indian Self- Determination Act, to establish demonstration projects for the delivery of home- and community-based services to functionally disabled Indians.~~ ~~(b) (1) Funds provided for a demonstration project under this section shall be used only for the delivery of home- and community- based services (including transportation services) to functionally disabled Indians.~~ ~~(2) Such funds may not be used--~~ ~~(A)to make cash payments to functionally disabled Indians;~~ ~~(B)to provide room and board for functionally disabled Indians;~~ ~~(C)for the construction or renovation~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~functionally disabled Indians;~~ ~~(C) for the construction or renovation of facilities or the purchase of medical equipment; or~~ ~~(D) for the provision of nursing facility services.~~ ~~(c) Criteria for approval of applications.~~ ~~Not later than 180 days after the date of the enactment of this section [enacted Oct. 29, 1992], the Secretary, after consultation with Indian tribes and tribal organizations, shall develop and issue criteria for the approval of applications submitted under this section. Such criteria shall ensure that demonstration projects established under this section promote the development of the capacity of tribes and tribal organizations to deliver, or arrange for the delivery of, high quality, culturally appropriate home- and community-based services to functionally disabled Indians;[.]~~ ~~(d) Assistance to applicants.~~ ~~The Secretary shall provide such technical and other assistance as may be necessary to enable applicants to comply with the provisions of this section.~~ ~~(e) Services to ineligible persons.~~ ~~At the discretion of the tribe or tribal organization, services provided under a demonstration project established under this section may be provided (on a cost basis) to persons otherwise ineligible for the health care benefits of the Service.~~ ~~(f) Maximum number of demonstration projects.~~ ~~The Secretary shall establish not more than 24 demonstration projects under this section. The Secretary may not establish a greater number of demonstration projects under this section in one service area than in any other service area until there is an equal number of such demonstration projects established with respect to all service areas from which the Secretary receives applications during the application period (as determined by the Secretary) which meet the criteria issued pursuant to subsection (c).~~ ~~(g) Report.~~ ~~The Secretary shall submit to the President, for inclusion in the report which is required to be submitted under section 801 [25 USCS § 1671] for fiscal year 1999, a report on the findings and conclusions derived from the demonstration projects conducted under this section, together with legislative recommendations.~~			~~of facilities or the purchase of medical equipment; or~~ ~~(D)for the provision of nursing facility services.~~ ~~(c) Not later than 180 days after the date of the enactment of this section, the Secretary, after consultation with Indian Tribes and tribal organizations, shall develop and issue criteria for the approval of applications submitted under this section. Such criteria shall ensure that demonstration projects established under this section promote the development of the capacity of Tribes and tribal organizations to deliver, or arrange for the delivery of, high quality, culturally appropriate home- and community-based services to functionally disabled Indians;~~ ~~(d)The Secretary shall provide such technical and other assistance as may be necessary to enable applicants to comply with the provisions of this section.~~ ~~(e)At the discretion of the Tribe or tribal organization, services provided under a demonstration project established under this section may be provided (on a cost basis) to persons otherwise ineligible for the health care benefits of the Service.~~ ~~(f)The Secretary shall establish not more than 24 demonstration projects under this section. The Secretary may not establish a greater number of demonstration projects under this section in one service area than in any other service area until there is an equal number of such demonstration projects established with respect to all service areas from which the Secretary receives applications during the application period (as determined by the Secretary) which meet the criteria issued pursuant to subsection (c).~~ ~~(g)The Secretary shall submit to the President, for inclusion in the report which is required to be submitted under section 801 for fiscal year 1999, a report on the findings and conclusions derived from the demonstration projects conducted under this section, together with legislative recommendations.~~ ~~(h)For the purposes of this section, the following definitions shall apply:~~ ~~(1) The term "home-and community-based services" means one or more of the following:~~ ~~(A)Homemaker/home health aide services.~~ ~~(B)Chore services.~~ ~~(C)Personal care services.~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~(h) Definitions.~~ ~~For the purposes of this section, the following definitions shall apply:~~ ~~(1) The term "home- and community-based services" means one or more of the following:~~ ~~(A) Homemaker/home health aide services.~~ ~~(B) Chore services.~~ ~~(C) Personal care services.~~ ~~(D) Nursing care services provided outside of a nursing facility by, or under the supervision of, a registered nurse.~~ ~~(E) Respite care.~~ ~~(F) Training for family members in managing a functionally disabled individual.~~ ~~(G) Adult day care.~~ ~~(H) Such other home- and community-based services as the Secretary may approve.~~ ~~(2) The term "functionally disabled" means an individual who is determined to require home- and community-based services based on an assessment that uses criteria (including, at the discretion of the tribe or tribal organization, activities of daily living) developed by the tribe or tribal organization.~~ ~~(i) Authorization of appropriations.~~ ~~There are authorized to be appropriated for each of the fiscal years 1996 through 2000 such sums as may be necessary to carry out this section. Such sums shall remain available until expended.~~			~~(D)Nursing care services provided outside of a nursing facility by, or under the supervision of, a registered nurse.~~ ~~(E)Respite care.~~ ~~(F) Training for family members in managing a functionally disabled individual.~~ ~~(G) Adult day care.~~ ~~(H) Such other home and community-based services as the Secretary may approve.~~ ~~(2) The term "functionally disabled" means an individual who is determined to require home- and community-based services based on an assessment that uses criteria (including, at the discretion of the Tribe or tribal organization, activities of daily living) developed by the Tribe or tribal organization.~~ ~~(i) There are authorized to be appropriated for each of the fiscal 1996 through 2000 such sums as may be necessary to carry out this section. Such sums shall remain available until expended.~~
	See, S. 1790 Sec. 121(b), which amended §822.	SEC. 822. SHARED SERVICES FOR LONG-TERM CARE ~~DEMONSTRATION PROJECT~~ (a) Long-Term Care.– (1) IN GENERAL.– Notwithstanding any other provision of law, the ~~The~~ Secretary, acting through the Service, ~~and notwithstanding any other provision of law,~~ is authorized to provide directly, or enter into contracts or compacts under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) with Indian tribes or tribal organizations ~~to establish not more than 6 shared services demonstration projects~~ for the delivery of long-term care to (including health care services associated with long-term care) provided in a facility to Indians. (2) INCLUSIONS.– Each agreement under paragraph (1) ~~Such projects~~ shall provide for the sharing of staff or other services between the ~~a~~ Service or a tribal health program and a long-term care or related ~~facility and a nursing~~ facility owned and	SEC. 204. SHARED SERVICES FOR LONG-TERM CARE. (a) LONG-TERM CARE.— Notwithstanding any other provision of law, the Secretary, acting through the Service, is authorized to provide directly, or enter into contracts or compacts under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) with Indian Tribes or Tribal Organizations for, the delivery of long-term care (including health care services associated with long-term care) provided in a facility to Indians. Such agreements shall provide for the sharing of staff or other services between the Service or a Tribal Health Program and a long-term care or related facility owned and operated (directly or through a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) by such Indian Tribe or Tribal Organization.	"SEC. 205. SHARED SERVICES FOR LONG-TERM CARE. "(a) Long-Term Care.— Notwithstanding any other provision of law, the Secretary, acting through the Service, is authorized to provide directly, or enter into contracts or compacts under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) with Indian Tribes or Tribal Organizations for, the delivery of long-term care (including health care services associated with long-term care) provided in a facility to Indians. Such agreements shall provide for the sharing of staff or other services between the Service or a Tribal Health Program and a long-term care or related facility owned and operated (directly or through a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) by such Indian Tribe or Tribal Organization.	SHARED SERVIC~~ES~~ ~~DEMONSTRATION PROJECT~~ Sec. 205 ~~822~~. (a) The Secretary, acting through the Service and notwithstanding any other provision of law, is authorized to enter into funding agreements or other arrangements ~~contracts~~ with Indian Tribes or tribal organizations ~~to establish not more than 6 shared services demonstration projects~~ for the delivery of long-term care and similar services to Indians. Such projects shall provide for the sharing of staff or other services between a Service or tribal facility and a ~~nursing~~ long-term care or other similar facility owned and operated (directly or ~~by contract~~ through funding agreement) by such Indian Tribe or tribal organization.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		operated (directly or through a ~~by~~ contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) by the ~~such~~ Indian tribe or tribal organization.			
		(b) Contents of Agreements.– ~~A contract~~ An agreement entered into pursuant to subsection (a)– (1) may, at the request of the Indian tribe or tribal organization, delegate to ~~such~~ the Indian tribe or tribal organization such powers of supervision and control over Service employees as the Secretary ~~deems~~ determines necessary to carry out the purposes of this section; (2) shall provide that expenses (including salaries) relating to services that are shared between the Service ~~facility~~ and the tribal health program ~~facility~~ be allocated proportionately between the Service and the Indian tribe or tribal organization; and (3) may authorize ~~such~~ the Indian tribe or tribal organization to construct, renovate, or expand a ~~nursing~~ long-term care or other similar facility (including the construction of a facility attached to a Service facility)~~, except that no funds appropriated for the Service shall be obligated or expended for such purpose~~.	(b) CONTENTS OF AGREEMENTS.— An agreement entered into pursuant to subsection (a)— (1) may, at the request of the Indian Tribe or Tribal Organization, delegate to such Indian Tribe or Tribal Organization such powers of supervision and control over Service employees as the Secretary deems necessary to carry out the purposes of this section; (2) shall provide that expenses (including salaries) relating to services that are shared between the Service and the Tribal Health Program be allocated proportionately between the Service and the Indian Tribe or Tribal Organization; and (3) may authorize such Indian Tribe or Tribal Organization to construct, renovate, or expand a long-term care or other similar facility (including the construction of a facility attached to a Service facility).	"(b) Contents of Agreements.— An agreement entered into pursuant to subsection (a)— "(1) may, at the request of the Indian Tribe or Tribal Organization, delegate to such Indian Tribe or Tribal Organization such powers of supervision and control over Service employees as the Secretary deems necessary to carry out the purposes of this section; "(2) shall provide that expenses (including salaries) relating to services that are shared between the Service and the Tribal Health Program be allocated proportionately between the Service and the Indian Tribe or Tribal Organization; and "(3) may authorize such Indian Tribe or Tribal Organization to construct, renovate, or expand a long-term care or other similar facility (including the construction of a facility attached to a Service facility).	(b) A funding agreement ~~contract~~ or other arrangement entered into pursuant to subsection (a)-- (1) may, at the request of the Indian Tribe or tribal organization, delegate to such Tribe or tribal organization such powers of supervision and control over Service employees as the Secretary deems necessary to carry out the purposes of this section; (2) shall provide that expenses (including salaries) relating to services that are shared between the Service and the tribal facility be allocated proportionately between the Service and the Tribe or tribal organization; and (3) may authorize such Tribe or tribal organization to construct, renovate, or expand a ~~nursing~~ long-term care or other similar facility (including the construction of a facility attached to a Service facility)~~, except that no funds appropriated for the Service shall be obligated or expended for such purpose~~.
		(c) MINIMUM REQUIREMENT.—Any nursing facility provided for under this section shall meet the requirements for nursing facilities under section 1919 of the Social Security Act (42 U.S.C. 1396r).	(c) MINIMUM REQUIREMENT.— Any nursing facility provided for under this section shall meet the requirements for nursing facilities under section 1919 of the Social Security Act.	"(c) Minimum Requirement.— Any nursing facility provided for under this section shall meet the requirements for nursing facilities under section 1919 of the Social Security Act.	
		~~(c) ELIGIBILITY. To be eligible for a contract under this section, a tribe or tribal organization, shall, as of the date of the enactment of this Act--~~ ~~(1) own and operate (directly or by contract) a nursing facility;~~ ~~(2) have entered into an agreement with a consultant to develop a plan for meeting the long-term needs of the tribe or tribal organization; or~~ ~~(3) have adopted a tribal resolution providing for the construction of a nursing facility.~~			~~(c) To be eligible for a contract under this section, a Tribe or tribal organization, shall, as of the date of the enactment of this Act--~~ ~~(1) own and operate (directly or by contract) a nursing facility;~~ ~~(2) have entered into an agreement with a consultant to develop a plan for meeting the long-term needs of the Tribe or tribal organization; or~~ ~~(3) have adopted a tribal resolution providing for the construction of a nursing facility.~~ ~~(d)Any nursing facility for which a contract is entered into under this section shall meet the requirements for nursing facilities under section 1919 of the Social Security Act.~~
		(d)~~(e)~~ OTHER ASSISTANCE ~~TO APPLICANTS.~~– The Secretary shall provide such technical and other assistance as may be necessary to enable applicants to comply with ~~the provisions of~~ this section.	(d) OTHER ASSISTANCE.— The Secretary shall provide such technical and other assistance as may be necessary to enable applicants to comply with the provisions of this section.	"(d) Other Assistance.— The Secretary shall provide such technical and other assistance as may be necessary to enable applicants to comply with the provisions of this section.	~~(e~~c) The Secretary shall provide such technical and other assistance as may be necessary to enable applicants to comply with the provisions of this section.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		(e) USE OF EXISTING OR UNDERUSED FACILITIES.— The Secretary shall encourage the use of existing facilities that are underused, or allow the use of swing beds, for long-term or similar care.	(e) USE OF EXISTING OR UNDERUSED FACILITIES.— The Secretary shall encourage the use of existing facilities that are underused or allow the use of swing beds for long-term or similar care.	"(e) Use of Existing or Underused Facilities.— The Secretary shall encourage the use of existing facilities that are underused or allow the use of swing beds for long-term or similar care.	(d) The Secretary shall encourage the use for long-term or similar care of existing facilities that are under-utilized or allow the use of swing beds for such purposes.
		~~(f) REPORT.— The Secretary shall submit to the President, for inclusion in each report required to be transmitted to the Congress under section 801, a report on the findings and conclusions derived from the demonstration projects conducted under this section.~~			~~(f)The Secretary shall submit to the President, for inclusion in each report required to be transmitted to the Congress under section 801, a report on the findings and conclusions derived from the demonstration projects conducted under this section.~~
	S.1790 did not change CL § 823. HR 3962 renumbered §809 of HR 2708.	RESULTS OF DEMONSTRATION PROJECTS. Sec. 823. The Secretary shall provide for the dissemination to Indian tribes of the findings and results of demonstration projects conducted under this Act.	SEC. 808 ~~809~~. RESULTS OF DEMONSTRATION PROJECTS. ''The Secretary shall provide for the dissemination to Indian Tribes, Tribal Organizations, and urban Indian organizations of the findings and results of demonstration projects conducted under this Act.	"SEC. 809. RESULTS OF DEMONSTRATION PROJECTS. "The Secretary shall provide for the dissemination to Indian Tribes, Tribal Organizations, and urban Indian organizations of the findings and results of demonstration projects conducted under this Act.	RESULTS OF DEMONSTRATION PROJECTS. Sec. 809 ~~823~~. The Secretary shall provide for the dissemination to Indian Tribes of the findings and results of demonstration projects conducted under this Act.
	S.1790 did not change CL § 824.	PRIORITY FOR INDIAN RESERVATIONS. Sec. 824. (a) Beginning on the date of the enactment of this section, the Bureau of Indian Affairs and the Service shall, in all matters involving the reorganization or development of Service facilities, or in the establishment of related employment projects to address unemployment conditions in economically depressed areas, give priority to locating such facilities and projects on Indian lands if requested by the Indian tribe with jurisdiction over such lands. (b) For purposes of this section, the term "Indian lands" means-- (1) all lands within the limits of any Indian reservation; and (2) any lands title [to] which is held in trust by the United States for the benefit of any Indian tribe or individual Indian, or held by any Indian tribe or individual Indian subject to restriction by the United States against alienation and over which an Indian tribe exercises governmental power.	SEC. 312. LOCATION OF FACILITIES. (a) IN GENERAL.— In all matters involving the reorganization or development of Service facilities or in the establishment of related employment projects to address unemployment conditions in economically depressed areas, the Bureau of Indian Affairs and the Service shall give priority to locating such facilities and projects on Indian lands, or lands in Alaska owned by any Alaska Native village, or village or regional corporation under the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.), or any land allotted to any Alaska Native, if requested by the Indian owner and the Indian Tribe with jurisdiction over such lands or other lands owned or leased by the Indian Tribe or Tribal Organization. Top priority shall be given to Indian land owned by 1 or more Indian Tribes. (b) DEFINITION.— For purposes of this section, the term 'Indian lands' means— (1) all lands within the exterior boundaries of any reservation; and (2) any lands title to which is held in trust by the United States for the benefit of any Indian Tribe or individual Indian or held by any Indian Tribe or individual Indian subject to restriction by the United States against alienation.	"SEC. 312. LOCATION OF FACILITIES. "(a) In General.— In all matters involving the reorganization or development of Service facilities or in the establishment of related employment projects to address unemployment conditions in economically depressed areas, the Bureau of Indian Affairs and the Service shall give priority to locating such facilities and projects on Indian lands, or lands in Alaska owned by any Alaska Native village, or village or regional corporation under the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.), or any land allotted to any Alaska Native, if requested by the Indian owner and the Indian Tribe with jurisdiction over such lands or other lands owned or leased by the Indian Tribe or Tribal Organization. Top priority shall be given to Indian land owned by 1 or more Indian Tribes. "(b) Definition.— For purposes of this section, the term 'Indian lands' means— "(1) all lands within the exterior boundaries of any reservation; and "(2) any lands title to which is held in trust by the United States for the benefit of any Indian Tribe or individual Indian or held by any Indian Tribe or individual Indian subject to restriction by the United States against alienation.	LOCATION OF FACILITI~~ES PRIORITY FOR INDIAN RESERVATION~~S. Sec. 313 ~~824~~. (a) ~~Beginning on the date of the enactment of this section, t~~ The Bureau of Indian Affairs and the Service shall, in all matters involving the reorganization or development of Service facilities, or in the establishment of related employment projects to address unemployment conditions in economically depressed areas, give priority to locating such facilities and projects on Indian lands if requested by the Indian owner and the Indian Tribe with jurisdiction over such lands or other lands owned or leased by the Indian Tribe or tribal organization, provided that priority shall be given to Indian land owned by an Indian Tribe or Tribes. (b) For purposes of this section, the term "Indian lands" means– (1) all lands within the ~~limits~~ exterior boundaries of any Indian reservation; ~~and~~ (2) any lands title ~~[to]~~ which is held in trust by the United States for the benefit of any Indian Tribe or individual Indian, or held by any Indian Tribe or individual Indian subject to restriction by the United States against alienation and over which an Indian Tribe exercises governmental power~~.~~; and (3) all lands in Alaska owned by any Alaska Native village, or village or regional corporation under the Alaska Native Claims Settlement Act, or any land allotted to any Alaska Native.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	See, S. 1790 Sec. 101(a), which amended CL §825. HR 3962, as amended, renumbered HR 2708. R&E = S.1200	SEC. 825. AUTHORIZATION OF APPROPRIATIONS. ~~Except as provided in section 821, there~~ There are authorized to be appropriated such sums as are ~~may be~~ necessary ~~for each fiscal year through fiscal year 2000~~ to carry out this Act ~~title~~ for fiscal year 2010 and each fiscal year thereafter, to remain available until expended.	SEC. 816 ~~818~~. AUTHORIZATION OF APPROPRIATIONS; AVAILABILITY. (a) AUTHORIZATION OF APPROPRIATIONS.— There are authorized to be appropriated such sums as may be necessary to carry out this title.	"SEC. 821. AUTHORIZATION OF APPROPRIATIONS. "There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out this title.".	AUTHORIZATION OF APPROPRIATIONS. Sec. 818 ~~825~~. ~~Except as provided in section 821, t~~ There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2012 ~~2000~~ to carry out this Title.
	See, S. 1790 Sec. 195, which added a new §826.	SEC. 826. ANNUAL BUDGET SUBMISSION. "Effective beginning with the submission of the annual budget request to Congress for fiscal year 2011, the President shall include, in the amount requested and the budget justification, amounts that reflect any changes in— "(1) the cost of health care services, as indexed for United States dollar inflation (as measured by the Consumer Price Index); and "(2) the size of the population served by the Service.			
x	S. 1790 RS Sec. 196 added a new §827.	Sec. 827. PRESCRIPTION DRUG MONITORING. (a) MONITORING.-- (1) ESTABLISHMENT.– The Secretary, in coordination with the Secretary of the Interior and the Attorney General, shall establish a prescription drug monitoring program, to be carried out at health care facilities of the Service, tribal health care facilities, and urgan Indian health care facilities. (2) REPORT.– Not later than 18 months after the date of enactment of the Indian Health Care Improvement Reauthorization and Extension Act of 2009, the Secretary shall submit to he Committee on Indian Affairs of the Senate and the Committee on Natural Resources of the House of Representatives a report that describes– (A) the needs of the Service, tribal health care facilities, and urban Indian health care facilities with respect tothe prescription drug monitoring program under paragraph (1); (B) the planned development of that program, including any relevant statutory or administrative limitations; and (C) the means by which the program could be carried out in coordination with any State prescription drug monitoring program.			
x	S. 1790 RS Sec. 197 added a new §828.	SEC. 828. TRIBAL HEALTH PROGRAM OPTION FOR COST SHARING.		"SEC. 816. TRIBAL HEALTH PROGRAM OPTION FOR COST SHARING.	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		"(a) IN GENERAL.–Nothing in this Act limits the ability of a tribal health program operating any health program, service, function, activity, or facility funded, in whole or part, by the Service through, or provided for in, a compact with the Service pursuant to title V of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 458aaa et seq) to charge an Indian for services provided by the tribal health program. "(b) Service.–Nothing in this Act authorizes the Service– "(1) to charge an Indian for services; or "(2) to require any Tribal Health Program to charge an Indian for services. (b) ABUSE.--- (1) IN GENERAL.—The Attorney General, in conjunction with he Secretary and the Secretary of the Interior, shall conduct— (A) an assessment of the capacity of, and support required by, relevant Federal and tribal agencies— (i) to carry out data collection and analysis regarding incidents of prescription drug abuse in Indian communities; and (ii) to exchange among those agencies and Indian health programs information relating to prescription drug abuse in Indian communities, including statutory and administrative requirements and limitations relating to that abuse; and (B) training for Indian health care providers, tribal leaders, law enforcement officers, and school officials regarding awareness and prevention of prescription drug abuse and strategies for improving agency responses to addressing prescription drug abuse in Indian communities. (2) REPORT.— Not later than 18 months after the date of enactment of the Indian Health Care Improvement Reauthorization and Extension Act of 2009, the Attorney General shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources of the House of Representatives a report that describes— (A) the capacity of Federal and tribal agencies to carry out data collection and analysis and information exchanges as described in paragraph (1)(A); (B) the training conducted pursuant to paragraph (1)(B); (C) infrastructure enhancements required to carry out the activities described in paragraph (1), if any; and		"(a) In General.–Nothing in this Act limits the ability of a Tribal Health Program operating any health program, function, activity, or facility funded, in whole or part, by the Service through, or provided for in, a compact with the Service pursuant to title V of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 458aaa et seq) to charge an Indian for services provided by the Tribal Health Program. "(b) Service.–Nothing in this Act authorizes the Service– "(1) to charge an Indian for services; or "(2) to require any Tribal Health Program to charge an Indian for services.	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		(D) any statutory or administrative barriers to carrying out those activities.			
x	S. 1790 RS Sec. 198 added a new §829.	Sec. 829. DISEASE AND INJURY PREVENTION REPORT. Not later than 18 months after the date of enactment of the Indian Health Care Improvement Reauthorization and Extension Act of 2009, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committees on Natural Resources and Energy and Commerce of the House of Representatives describing— (1) all disease and injury prevention activities conducted by the service, independently or in conjunction with other Federal departments and agencies and Indian tribes; and (2) the effectiveness of those activities, including the reductions of injury or disease conditions achieved by the activities.			
x	S. 1790 RS Sec. 199 added a new §830.	SEC. 830. OTHER GAO REPORTS.			
x	S. 1790 RS Sec. 199 added a new §830(a).	(a) COORDINATION OF SERVICES.– (1) STUDY AND EVALUATION.– The Comptroller General of the United States shall conduct a study, and evaluate the effectiveness, of coordination of health care services provided to Indians— (A) through Medicare, Medicaid, or SCHIP; (B) by the Service; or (C) using funds provided by— (I) State or local governments; or (ii) Indian tribes. (2) REPORT.—Not later than 18 months after the date of enactment of the Indian Health Care Improvement Reauthorization and Extension Act of 2009, the Comptroller General shall submit to Congress a report— (A) describing the results of the evaluation under paragraph (1); and (B) containing recommendations of the Comptroller General regarding measures to support and increase coordination of the provision of health care services to Indians as described in paragraph (1).		"SEC. 820. GAO REPORT ON COORDINATION OF SERVICES. "(a) STUDY and EVALUATION.-The Comptroller General of the United States shall conduct a study, and evaluate the effectiveness, of coordination of health care services provided to Indians- "(1) through Medicare, Medicaid, or SCHIP; "(2) by the Service; or "(3) using funds provided by- "(A) State or local governments; or "(B) Indian Tribes. "(b) REPORT.-Not later than 18 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, the Comptroller General shall submit to Congress a report- "(1) describing the results of the evaluation under subsection (a); and "(2) containing recommendations of the Comptroller General regarding measures to support and increase coordination of the provision of health care services to Indians as described in subsection (a).	
x	S. 1790 RS Sec. 199 added a new §830(b).	(b) PAYMENTS FOR CONTRACT HEALTH SERVICES.– (1) IN GENERAL.—The Comptroller General shall conduct a study on the use of health care furnished by health care providers under the contract health services program funded by the Service and operated by the Service, an Indian tribe, or a tribal organization.	SEC. 104. GAO STUDY AND REPORT ON PAYMENTS FOR CONTRACT HEALTH SERVICES. (a) STUDY.— (1) IN GENERAL.— The Comptroller General of the United States (in this section referred to as the ("Comptroller General") shall conduct a study on the utilization of health care furnished by	SEC. 105. GAO STUDY AND REPORT ON PAYMENTS FOR CONTRACT HEALTH SERVICES. (a) Study.-- (1) In General.–The Comptroller General of the United States (in this section referred to as the "comptroller General") shall conduct a study on utilization of health care furnished by health care	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		(2) ANALYSIS.—The study conducted under paragraph (1) shall include an analysis of— (A) the amounts reimbursed under the contract health services program described in paragraph (1) for health care furnished by entities, individual providers, and suppliers, including a comparison of reimbursement for that health care through other public programs and in the private section; (B) barriers to accessing care under such contract health services program, including barriers relating to travel distances, cultural differences, and public and private sector reluctance to furnish care are patients under the program; (C) the adequacy of existing Federal funding for health care under the contract health services program; (D) the administration of the contract health service program, including the distribution of funds to Indian health programs pursuant to the program; and (E) any other items determined appropriate by the Comptroller General. (3) REPORT.—Not later than 18 months after the date of enactment of the Indian Health Care Improvement Reauthorization and Extension Act of 2009, the Comptroller General shall submit to Congress a report on the study conducted under paragraph (1), together with recommendations regarding— (A) the appropriate level of Federal funding that should be established for health care under the contract health services program described in paragraph (1); (B) how to most efficiently use that funding; and (C) the identification of any inequities in the current distribution formula or inequitable results for any Indian tribe under the funding level, and any recommendations for addressing any inequities or inequitable results identified. (4) CONSULTATION.—In conducting the study under paragraph (1) and preparing the report under paragraph (3), the Comptroller General shall consult with the Service, Indian tribes, and tribal organizations.	health care providers under the contract health services program funded by the Indian Health Service and operated by the Indian Health Service, an Indian Tribe, or a Tribal Organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act). (2) ANALYSIS.— The study conducted under paragraph (1) shall include an analysis of— (A) the amounts reimbursed under the contract health services program described in paragraph (1) for health care furnished by entities, individual providers, and suppliers, including a comparison of reimbursement for such health care through other public programs and in the private sector; (B) barriers to accessing care under such contract health services program, including, but not limited to, barriers relating to travel distances, cultural differences, and public and private sector reluctance to furnish care to patients under such program; (C) the adequacy of existing Federal funding for health care under such contract health services program; and (D) any other items determined appropriate by the Comptroller General. (b) REPORT.— Not later than 18 months after the date of enactment of this Act, the Comptroller General shall submit to Congress a report on the study conducted under subsection (a), together with recommendations regarding— (1) the appropriate level of Federal funding that should be established for health care under the contract health services program described in subsection (a)(1); and (2) how to most efficiently utilize such funding. (c) CONSULTATION.— In conducting the study under subsection (a) and preparing the report under subsection (b), the Comptroller General shall consult with the Indian Health Service, Indian Tribes, and Tribal Organizations.	providers under the contract health services program funded by the Indian Health Service and operated by the Indian Health Service, and Indian Tr, or a Tribal Organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act). (2) Analysis.–The study conducted under paragraph (1) shall include an analysis of– (A) the amounts reimbursed under the contract health services program described in paragraph (1) for health care furnished by entities, individual providers, and suppliers, including a comparison of reimbursement for such health care through other public programs and in the provider sector; (B) barriers to accessing care under such contract health services program, including, but not limited to, barriers relating to travel distances, cultural differences, and public and private sector reluctance to furnish care to patients under such program; (C) the adequacy of existing Federal funding for health care under such contract health services program; and (D) any other items determined appropriate by the Comptroller General. (b) Report.–Not later than 18 months after the date of enactment of this Act, the Comptroller General shall submit to Congress a report on the study conducted under subsection (a), together with recommendations regarding– (1) the appropriate level of Federal funding that should be established for health care under the contract health services program described in subsection (a)(1); and (2) how to most efficiently utilize such funding. (c) Consultation.–In conducting the study under subsection (a) and preparing the report under subsection (b), the Comptroller General shall consult with the Indian Health Service, Indian Tribes, and Tribal Organizations.	
x	S. 1790 Sec. 199A, added a new §831.	Sec. 831. TRADITIONAL HEALTH CARE PRACTICES. Although the Secretary may promote traditional health care practices, consistent with the Service standards for the provision of health care, health promotion,		Sec. 805(c) Traditional Health Care Practices.— Although the Secretary may promote traditional health care practices, consistent with the Service standards for the provision of health care, health promotion, and disease prevention under	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		and disease prevention under this Act, the United States is not liable for any provision of traditional health care practices pursuant to this Act that results in damage, injury, or death to a patient. Nothing in this subsection shall be construed to alter any liability or other obligation that the United States may otherwise have under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et eq.) Or this Act.		this Act, the United States is not liable for any provision of traditional health care practices pursuant to this Act that results in damage, injury, or death to a patient. Nothing in this subsection shall be construed to alter any liability or other obligation that the United States may otherwise have under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) or this Act.	
x	S. 1790 Sec. 199B, added a new §832.	Sec. 832. DIRECTOR OF HIV/AIDS PREVENTION AND TREATMENT. (a) ESTABLISHMENT.—The Secretary, acting through the Service, shall establish within the Service the position of the Director of HIV/AIDS Prevention and Treatment (referred to in this section as the 'Director'). (b) DUTIES,—The Director shall— (1) coordinate and promote HIV/AIDS prevention and treatment activities specific to Indians; (2) provide technical assistance to Indian tribes, tribal organizations, and urban Indian organizations regarding existing HIV/AIDS prevention and treatment programs; and (3) ensure interagency coordination to facilitate the inclusion of Indians in Federal HIV/AIDS research and grant opportunities, with emphasis on the programs operated under the Ryan White Comprehensive Aids Resources Emergency Act of 1990 (Public Law 101-381; 104 Stat. 576) and the amendments made by that Act. (c) REPORT.—Not later than 2 years after the date of enactment of the Indian Health Care Improvement Reauthorization and Extension Act of 2009, and not less frequently than once every 2 years thereafter, the Director shall submit to Congress a report describing, with respect to the preceding 2-year period— (1) each activity carried out under this section; and (2) any findings of the Director with respect to HIV/AIDS prevention and treatment activities specific to Indians.			
			Sec. 816(b) ~~818(b)~~ LIMITATION ON NEW SPENDING AUTHORITY.— Any new spending authority (described in subparagraph (A) or (B) of section 401(c)(2) of the Congressional Budget Act of 1974 (Public Law 93–344; 88 Stat. 317)) which is provided under this Act shall be effective for any fiscal year only	"SEC. 819. APPROPRIATIONS; AVAILABILITY. "Any new spending authority (described in subparagraph (A) or (B) of section 401(c)(2) of the Congressional Budget Act of 1974 (Public Law 93–344; 88 Stat. 317)) which is provided under this Act shall be effective for any fiscal year only	APPROPRIATIONS; AVAILABILITY Sec. 817 . ~~PL 100-713, sec. 4.~~ Any new spending authority (described in subsection (c)(2)(A) or (B) of section 401 of the Congressional Budget Act of 1974) which is provided under this Act shall be effective for any fiscal year only to such extent or in such amounts as are provided

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			to such extent or in such amounts as are provided in appropriation Acts.	to such extent or in such amounts as are provided in appropriation Acts.	in appropriation Acts.
	H.R. 3962, as amended, deleted §810 of H.R. 2708.		~~SEC. 809 810. PROVISION OF SERVICES IN MONTANA.~~ ~~(a) CONSISTENT WITH COURT DECISION.— The Secretary, acting through the Service, shall provide services and benefits for Indians in Montana in a manner consistent with the decision of the United States Court of Appeals for the Ninth Circuit in McNabb for McNabb v. Bowen, 829 F.2d 787 (9th Cir. 1987).~~ ~~(b) CLARIFICATION.— The provisions of subsection (a) shall not be construed to be an expression of the sense of Congress on the application of the decision described in subsection (a) with respect to the provision of services or benefits for Indians living in any State other than Montana.~~	"SEC. 810. PROVISION OF SERVICES IN MONTANA. "(a) Consistent With Court Decision.— The Secretary, acting through the Service, shall provide services and benefits for Indians in Montana in a manner consistent with the decision of the United States Court of Appeals for the Ninth Circuit in McNabb for McNabb v. Bowen, 829 F.2d 787 (9th Cir. 1987). "(b) Clarification.— The provisions of subsection (a) shall not be construed to be an expression of the sense of Congress on the application of the decision described in subsection (a) with respect to the provision of services or benefits for Indians living in any State other than Montana.	PROVISION OF SERVICES IN MONTANA Sec. 811 ~~PL 100-713, 712~~. (a) The Secretary ~~of Health and Human Services~~, acting through the ~~Indian Health~~ Service, shall provide services and benefits for Indians in Montana in a manner consistent with the decision of the United States Court of Appeals for the Ninth Circuit in McNabb for McNabb v. Bowen, 829 F.2d 787 (9th Cr. 1987). (b) The provisions of subsection (a) shall not be construed to be an expression of the sense of the Congress on the application of the decision described in subsection (a) with respect to the provision of services or benefits for Indians living in any State other than Montana.
	H.R. 3962, as amended, renumbered §811 of H.R. 2708.		SEC. 809 ~~811~~. MORATORIUM. ''During the period of the moratorium imposed on implementation of the final rule published in the Federal Register on September 16, 1987, by the Department of Health and Human Services, relating to eligibility for the health care services of the Indian Health Service, the Indian Health Service shall provide services pursuant to the criteria for eligibility for such services that were in effect on September 15, 1987, subject to the provisions of sections 805 and 806, until the Service has submitted to the Committees on Appropriations of the Senate and the House of Representatives a budget request reflecting the increased costs associated with the proposed final rule, and the request has been included in an appropriations Act and enacted into law.		~~[ELIGIBILITY~~ MORATORIUM ~~AND STUDY]~~ Sec. 812 ~~PL 100-713, 719~~. During the period of the moratorium imposed by Public Law 100-446 on implementation of the final rule published in the federal Register on September 16, 1987, by the Health Resources and Services Administration of the Public Health Service, relating to eligibility for the health care services of the Indian Health Service, the Indian Health Service shall provide services pursuant to the criteria for eligibility for such services that were in effect on September 15, 1987, subject to the provisions of section 806 and 807 ~~709~~ of the Indian Health Care Improvement Act, as amended by this Act until such time as new criteria governing eligibility for services are developed in accordance with Section 802 of this Act. ~~(b) The Secretary of Health and Human Services, acting through the Indian Health Service, shall, by contract or any other means, conduct a study to determine the impacct of the final rule described in subsection (a) and of any other proposed rules which would change the eligibility criteria for medical services provided by the Indian Health Service.~~ ~~(c) The study conducted under subsection (b) shall include—~~ ~~(1) full participation and consultation with Indian and Alaskan Native tribal governments and representatives of urban Indian health care programs;~~ ~~(2) statistics for each of the service areas of the Indian Health Service on the~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
					~~number of Indians who are currently eligible for the services of the Indian Health Service;~~ ~~(3) statistics for each of the service areas of the Indian Health Service on the number of Indians who would be eligible for such services if the final rule described in subsection (a), or any alternative rule changing eligibility, were implemented;~~ ~~(4) consideration of the financial impact of such final rule or any other proposed rule on the contract health care budget and on the clinical services budget of the Indian Health Service;~~ ~~(5) consideration of the health status, cultural, social, and economic impact on Indian reservations and urban Indian populations of such final rule or any other rule changing the eligibility criteria;~~ ~~(6) consideration of the alternatives, if any, that would be available to those Indians who would not be eligible for such services by reason of any such final rule; and~~ ~~(7) consideration of the program changes that the Indian Health Service would be required to make if the eligibility requirements for such services that were in effect on September 15, 1987, were modified.~~ ~~(d) The Secretary of Health and Human Services shall submit to the Congress a report on the study required under subsection (b).~~ ~~(e) Before submitting to Congress the report on the study required under subsection (b), the Secretary of Health and Human Services shall provide Indian Tribes, Alaska Native villages and urban Indian health care programs an opportunity to comment on the report and shall incorporate the comments of such Indian groups into the report.~~ ~~(f) There are hereby authorized to be appropriated such sums as are necessary to carry out the provisions of this section.~~
			SEC. 810 ~~812~~. SEVERABILITY PROVISIONS. ''If any provision of this Act, any amendment made by the Act, or the application of such provision or amendment to any person or circumstances is held to be invalid, the remainder of this Act, the remaining amendments made by this Act, and the application of such provisions to persons or circumstances other than those to which it is held invalid, shall not be affected thereby.	"SEC. 812. SEVERABILITY PROVISIONS. "If any provision of this Act, any amendment made by the Act, or the application of such provision or amendment to any person or circumstances is held to be invalid, the remainder of this Act, the remaining amendments made by this Act, and the application of such provisions to persons or circumstances other than those to which it is held invalid, shall not be affected thereby.	SEVERABILITY PROVISIONS Sec. 815. ~~PL 100-713, Sec. 801.~~ If any provision of this Act, any amendment made by the Act, or the application of such provision or amendment to any person or circumstances is held to be invalid, the remainder of this Act, the remaining amendments made by this Act, and the application of such provisions to persons or circumstances other than those to which it is held invalid, shall not be affected thereby.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	E=2708; R did not include this section.		SEC. 811 ~~813~~. USE OF PATIENT SAFETY ORGANIZATIONS. ‘‘The Service, an Indian Tribe, Tribal Organization, or urban Indian organization may provide for quality assurance activities through the use of a patient safety organization in accordance with title IX of the Public Health Service Act.		
			SEC. 814 ~~816~~. SENSE OF CONGRESS REGARDING LAW ENFORCEMENT AND METHAMPHETAMINE ISSUES IN INDIAN COUNTRY. ‘‘It is the sense of Congress that Congress encourages State, local, and Indian tribal law enforcement agencies to enter into memoranda of agreement between and among those agencies for purposes of streamlining law enforcement activities and maximizing the use of limited resources— (1) to improve law enforcement services provided to Indian tribal communities; and (2) to increase the effectiveness of measures to address problems relating to methamphetamine use in Indian country (as defined in section 1151 of title 18, United States Code).	“Sec. 815. SENSE OF CONGRESS REGARDING LAW ENFORCEMENT AND METHAMPHETAMINE ISSUES IN INDIAN COUNTRY. “It is the sense of congress that Congress encourages State, local, and Indian tribal law enforcement agencies to enter in memoranda of agreement between and among those agencies for purposes of streamlining law enforcement activities and maximizing the use of limited resources– “(1) to improve law enforcement services provided to Indian tribal communities; and “(2) to increase the effectiveness of measures to address problems relating to methamphetamine use in Indian Country (ad defined in section 1151 of title 18, United States Code).	
			SEC. 813 ~~815~~. CLAREMORE INDIAN HOSPITAL. ‘‘The Claremore Indian Hospital shall be deemed to be a dependant Indian community for the purposes of section 1151 of title 18, United States Code.		
	E=2708; R=S. 1200		SEC. 815 ~~817~~. PERMITTING IMPLEMENTATION THROUGH CONTRACTS WITH TRIBAL HEALTH PROGRAMS. ‘‘Nothing in this Act shall be construed as preventing the Secretary from— (1) carrying out any section of this Act through contracts with Tribal Health Programs; and (2) carrying out sections through 214, 701(a)(1), 701(b)(1), 701(c), 707(g), and 712(b), through contracts with urban Indian organizations. The previous sentence shall not affect the authority the Secretary may otherwise have to carry out other provisions of this Act through such contracts.		
	R&E included the Commission.			“SEC. 813. ESTABLISHMENT OF NATIONAL BIPARTISAN	ESTABLISHMENT OF NATIONAL BI-PARTISAN COMMISSION ON

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				COMMISSION ON INDIAN HEALTH CARE. "(a) Establishment.— There is established the National Bipartisan Indian Health Care Commission (the 'Commission').	INDIAN HEALTH CARE ENTITLEMENT Sec. 816 . There is hereby established the National Bi-Partisan Indian Health Care Entitlement Commission (the Commission").
				"(b) Duties of Commission.— The duties of the Commission are the following: "(1) To establish a study committee composed of those members of the Commission appointed by the Director and at least 4 members of Congress from among the members of the Commission, the duties of which shall be the following: "(A) To the extent necessary to carry out its duties, collect and compile data necessary to understand the extent of Indian needs with regard to the provision of health services, regardless of the location of Indians, including holding hearings and soliciting the views of Indians, Indian Tribes, Tribal Organizations, and urban Indian organizations, which may include authorizing and making funds available for feasibility studies of various models for providing and funding health services for all Indian beneficiaries, including those who live outside of a reservation, temporarily or permanently. "(B) To make legislative recommendations to the Commission regarding the delivery of Federal health care services to Indians. Such recommendations shall include those related to issues of eligibility, benefits, the range of service providers, the cost of such services, financing such services, and the optimal manner in which to provide such services. "(C) To determine the effect of the enactment of such recommendations on (i) the existing system of delivery of health services for Indians, and (ii) the sovereign status of Indian Tribes. "(D) Not later than 12 months after the appointment of all members of the Commission, to submit a written report of its findings and recommendations to the full Commission. The report shall include a statement of the minority and majority position of the Committee and shall be disseminated, at a minimum, to every Indian Tribe, Tribal Organization, and urban Indian organization for comment to the Commission. "(E) To report regularly to the full Commission regarding the findings and recommendations developed by the study	(a) DUTIES OF COMMISSION. – (1)Review and analyze the recommendations of the report of the Study Committee, as established below, to the Commission; (2)Make recommendations to the Congress for providing health services for Indian persons as an entitlement, giving due regard to the effects of such a program on existing health care delivery systems for Indian persons and the effect of such a program on the sovereign status of Indian Tribes; (3) Establish a Study Committee composed of those members of the Commission appointed by the Director of the Indian Health Service and at least four members of Congress from among the members of the Commission which shall – (A) To the extent necessary to carry out its duties, collect and compile data necessary to understand the extent of Indian needs with regard to the provision of health services, regardless of the location of Indians, including holding hearings and soliciting the views of Indians, Indian Tribes, tribal organizations and urban Indian organizations, and which may include authorizing and funding feasibility studies of various models for providing and funding health services for all Indian beneficiaries including those who live outside of a reservation, temporarily or permanently. (B) Make recommendations to the Commission for legislation that will provide for the delivery of health services for Indians as an entitlement, which will address, among other things, issues of eligibility; benefits to be provided, including recommendations regarding from whom such health services are to be provided and the cost, including mechanisms for funding of the health services to be provided; (C) Determine the effect of the enactment of such recommendations on the existing system of delivery of health services for Indians; (D) Determine the effect of an health services entitlement program for Indian persons on the sovereign status of Indian

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				committee in the course of carrying out its duties under this section. "(2) To review and analyze the recommendations of the report of the study committee. "(3) To make legislative recommendations to Congress regarding the delivery of Federal health care services to Indians. Such recommendations shall include those related to issues of eligibility, benefits, the range of service providers, the cost of such services, financing such services, and the optimal manner in which to provide such services. "(4) Not later than 18 months following the date of appointment of all members of the Commission, submit a written report to Congress regarding the delivery of Federal health care services to Indians. Such recommendations shall include those related to issues of eligibility, benefits, the range of service providers, the cost of such services, financing such services, and the optimal manner in which to provide such services.	Tribes; (E) Not later than 12 months after the appointment of all members of the Commission, shall make a written report of its findings and recommendations to the full Commission, which report shall include a statement of the minority and majority position of the Committee and which shall be disseminated, at a minimum, to every federally recognized Indian Tribe, tribal organization and urban Indian organization for comment to the Commission; and. (F) Report regularly to the full Commission regarding the findings and recommendations developed by the Study Committee in the course of carrying out its duties under this section. (4) By not later than 18 months following the date of appointment of all members of the Commission, submit a written report to Congress containing a recommendation of policies and legislation to implement a policy that would establish a health care system for Indians based on delivery of health services as an entitlement, together with a determination of the implications of such an entitlement system on existing health care delivery systems for Indians and on the sovereign status of Indian Tribes.
				"(c) Members.— "(1) APPOINTMENT.— The Commission shall be composed of 25 members, appointed as follows: "(A) Ten members of Congress, including 3 from the House of Representatives and 2 from the Senate, appointed by their respective majority leaders, and 3 from the House of Representatives and 2 from the Senate, appointed by their respective minority leaders, and who shall be members of the standing committees of Congress that consider legislation affecting health care to Indians. "(B) Twelve persons chosen by the congressional members of the Commission, 1 from each Service Area as currently designated by the Director to be chosen from among 3 nominees from each Service Area put forward by the Indian Tribes within the area, with due regard being given to the experience and expertise of the nominees in the provision of health care to Indians and to a reasonable representation on the commission of members who are familiar with various health care delivery modes and who represent Indian Tribes of various	(b) MEMBERSHIP. – (1) Number and appointment. – The Commission shall be composed of 25 members, selected by as follows: (A) Ten members of Congress, including three from the United States House of Representatives and two from the United States Senate, appointed by their respective majority leaders, and three from the United States House of Representatives and two from the United States Senate, appointed by their respective minority leaders, and who shall be members of the standing committees of Congress that consider legislation affecting health care to Indians; (B) Twelve persons chosen by the Congressional members of the Commission, one from each Indian health care service area as currently designated by the Director of the Indian Health Service, to be chosen from among three nominees from each area put forward by the Tribes within the area, with due regard being given to the experience and expertise of the nominees in the provision of health care to Indians and with due regard being given to a reasonable

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				size populations. "(C) Three persons appointed by the Director who are knowledgeable about the provision of health care to Indians, at least 1 of whom shall be appointed from among 3 nominees put forward by those programs whose funds are provided in whole or in part by the Service primarily or exclusively for the benefit of urban Indians. "(D) All those persons chosen by the congressional members of the Commission and by the Director shall be members of federally recognized Indian Tribes. "(2) CHAIR; VICE CHAIR.— The Chair and Vice Chair of the Commission shall be selected by the congressional members of the Commission.	representation on the commission of members who are familiar with various health care delivery modes and who represent Tribes of various size populations; and (C) Three persons appointed by the Director of the Indian Health Service who are knowledgeable about the provision of health care to Indians, at least one of whom shall be appointed from among three nominees put forward by those programs whose funding is provided in whole or in part by the Indian Health Service primarily or exclusively for the benefit of urban Indians. (D) All those persons chosen by the Congressional members of the Commission and by the President shall be members of federally recognized Indian Tribes. (E) The Chairman and Vice-Chairman of the Commission shall be selected by the Congressional members of the Commission.
				"(3) TERMS.— The terms of members of the Commission shall be for the life of the Commission. "(4) DEADLINE FOR APPOINTMENTS.— Congressional members of the Commission shall be appointed not later than 180 days after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, and the remaining members of the Commission shall be appointed not later than 60 days following the appointment of the congressional members. "(5) VACANCY.— A vacancy in the Commission shall be filled in the manner in which the original appointment was made.	(c) TERMS.– WHEN APPOINTMENT MADE. – (1) The terms of members of the Commission shall be for the life of the Commission. (2) Congressional members of the Commission shall be appointed not later than 90 days after the approval of this Act, and the remaining members of the Commission shall be appointed not later than 60 days following the appointment of the Congressional members. (3) A vacancy in the Commission shall be filled in the manner in which the original appointment was made.
				"(d) Compensation.— "(1) CONGRESSIONAL MEMBERS.— Each congressional member of the Commission shall receive no additional pay, allowances, or benefits by reason of their service on the Commission and shall receive travel expenses and per diem in lieu of subsistence in accordance with sections 5702 and 5703 of title 5, United States Code. "(2) OTHER MEMBERS.— Remaining members of the Commission, while serving on the business of the Commission (including travel time), shall be entitled to receive compensation at the per diem equivalent of the rate provided for level IV of the Executive Schedule under section	(d) COMPENSATION AND EXPENSES. – (1) Each Congressional member of the Commission shall receive no additional pay, allowances, or benefits by reason of their service on the Commission and shall receive travel expenses and per diem in lieu of subsistence in accordance with sections 5702 and 5703 of title 5, United States Code. (2) Remaining members of the Commission, while serving on the business of the Commission (including travel time) shall be entitled to receive compensation at the per deim equivalent of the rate provided for level IV of the Executive Schedule under section 5315 of

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				5315 of title 5, United States Code, and while so serving away from home and the member's regular place of business, a member may be allowed travel expenses, as authorized by the Chairman of the Commission. For purpose of pay (other than pay of members of the Commission) and employment benefits, rights, and privileges, all personnel of the Commission shall be treated as if they were employees of the United States Senate.	title 5, United States Code; and while so serving away from home and the member's regular place of business, a member may be allowed travel expenses, as authorized by the Chairman of the Commission. For purpose of pay (other than pay of members of the Commission) and employment benefits, rights, and privileges, all personnel of the Commission shall be treated as if they were employees of the United States Senate.
				"(e) Meetings.— The Commission shall meet at the call of the Chair. "(f) Quorum.— A quorum of the Commission shall consist of not less than 15 members, provided that no less than 6 of the members of Congress who are Commission members are present and no less than 9 of the members who are Indians are present.	(e) MEETINGS AND QUORUM. – (1) The Commission shall meet at the call of the Chairman. (2) A quorum of the Commission shall consist of not less than 15 members, provided that no less than 6 of the members of Congress who are Commission members are present and no less than 9 of the members who are Indians are present.
				"(g) Executive Director; Staff; Facilities.— "(1) APPOINTMENT; PAY.— The Commission shall appoint an executive director of the Commission. The executive director shall be paid the rate of basic pay for level V of the Executive Schedule. "(2) STAFF APPOINTMENT.— With the approval of the Commission, the executive director may appoint such personnel as the executive director deems appropriate. "(3) STAFF PAY.— The staff of the Commission shall be appointed without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and shall be paid without regard to the provisions of chapter 51 and subchapter III of chapter 53 of such title (relating to classification and General Schedule pay rates). "(4) TEMPORARY SERVICES.— With the approval of the Commission, the executive director may procure temporary and intermittent services under section 3109(b) of title 5, United States Code.	(f) DIRECTOR AND STAFF. – (1) Executive Director. – (A) The Commission shall appoint an executive director of the Commission. (B) The executive director shall be paid the rate of basic pay for level V of the Executive Schedule. (2) Staff . – With the approval of the Commission, the executive director may appoint such personnel as the executive director deems appropriate. (3) Applicability of Civil Service laws. – The staff of the Commission shall be appointed without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and shall be paid without regard to the provisions of chapter 51 and subchapter III of chapter 53 of such title (relating to classification and General Schedule pay rates). (4) Experts and Consultants. – With the approval of the Commission, the executive director may procure temporary and intermitten services under section 3109(b) of title 5, United States Code.
				"(5) FACILITIES.— The Administrator of General Services shall locate suitable office space for the operation of the Commission. The facilities shall serve as the headquarters of the Commission and shall include all necessary equipment and incidentals required for the proper functioning of the Commission.	(5) Physical Facilities. – The Administrator of the General Services Administration shall locate suitable office space for the operation of the Commission. The facilities shall serve as the headquarters of the Commission and shall include all necessary equipment and incidentals required for the proper functioning of the Commission.
				"(h) Hearings.— (1) For the purpose of	(g) POWERS. –

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				carrying out its duties, the Commission may hold such hearings and undertake such other activities as the Commission determines to be necessary to carry out its duties, provided that at least 6 regional hearings are held in different areas of the United States in which large numbers of Indians are present. Such hearings are to be held to solicit the views of Indians regarding the delivery of health care services to them. To constitute a hearing under this subsection, at least 5 members of the Commission, including at least 1 member of Congress, must be present. Hearings held by the study committee established in this section may count toward the number of regional hearings required by this subsection.	(1) Hearings and Other Activities. – For the purpose of carrying out its duties, the Commission may hold such hearings and undertake such other activities as the Commission determines to be necessary to carry out its duties, provided that at least six regional hearings are held in different areas of the United States in which large numbers of Indians are present. Such hearings are to be held to solicit the views of Indians regarding the delivery of health care services to them. To constitute a hearing under this subsection, at least five members of the Commission, including at least one member of Congress, must be present. Hearings held by the Study Committee established in this section may count towards the number of regional hearings required by this subsection..
				"(2)(A) The Director of the Congressional Budget Office or the Chief Actuary of the Centers for Medicare & Medicaid Services, or both, shall provide to the Commission, upon the request of the Commission, such cost estimates as the Commission determines to be necessary to carry out its duties.	(3) Cost estimates by Congressional Budget Office and Office of the Chief Actuary of HCFA. – (A) The Director of the Congressional Budget Office or the Chief Actuary of the Health Care Financing Administration, or both, shall provide to the Commission, upon the request of the Commission, such cost estimates as the Commission determines to be necessary to carry out its duties.
				"(B) The Commission shall reimburse the Director of the Congressional Budget Office for expenses relating to the employment in the office of that Director of such additional staff as may be necessary for the Director to comply with requests by the Commission under subparagraph (A).	(3)(B) The Commission shall reimburse the Director of the Congressional Budget Office for expenses relating to the employment in the office of the Director of such additional staff as may be necessary for the Director to comply with requests by the Commission under subparagraph (A).
					(2) Studies by GAO. – Upon request of the Commission, the Comptroller General shall conduct such studies or investigations as the Commission determines to be necessary to carry out its duties.
				"(3) Upon the request of the Commission, the head of any Federal agency is authorized to detail, without reimbursement, any of the personnel of such agency to the Commission to assist the Commission in carrying out its duties. Any such detail shall not interrupt or otherwise affect the civil service status or privileges of the Federal employee.	(4) Detail of federal Employees. – Upon the request of the Commission, the head of any federal Agency is authorized to detail, without reimbursement, any of the personnel of such agency to the Commission to assist the Commission in carrying out its duties. Any such detail shall not interrupt or otherwise affect the civil service status or privileges of the federal employee.
				"(4) Upon the request of the Commission, the head of a Federal agency shall provide such technical assistance to the	(5) Technical Assistance. – Upon the request of the Commission, the head of a federal agency shall provide such

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				Commission as the Commission determines to be necessary to carry out its duties.	technical assistance to the Commission as the Commission determines to be necessary to carry out its duties.
				"(5) The Commission may use the United States mails in the same manner and under the same conditions as Federal agencies and shall, for purposes of the frank, be considered a commission of Congress as described in section 3215 of title 39, United States Code.	(6) Use of Mails. – The Commission may use the United States mails in the same manner and under the same conditions as federal agencies and shall, for purposes of the frank, be considered a commission of Congress as described in section 3215 of title 39, United States Code.
				"(6) The Commission may secure directly from any Federal agency information necessary to enable it to carry out its duties, if the information may be disclosed under section 552 of title 4, United States Code. Upon request of the Chairman of the Commission, the head of such agency shall furnish such information to the Commission.	(7) Obtaining Information. – The Commission may secure directly from the any federal agency information necessary to enable it to carry out its duties, if the information may be disclosed under section 552 of title 4, United States Code. Upon request of the Chairman of the Commission, the head of such agency shall furnish such information to the Commission.
				"(7) Upon the request of the Commission, the Administrator of General Services shall provide to the Commission on a reimbursable basis such administrative support services as the Commission may request.	(8) Administrative Support Services. – Upon the request of the Commission, the Administrator of General Services shall provide to the Commission on a reimbursable basis such administrative support services as the Commission may request.
				"(8) For purposes of costs relating to printing and binding, including the cost of personnel detailed from the Government Printing Office, the Commission shall be deemed to be a committee of Congress.	(9) Printing. – For purposes of costs relating to printing and binding, including the cost of personnel detailed from the Government Printing Office, the Commission shall be deemed to be a committee of the Congress.
				"(i) Authorization of Appropriations.— There is authorized to be appropriated $4,000,000 to carry out the provisions of this section, which sum shall not be deducted from or affect any other appropriation for health care for Indian persons.	(h) Authorization for Appropriation. – There are authorized to be appropriated $4,000,000 to carry out the provisions of this subsection, which sum shall not be deducted from or affect any other appropriation for health care for Indian persons.
				"(j) Nonapplicability of FACA.— The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the Commission.	
				"SEC. 811. TRIBAL EMPLOYMENT. "For purposes of section 2(2) of the Act of July 5, 1935 (49 Stat. 450, chapter 372), an Indian Tribe or Tribal Organization carrying out a contract or compact pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) shall not be considered an 'employer'.	TRIBAL EMPLOYMENT Sec. 813. For purposes of section 2(2), Act of July 5, 1935, as amended (49 Stat. 450, Chapter 372), an Indian Tribe or tribal organization carrying out a funding agreement under the Self-Determination and Education Assistance Act shall not be considered an employer."
				"SEC. 817. TESTING FOR SEXUALLY	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				TRANSMITTED DISEASES IN CASES OF SEXUAL VIOLENCE. "The Attorney General shall ensure that, with respect to any Federal criminal action involving a sexual assault, rape, or other incident of sexual violence against an Indian— "(1)(A) at the request of the victim, a defendant is tested for the human immunodeficiency virus (HIV) and such other sexually transmitted diseases as are requested by the victim not later than 48 hours after the date on which the applicable information or indictment is presented; "(B) a notification of the test results is provided to the victim or the parent or guardian of the victim and the defendant as soon as practicable after the results are generated; and "(C) such follow-up tests for HIV and other sexually transmitted diseases are provided as are medically appropriate, with the test results made available in accordance with subparagraph (B); and "(2) pursuant to section 714(a), HIV and other sexually transmitted disease testing, treatment, and counseling is provided for victims of sexual abuse.	
				"SEC. 818. STUDY ON TOBACCO-RELATED DISEASE AND DISPROPORTIONATE HEALTH EFFECTS ON TRIBAL POPULATIONS. "Not later than 180 days after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary, in consultation with appropriate Federal departments and agencies and acting through the epidemiology centers established under section 209, shall solicit from independent organizations bids to conduct, and shall submit to Congress no later than 5 years after enactment a report describing the results of, a study to determine possible causes for the high prevalence of tobacco use among Indians.	
					REFERENCES Sec. 810 ~~PL 100-713, Sec. 3~~. Except as otherwise specifically provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or a repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of the Indian Health Care Improvement Act, 25 U.S.C. § 1601, et seq.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
					PRIME VENDOR Sec. 814. For purposes of section 4 of Public Law 102-585 (38 U.S.C. § 812) Tribes and tribal organizations carrying out a grant, cooperative agreement of funding agreement under the Indian Self-Determination and Education Assistance Act (25 U.S.C. § 450 et. seq.) shall be deemed to be an executive agency and part of the Indian Health Service in the Department of Health and Human Services and, as such, may act as an ordering agent of the Indian Health Service and the employees of the Tribe or tribal organization may order supplies on behalf thereof on the same basis as employees of the Indian Health Service.
	Note: ***These provisions were subsections (b) and (c) of Sec. 101 of the House bills amending the IHCIA.***		(b) RATE OF PAY.— (1) POSITIONS AT LEVEL IV.— Section 5315 of title 5, United States Code, is amended by striking ''Assistant Secretaries of Health and Human Services (6).'' and inserting ''Assistant Secretaries of Health and Human Services (7)''. (2) POSITIONS AT LEVEL V.— Section 5316 of title 5, United States Code, is amended by striking ''Director, Indian Health Service, Department of Health and Human Services''. (c) AMENDMENTS TO OTHER PROVISIONS OF LAW.— (1) Section 3307(b)(1)(C) of the Children's Health Act of 2000 (25 U.S.C. 1671 note; Public Law 106–310) is amended by striking ''Director of the Indian Health Service'' and inserting ''Assistant Secretary for Indian Health''. (2) The Indian Lands Open Dump Cleanup Act of 1994 is amended— (A) in section 3 (25 U.S.C. 3902)— (i) by striking paragraph (2); (ii) by redesignating paragraphs (1), (3), (4), (5), and (6) as paragraphs (4), (5), (2), (6), and (1), respectively, and moving those paragraphs so as to appear in numerical order; and (iii) by inserting before paragraph (4) (as redesignated by subclause (II)) the following: (3) ASSISTANT SECRETARY.— The term 'Assistant Secretary' means the Assistant Secretary for Indian Health."; (B) in section 5 (25 U.S.C. 3904), by striking the section designation and heading and inserting the following: SEC. 5. AUTHORITY OF ASSISTANT SECRETARY FOR INDIAN HEALTH."; (C) in section 6(a) (25 U.S.C. 3905(a)), in		

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			the subsection heading, by striking ''DIRECTOR'' and inserting ''ASSISTANT SECRETARY''; (D) in section 9(a) (25 U.S.C. 3908(a)), in the subsection heading, by striking ''DIRECTOR'' and inserting ''ASSISTANT SECRETARY''; and (E) by striking ''Director'' each place it appears and inserting ''Assistant Secretary''. (3) Section 5504(d)(2) of the Augustus F. Hawkins-Robert T. Stafford Elementary and Secondary School Improvement Amendments of 1988 (25 U.S.C. 2001 note; Public Law 100–297) is amended by striking ''Director of the Indian Health Service'' and inserting ''Assistant Secretary for Indian Health''. (4) Section 203(a)(1) of the Rehabilitation Act of 1973 (29 U.S.C. 763(a)(1)) is amended by striking ''Director of the Indian Health Service'' and inserting ''Assistant Secretary for Indian Health''. (5) Subsections (b) and (e) of section 518 of the Federal Water Pollution Control Act (33 U.S.C. 1377) are amended by striking ''Director of the Indian Health Service'' each place it appears and inserting ''Assistant Secretary for Indian Health''. (6) Section 317M(b) of the Public Health Service Act (42 U.S.C. 247b–14(b)) is amended— (A) by striking ''Director of the Indian Health Service'' each place it appears and inserting ''Assistant Secretary for Indian Health''; and (B) in paragraph (2)(A), by striking ''the Directors referred to in such paragraph'' and inserting ''the Director of the Centers for Disease Control and Prevention and the Assistant Secretary for Indian Health''. (7) Section 417C(b) of the Public Health Service Act (42 U.S.C. 285–9(b)) is amended by striking ''Director of the Indian Health Service'' and inserting ''Assistant Secretary for Indian Health''. (8) Section 1452(i) of the Safe Drinking Water Act (42 U.S.C. 300j–12(i)) is amended by striking ''Director of the Indian Health Service'' each place it appears and inserting ''Assistant Secretary for Indian Health''. (9) Section 803B(d)(1) of the Native American Programs Act of 1974		

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			(42 U.S.C. 2991b–2(d)(1)) is amended in the last sentence by striking ‘‘Director of the Indian Health Service” and inserting ‘‘Assistant Secretary for Indian Health”. (10) Section 203(b) of the Michigan Indian Land Claims Settlement Act (Public Law 105–143; 111 Stat. 2666) is amended by striking ‘‘Director of the Indian Health Service” and inserting ‘‘Assistant Secretary for Indian Health”.		
			SEC. 103. NATIVE AMERICAN HEALTH AND WELLNESS FOUNDATION. (a) IN GENERAL.— The Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) is amended by adding at the end the following: ‘‘TITLE VIII— NATIVE AMERICAN HEALTH AND WELLNESS FOUNDATION SEC. 801. DEFINITIONS. ‘‘In this title: (1) BOARD.— The term ‘Board’ means the Board of Directors of the Foundation. (2) COMMITTEE.— The term ‘Committee’ means the Committee for the Establishment of Native American Health and Wellness Foundation established under section 802(f). (3) FOUNDATION.— The term ‘Foundation’ means the Native American Health and Wellness Foundation established under section 802. (4) SECRETARY.— The term ‘Secretary’ means the Secretary of Health and Human Services. (5) SERVICE.— The term ‘Service’ means the Indian Health Service of the Department of Health and Human Services. SEC. 802. NATIVE AMERICAN HEALTH AND WELLNESS FOUNDATION. (a) ESTABLISHMENT.— (1) IN GENERAL.— As soon as practicable after the date of enactment of this title, the Secretary shall establish, under the laws of the District of Columbia and in accordance with this title, the Native American Health and Wellness Foundation. (2) FUNDING DETERMINATIONS.— No funds, gift, property, or other item of value (including any interest accrued on such an item) acquired by the Foundation shall— (A) be taken into consideration for purposes of determining Federal appropriations relating to the provision of	SEC. 103. NATIVE AMERICAN HEALTH AND WELLNESS FOUNDATION. (a) In General.— The Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) is amended by adding at the end the following: “TITLE VIII— NATIVE AMERICAN HEALTH AND WELLNESS FOUNDATION “SEC. 801. DEFINITIONS. “In this title: “(1) BOARD.— The term ‘Board’ means the Board of Directors of the Foundation. “(2) COMMITTEE.— The term ‘Committee’ means the Committee for the Establishment of Native American Health and Wellness Foundation established under section 802(f). “(3) FOUNDATION.— The term ‘Foundation’ means the Native American Health and Wellness Foundation established under section 802. “(4) SECRETARY.— The term ‘Secretary’ means the Secretary of Health and Human Services. “(5) SERVICE.— The term ‘Service’ means the Indian Health Service of the Department of Health and Human Services. “SEC. 802. NATIVE AMERICAN HEALTH AND WELLNESS FOUNDATION. “(a) Establishment.— “(1) IN GENERAL.— As soon as practicable after the date of enactment of this title, the Secretary shall establish, under the laws of the District of Columbia and in accordance with this title, the Native American Health and Wellness Foundation. “(2) FUNDING DETERMINATIONS.— No funds, gift, property, or other item of value (including any interest accrued on such an item) acquired by the Foundation shall— “(A) be taken into consideration for purposes of determining Federal appropriations relating to the provision of health care and services to Indians; or	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			health care and services to Indians; or (B) otherwise limit, diminish, or affect the Federal responsibility for the provision of health care and services to Indians. (b) PERPETUAL EXISTENCE.— The Foundation shall have perpetual existence. (c) NATURE OF CORPORATION.— The Foundation— (1) shall be a charitable and nonprofit federally chartered corporation; and (2) shall not be an agency or instrumentality of the United States. (d) PLACE OF INCORPORATION AND DOMICILE.— The Foundation shall be incorporated and domiciled in the District of Columbia. (e) DUTIES.— The Foundation shall— (1) encourage, accept, and administer private gifts of real and personal property, and any income from or interest in such gifts, for the benefit of, or in support of, the mission of the Service; (2) undertake and conduct such other activities as will further the health and wellness activities and opportunities of Native Americans; and (3) participate with and assist Federal, State, and tribal governments, agencies, entities, and individuals in undertaking and conducting activities that will further the health and wellness activities and opportunities of Native Americans. (f) COMMITTEE FOR THE ESTABLISHMENT OF NATIVE AMERICAN HEALTH AND WELLNESS FOUNDATION.— (1) IN GENERAL.— The Secretary shall establish the Committee for the Establishment of Native American Health and Wellness Foundation to assist the Secretary in establishing the Foundation. (2) DUTIES.— Not later than 180 days after the date of enactment of this section, the Committee shall— (A) carry out such activities as are necessary to incorporate the Foundation under the laws of the District of Columbia, including acting as incorporators of the Foundation; (B) ensure that the Foundation qualifies for and maintains the status required to carry out this section, until the Board is established; (C) establish the constitution and initial bylaws of the Foundation; (D) provide for the initial operation of the Foundation, including providing for temporary or interim quarters, equipment,	"(B) otherwise limit, diminish, or affect the Federal responsibility for the provision of health care and services to Indians. "(b) Perpetual Existence.— The Foundation shall have perpetual existence. "(c) Nature of Corporation.— The Foundation— "(1) shall be a charitable and nonprofit federally chartered corporation; and "(2) shall not be an agency or instrumentality of the United States. "(d) Place of Incorporation and Domicile.— The Foundation shall be incorporated and domiciled in the District of Columbia. "(e) Duties.— The Foundation shall— "(1) encourage, accept, and administer private gifts of real and personal property, and any income from or interest in such gifts, for the benefit of, or in support of, the mission of the Service; "(2) undertake and conduct such other activities as will further the health and wellness activities and opportunities of Native Americans; and "(3) participate with and assist Federal, State, and tribal governments, agencies, entities, and individuals in undertaking and conducting activities that will further the health and wellness activities and opportunities of Native Americans. "(f) Committee for the Establishment of Native American Health and Wellness Foundation.— "(1) IN GENERAL.— The Secretary shall establish the Committee for the Establishment of Native American Health and Wellness Foundation to assist the Secretary in establishing the Foundation. "(2) DUTIES.— Not later than 180 days after the date of enactment of this section, the Committee shall— "(A) carry out such activities as are necessary to incorporate the Foundation under the laws of the District of Columbia, including acting as incorporators of the Foundation; "(B) ensure that the Foundation qualifies for and maintains the status required to carry out this section, until the Board is established; "(C) establish the constitution and initial bylaws of the Foundation; "(D) provide for the initial operation of the Foundation, including providing for temporary or interim quarters, equipment, and staff; and "(E) appoint the initial members of the Board in accordance with the constitution	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			and staff; and (E) appoint the initial members of the Board in accordance with the constitution and initial bylaws of the Foundation. (g) BOARD OF DIRECTORS.— (1) IN GENERAL.— The Board of Directors shall be the governing body of the Foundation. (2) POWERS.— The Board may exercise, or provide for the exercise of, the powers of the Foundation. (3) SELECTION.— (A) IN GENERAL.— Subject to subparagraph (B), the number of members of the Board, the manner of selection of the members (including the filling of vacancies), and the terms of office of the members shall be as provided in the constitution and bylaws of the Foundation. (B) REQUIREMENTS.— (i) NUMBER OF MEMBERS.— The Board shall have at least 11 members, who shall have staggered terms. (ii) INITIAL VOTING MEMBERS.— The initial voting members of the Board— (I) shall be appointed by the Committee not later than 180 days after the date on which the Foundation is established; and (II) shall have staggered terms. (iii) QUALIFICATION.— The members of the Board shall be United States citizens who are knowledgeable or experienced in Native American health care and related matters. (C) COMPENSATION.— A member of the Board shall not receive compensation for service as a member, but shall be reimbursed for actual and necessary travel and subsistence expenses incurred in the performance of the duties of the Foundation. (h) OFFICERS.— (1) IN GENERAL.— The officers of the Foundation shall be— (A) a secretary, elected from among the members of the Board; and (B) any other officers provided for in the constitution and bylaws of the Foundation. (2) CHIEF OPERATING OFFICER.— The secretary of the Foundation may serve, at the directionof the Board, as the chief operating officer of the Foundation, or the Board may appoint a chief operating officer, who shall serve at the direction of the Board. (3) ELECTION.— The manner of election, term of office, and duties of the	and initial bylaws of the Foundation. “(g) Board of Directors.— “(1) IN GENERAL.— The Board of Directors shall be the governing body of the Foundation. “(2) POWERS.— The Board may exercise, or provide for the exercise of, the powers of the Foundation. “(3) SELECTION.— “(A) IN GENERAL.— Subject to subparagraph (B), the number of members of the Board, the manner of selection of the members (including the filling of vacancies), and the terms of office of the members shall be as provided in the constitution and bylaws of the Foundation. “(B) REQUIREMENTS.— “(i) NUMBER OF MEMBERS.— The Board shall have at least 11 members, who shall have staggered terms. “(ii) INITIAL VOTING MEMBERS.— The initial voting members of the Board— “(I) shall be appointed by the Committee not later than 180 days after the date on which the Foundation is established; and “(II) shall have staggered terms. “(iii) QUALIFICATION.— The members of the Board shall be United States citizens who are knowledgeable or experienced in Native American health care and related matters. “(C) COMPENSATION.— A member of the Board shall not receive compensation for service as a member, but shall be reimbursed for actual and necessary travel and subsistence expenses incurred in the performance of the duties of the Foundation. “(h) Officers.— “(1) IN GENERAL.— The officers of the Foundation shall be— “(A) a secretary, elected from among the members of the Board; and “(B) any other officers provided for in the constitution and bylaws of the Foundation. “(2) CHIEF OPERATING OFFICER.— The secretary of the Foundation may serve, at the direction of the Board, as the chief operating officer of the Foundation, or the Board may appoint a chief operating officer, who shall serve at the direction of the Board. “(3) ELECTION.— The manner of election, term of office, and duties of the officers of the Foundation shall be as provided in the constitution and bylaws of the Foundation. “(i) Powers.— The Foundation— “(1) shall adopt a constitution and bylaws for the management of the property of the	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			officers of the Foundation shall be as provided in the constitution and bylaws of the Foundation. (i) POWERS.— The Foundation— (1) shall adopt a constitution and bylaws for the management of the property of the Foundation and the regulation of the affairs of the Foundation; (2) may adopt and alter a corporate seal; (3) may enter into contracts; (4) may acquire (through a gift or otherwise), own, lease, encumber, and transfer real or personal property as necessary or convenient to carry out the purposes of the Foundation; (5) may sue and be sued; and (6) may perform any other act necessary and proper to carry out the purposes of the Foundation. (j) PRINCIPAL OFFICE.— (1) IN GENERAL.— The principal office of the Foundation shall be in the District of Columbia. (2) ACTIVITIES; OFFICES.— The activities of the Foundation may be conducted, and offices may be maintained, throughout the United States in accordance with the constitution and bylaws of the Foundation. (k) SERVICE OF PROCESS.— The Foundation shall comply with the law on service of process of each State in which the Foundation is incorporated and of each State in which the Foundation carries on activities. (l) LIABILITY OF OFFICERS, EMPLOYEES, AND AGENTS.— (1) IN GENERAL.— The Foundation shall be liable for the acts of the officers, employees, and agents of the Foundation acting within the scope of their authority. (2) PERSONAL LIABILITY.— A member of the Board shall be personally liable only for gross negligence in the performance of the duties of the member. (m) RESTRICTIONS.— (1) LIMITATION ON SPENDING.— Beginning with the fiscal year following the first full fiscal year during which the Foundation is in operation, the administrative costs of the Foundation shall not exceed the percentage described in paragraph (2) of the sum of— (A) the amounts transferred to the Foundation under subsection (o) during the preceding fiscal year; and (B) donations received from private sources during the preceding fiscal year. (2) PERCENTAGES.— The	Foundation and the regulation of the affairs of the Foundation; “(2) may adopt and alter a corporate seal; “(3) may enter into contracts; “(4) may acquire (through a gift or otherwise), own, lease, encumber, and transfer real or personal property as necessary or convenient to carry out the purposes of the Foundation; “(5) may sue and be sued; and “(6) may perform any other act necessary and proper to carry out the purposes of the Foundation. “(j) Principal Office.— “(1) IN GENERAL.— The principal office of the Foundation shall be in the District of Columbia. “(2) ACTIVITIES; OFFICES.— The activities of the Foundation may be conducted, and offices may be maintained, throughout the United States in accordance with the constitution and bylaws of the Foundation. “(k) Service of Process.— The Foundation shall comply with the law on service of process of each State in which the Foundation is incorporated and of each State in which the Foundation carries on activities. “(l) Liability of Officers, Employees, and Agents.— “(1) IN GENERAL.— The Foundation shall be liable for the acts of the officers, employees, and agents of the Foundation acting within the scope of their authority. “(2) PERSONAL LIABILITY.— A member of the Board shall be personally liable only for gross negligence in the performance of the duties of the member. “(m) Restrictions.— “(1) LIMITATION ON SPENDING.— Beginning with the fiscal year following the first full fiscal year during which the Foundation is in operation, the administrative costs of the Foundation shall not exceed the percentage described in paragraph (2) of the sum of— “(A) the amounts transferred to the Foundation under subsection (o) during the preceding fiscal year; and “(B) donations received from private sources during the preceding fiscal year. “(2) PERCENTAGES.— The percentages referred to in paragraph (1) are— “(A) for the first fiscal year described in that paragraph, 20 percent; “(B) for the following fiscal year, 15 percent; and “(C) for each fiscal year thereafter, 10	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			percentages referred to in paragraph (1) are— (A) for the first fiscal year described in that paragraph, 20 percent; (B) for the following fiscal year, 15 percent; and (C) for each fiscal year thereafter, 10 percent. (3) APPOINTMENT AND HIRING.— The appointment of officers and employees of the Foundation shall be subject to the availability of funds. (4) STATUS.— A member of the Board or officer, employee, or agent of the Foundation shall not by reason of association with the Foundation be considered to be an officer, employee, or agent of the United States. (n) AUDITS.— The Foundation shall comply with section 10101 of title 36, United States Code, as if the Foundation were a corporation under part B of subtitle II of that title. (o) FUNDING.— (1) AUTHORIZATION OF APPROPRIATIONS.— There is authorized to be appropriated to carry out subsection (e)(1) $500,000 for each fiscal year, as adjusted to reflect changes in the Consumer Price Index for all-urban consumers published by the Department of Labor. (2) TRANSFER OF DONATED FUNDS.— The Secretary shall transfer to the Foundation funds held by the Department of Health and Human Services under the Act of August 5, 1954 (42 U.S.C. 2001 et seq.), if the transfer or use of the funds is not prohibited by any term under which the funds were donated. SEC. 803. ADMINISTRATIVE SERVICES AND SUPPORT. (a) PROVISION OF SUPPORT BY SECRETARY.— Subject to subsection (b), during the 5-year period beginning on the date on which the Foundation is established, the Secretary— (1) may provide personnel, facilities, and other administrative support services to the Foundation; (2) may provide funds for initial operating costs and to reimburse the travel expenses of the members of the Board; and (3) shall require and accept reimbursements from the Foundation for— (A) services provided under paragraph (1); and (B) funds provided under paragraph (2).	percent. “(3) APPOINTMENT AND HIRING.— The appointment of officers and employees of the Foundation shall be subject to the availability of funds. “(4) STATUS.— A member of the Board or officer, employee, or agent of the Foundation shall not by reason of association with the Foundation be considered to be an officer, employee, or agent of the United States. “(n) Audits.— The Foundation shall comply with section 10101 of title 36, United States Code, as if the Foundation were a corporation under part B of subtitle II of that title. “(o) Funding.— “(1) AUTHORIZATION OF APPROPRIATIONS.— There is authorized to be appropriated to carry out subsection (e)(1) $500,000 for each fiscal year, as adjusted to reflect changes in the Consumer Price Index for all-urban consumers published by the Department of Labor. “(2) TRANSFER OF DONATED FUNDS.— The Secretary shall transfer to the Foundation funds held by the Department of Health and Human Services under the Act of August 5, 1954 (42 U.S.C. 2001 et seq.), if the transfer or use of the funds is not prohibited by any term under which the funds were donated. “SEC. 803. ADMINISTRATIVE SERVICES AND SUPPORT. “(a) Provision of Support by Secretary.— Subject to subsection (b), during the 5-year period beginning on the date on which the Foundation is established, the Secretary— “(1) may provide personnel, facilities, and other administrative support services to the Foundation; “(2) may provide funds for initial operating costs and to reimburse the travel expenses of the members of the Board; and “(3) shall require and accept reimbursements from the Foundation for— “(A) services provided under paragraph (1); and “(B) funds provided under paragraph (2). “(b) Reimbursement.— Reimbursements accepted under subsection (a)(3)— “(1) shall be deposited in the Treasury of the United States to the credit of the applicable appropriations account; and “(2) shall be chargeable for the cost of	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			(b) REIMBURSEMENT.— Reimbursements accepted under subsection (a)(3)— (1) shall be deposited in the Treasury of the United States to the credit of the applicable appropriations account; and (2) shall be chargeable for the cost of providing services described in subsection (a)(1) and travel expenses described in subsection (a)(2). (c) CONTINUATION OF CERTAIN SERVICES.— The Secretary may continue to provide facilities and necessary support services to the Foundation after the termination of the 5-year period specified in subsection (a) if the facilities and services— (1) are available; and (2) are provided on reimbursable cost basis.”. (b) TECHNICAL AMENDMENTS.— The Indian Self-Determination and Education Assistance Act is amended— (1) by redesignating title V (25 U.S.C. 458bbb et seq.) as title VII; (2) by redesignating sections 501, 502, and 503 (25 U.S.C. 458bbb, 458bbb–1, 458bbb–2) as sections 701, 702, and 703, respectively; and (3) in subsection (a)(2) of section 702 and paragraph (2) of section 703 (as redesignated by paragraph (2)), by striking ‘‘section 501” and inserting ‘‘section 701”.	providing services described in subsection (a)(1) and travel expenses described in subsection (a)(2). “(c) Continuation of Certain Services.— The Secretary may continue to provide facilities and necessary support services to the Foundation after the termination of the 5-year period specified in subsection (a) if the facilities and services— “(1) are available; and “(2) are provided on reimbursable cost basis.”. (b) Technical Amendments.— The Indian Self-Determination and Education Assistance Act is amended— (1) by redesignating title V (25 U.S.C. 458bbb et seq.) as title VII; (2) by redesignating sections 501, 502, and 503 (25 U.S.C. 458bbb, 458bbb–1, 458bbb–2) as sections 701, 702, and 703, respectively; and (3) in subsection (a)(2) of section 702 and paragraph (2) of section 703 (as redesignated by paragraph (2)), by striking “section 501” and inserting “section 701”.	
				SEC. 104. MODIFICATION OF TERM. (a) In General.— Except as provided in subsection (b), the Indian Health Care Improvement Act (as amended by section 101) and each provision of the Social Security Act amended by title II are amended (as applicable)— (1) by striking “Urban Indian Organizations” each place it appears and inserting “urban Indian organizations”; (2) by striking “Urban Indian Organization” each place it appears and inserting “urban Indian organization”; (3) by striking “Urban Indians” each place it appears and inserting “urban Indians”; (4) by striking “Urban Indian” each place it appears and inserting “urban Indian”; (5) by striking “Urban Centers” each place it appears and inserting “urban centers”; and (6) by striking “Urban Center” each place it appears and inserting “urban center”. (b) Exception.— The amendments made by subsection (a) shall not apply with respect to—	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				(1) the matter preceding paragraph (1) of section 510 of the Indian Health Care Improvement Act (as amended by section 101); and (2) "Urban Indian" the first place it appears in section 513(a) of the Indian Health Care Improvement Act (as amended by section 101). (c) Modification of Definition.— Section 4 of the Indian Health Care Improvement Act (as amended by section 101) is amended by striking paragraph (27) and inserting the following: "(27) The term 'urban Indian' means any individual who resides in an urban center and who meets 1 or more of the 4 criteria in subparagraphs (A) through (D) of paragraph (12).".	
				SEC. 106. GAO STUDY OF MEMBERSHIP CRITERIA FOR FEDERALLY RECOGNIZED INDIAN TRIBES. Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall conduct a study of membership criteria for federally recognized Indian tribes, including— (1) the number of federally recognized Indian tribes in existence on the date on which the study is conducted; (2) the number of those Indian tribes that use blood quantum as a criterion for membership in the Indian tribe and the importance assigned to that criterion; (3) the percentage of members of federally recognized Indian tribes that possesses degrees of Indian blood of— (A) 1/4; (B) 1/8; and (C) 1/16; and (4) the variance in wait times and rationing of health care services within the Service between federally recognized Indian Tribes that use blood quantum as a criterion for membership and those Indian Tribes that do not use blood quantum as such a criterion.	
				SEC. 107 GAO STUDY OF TRIBAL JUSTICE SYSTEMS. (a) IN GENERAL.-Not later than 1 year after the date of enactment of this act, the Comptroller General of the United States shall conduct, and submit to Congress a report describing the results of, a study of the tribal justice systems of Indian tribes located in the States of North Dakota and South Dakota.	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				(b) INCLUSIONS.-The study under subsection (a) shall include, with respect to the tribal system of each Indian tribe described in subsection (a) and the tribal justice system as a whole- (1)(A) a description of how the tribal justice systems function, or are supposed to function; and (B) a description of the components of the tribal justice systems, such as tribal trial courts, courts of appeal, applicable tribal law, judges, qualifications of judges, the selection and removal of judges, turnover of judges, the creation of precedent, the recording of precedent, the jurisdictional authority of the tribal court system, and the separation of powers between the tribal court system, the tribal council, and the head of the tribal government; (2) a review of the origins of the tribal justice system, such as the development of the systems pursuant to the Act of June 18, 1934 (25 U.S.C. 461 et seq.) (commonly known as the "Indian Reorganization Act"), which promoted tribal constitutions and addressed the tribal court system; (3) an analysis of the weaknesses of the tribal justice systems, including the adequacy of law enforcement personnel and detention facilities, in particular in relation to crime rates; and (4) an analysis of the measures that tribal officials suggest could be carried out to improve the tribal justice systems, including an analysis of how Federal law could improve and stabilize the tribal court system.	
			TITLE II— IMPROVEMENT OF INDIAN HEALTH CARE PROVIDED UNDER THE SOCIAL SECURITY ACT	TITLE II— IMPROVEMENT OF INDIAN HEALTH CARE PROVIDED UNDER THE SOCIAL SECURITY ACT	
				Sec. 207(a) EXCLUSION WAIVER Authority.— Section 1128 of the Social Security Act (42 U.S.C. 1320a–7) is amended by adding at the end the following new subsection: "(k) Additional Exclusion Waiver Authority for Affected Indian Health Programs.— In addition to the authority granted the Secretary under subsections (c)(3)(B) and (d)(3)(B) to waive an exclusion under subsection (a)(1), (a)(3), (a)(4), or (b), the Secretary may, in the case of an Indian Health Program, waive such an exclusion upon the request of the administrator of an affected Indian Health Program (as defined in section 4 of the Indian Health Care Improvement Act) who determines that the exclusion would	WAIVER OF MEDICARE AND MEDICAID SANCTIONS Sec. 426. Notwithstanding any other provision of law, the Indian Health Service or an Indian Tribe or tribal organization operating a health program under the Indian Self-Determination and Education Assistance Act shall be entitled to seek a waiver of sanctions imposed under Titles XVIII, XIX or XXI of the Social Security Act as if it were directly responsible for administering the State health care program.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				impose a hardship on individuals entitled to benefits under or enrolled in a Federal health care program.". *[For subsection (b) (re: safe harbors), see provision parallel to S. 1790, Sec. 201.]*	
x	See, S. 1790 IS, Title II, added Sec. 201, which amended the SSA. It was deleted in the RS. R=S.1200; E=2708	~~SEC. 201. SOLICITATION OF PROPOSALS FOR SAFE HARBORS UNDER THE SOCIAL SECURITY ACT FOR FACILITIES OF INDIAN HEALTH PROGRAMS AND URBAN INDIAN ORGANIZATIONS.~~ ~~The Secretary of Health and Human Services, acting through the Office of the Inspector General of the Department of Health and Human Services, shall publish a notice, described in section 1128D(a)(1)(A) of the Social Security Act (42 U.S.C. 1320a–7d(a)(1)(A)), soliciting a proposal, not later than July 1, 2010, on the development of safe harbors described in such section relating to health care items and services provided by facilities of Indian health programs or an urban Indian organization (as such terms are defined in section 4 of the Indian Health Care Improvement Act). Such a safe harbor may relate to areas such as transportation, housing, or cost-sharing, assistance provided through such facilities or contract health services for Indians.~~	SEC. 3203 ~~205~~. SOLICITATION OF PROPOSALS FOR SAFE HARBORS UNDER THE SOCIAL SECURITY ACT FOR FACILITIES OF INDIAN HEALTH PROGRAMS AND URBAN INDIAN ORGANIZATIONS. The Secretary of Health and Human Services, acting through the Office of the Inspector General of the Department of Health and Human Services, shall publish a notice, described in section 1128D(a)(1)(A) of the Social Security Act (42 U.S.C. 1320a–7d(a)(1)(A)), soliciting a proposal, not later than July 1, 2010, on the development of safe harbors described in such section relating to health care items and services provided by facilities of Indian Health Programs or an urban Indian organization (as such terms are defined in section 4 of the Indian Health Care Improvement Act). Such a safe harbor may relate to areas such as transportation, housing, or cost-sharing, assistance provided through such facilities or contract health services for Indians.	SEC. 207. EXCLUSION WAIVER AUTHORITY FOR AFFECTED INDIAN HEALTH PROGRAMS AND SAFE HARBOR TRANSACTIONS UNDER THE SOCIAL SECURITY ACT. *[NOTE: Subsection (a) (re: exclusion waiver authority) in a separate row.]* (b) Certain Transactions Involving Indian Health Care Programs Deemed to Be in Safe Harbors.— Section 1128B(b) of the Social Security Act (42 U.S.C. 1320a–7b(b)) is amended by adding at the end the following new paragraph: "(4) Subject to such conditions as the Secretary may promulgate from time to time as necessary to prevent fraud and abuse, for purposes of paragraphs (1) and (2) and section 1128A(a), the following transfers shall not be treated as remuneration: "(A) TRANSFERS BETWEEN INDIAN HEALTH PROGRAMS, INDIAN TRIBES, TRIBAL ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS.— Transfers of anything of value between or among an Indian Health Program, Indian Tribe, Tribal Organization, or urban Indian organization, that are made for the purpose of providing necessary health care items and services to any patient served by such Program, Tribe, or Organization and that consist of— "(i) services in connection with the collection, transport, analysis, or interpretation of diagnostic specimens or test data; "(ii) inventory or supplies; "(iii) staff; or "(iv) a waiver of all or part of premiums or cost sharing. "(B) TRANSFERS BETWEEN INDIAN HEALTH PROGRAMS, INDIAN TRIBES, TRIBAL ORGANIZATIONS, OR URBAN INDIAN ORGANIZATIONS AND PATIENTS.— Transfers of anything of value between an Indian Health Program, Indian Tribe, Tribal Organization, or urban Indian organization and any patient served or eligible for service from an Indian Health Program, Indian Tribe, Tribal Organization, or urban Indian	SAFE HARBOR Sec. 427. (a)The term remuneration" as used in sections 1128A and 1128B of the Social Security Act [42 U.S.C. 1320a-7a and 42 U.S.C. 1320a-7b] shall not include any exchange of anything of value between or among: (1) any Indian Tribe or tribal organization that administers health programs under the authority of the Indian Self-Determination and Education Assistance Act [25 U.S.C. 450 et seq.)]; (2) any such Indian Tribe or tribal organization and the Indian Health Service; (3) any such Indian Tribe or tribal organization and any patient served or eligible for service under such programs, including patients served or eligible for service pursuant to section 813 of Pub. L. 94-437 [25 U.S.C. 1680c] ; or (4) any such Indian Tribe or tribal organization and any third party required by contract, Section 206 or 207 of Pub. L. 94-437 [42 U.S.C. 1621e or 1621f], or other applicable law, to pay or reimburse the reasonable health care costs incurred by the United States or any such Indian Tribe or tribal organization; provided the exchange arises from or relates to such health programs. (b) An Indian Tribe, tribal organization or urban Indian organization (as those terms are defined in the Indian Health Care Improvement Act) that administers health programs under the authority of the Indian Self-Determination and Education Assistance Act [25 U.S.C. 450 et seq.] or title V of the Indian Health Care Improvement Act shall be deemed to be an agency of the United States and immune from liability under the Sherman Act [15 U.S.C. 1 et seq.], the Clayton Act [15 U.S.C. 12 et seq.], the Robinson-Patman Act, the federal Trade Commission Act [15 U.S.C 41 et seq.] and any other federal, state, or local antitrust laws, with regard to any transaction, agreement, or conduct that relates to such programs.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				organization, including any patient served or eligible for service pursuant to section 807 of the Indian Health Care Improvement Act, but only if such transfers— "(i) consist of expenditures related to providing transportation for the patient for the provision of necessary health care items or services, provided that the provision of such transportation is not advertised, nor an incentive of which the value is disproportionately large in relationship to the value of the health care item or service (with respect to the value of the item or service itself or, for preventative items or services, the future health care costs reasonably expected to be avoided); "(ii) consist of expenditures related to providing housing to the patient (including a pregnant patient) and immediate family members or an escort necessary to assuring the timely provision of health care items and services to the patient, provided that the provision of such housing is not advertised nor an incentive of which the value is disproportionately large in relationship to the value of the health care item or service (with respect to the value of the item or service itself or, for preventative items or services, the future health care costs reasonably expected to be avoided); or "(iii) are for the purpose of paying premiums or cost sharing on behalf of such a patient, provided that the making of such payment is not subject to conditions other than conditions agreed to under a contract for the delivery of contract health services. "(C) CONTRACT HEALTH SERVICES.— A transfer of anything of value negotiated as part of a contract entered into between an Indian Health Program, Indian Tribe, Tribal Organization, urban Indian organization, or the Indian Health Service and a contract care provider for the delivery of contract health services authorized by the Indian Health Service, provided that— "(i) such a transfer is not tied to volume or value of referrals or other business generated by the parties; and "(ii) any such transfer is limited to the fair market value of the health care items or services provided or, in the case of a transfer of items or services related to preventative care, the value of the future health care costs reasonably expected to	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				be avoided. "(D) OTHER TRANSFERS.— Any other transfer of anything of value involving an Indian Health Program, Indian Tribe, Tribal Organization, or urban Indian organization, or a patient served or eligible for service from an Indian Health Program, Indian Tribe, Tribal Organization, or urban Indian organization, that the Secretary, in consultation with the Attorney General, determines is appropriate, taking into account the special circumstances of such Indian Health Programs, Indian Tribes, Tribal Organizations, and urban Indian organizations, and of patients served by such Programs, Tribes, and Organizations.".	
x	See, S. 1790 IS added Sec. 202, which amended the SSA. It was deleted in the RS. E requires collection of data necessary to provide reports on information identified in §801(15), as amended by that bill.	~~SEC. 202. ANNUAL REPORT REGARDING INDIANS SERVED BY HEALTH BENEFITS PROGRAMS UNDER SOCIAL SECURITY ACT. Section 1139 of the Social Security Act (42 U.S.C. 1320b–9) is amended— (1) by redesignating subsection (c) as subsection (d); and (2) by inserting after subsection (b) the following:~~ ~~"(c) Annual Reports on Indians Served by Health Benefit Programs.—~~ ~~"(1) IN GENERAL.— Beginning on January 1, 2011, and annually thereafter, the Secretary, acting through the Administration of the Centers for Medicare & Medicaid Services and the Assistant Secretary for Indian Health, shall submit to Congress a report regarding the enrollment and health status of Indians receiving items or services under health benefit programs funded under this Act during the preceding year.~~ ~~"(2) INCLUSIONS.— Each report under paragraph (1) shall include the following:~~ ~~"(A) The total number of Indians enrolled in, or receiving items or services under, such programs, disaggregated with respect to each such program.~~ ~~"(B) The number of Indians described in paragraph (1) that also received health benefits under programs funded by the Indian Health Service.~~ ~~"(C) General information regarding the health status of the Indians described in paragraph (1), disaggregated with respect to specific diseases or conditions and presented in a manner that is consistent with protections for privacy of individually identifiable health information under section 264(c) of the~~	SEC. 206. ANNUAL REPORT ON INDIANS SERVED BY SOCIAL SECURITY ACT HEALTH BENEFIT PROGRAMS. Section 1139 of the Social Security Act (42 U.S.C. 1320b–9), as amended by the sections 202, 205, and 206, is amended by redesignating subsection (e) as subsection (f), and inserting after subsection (d) the following new subsection: "(e) ANNUAL REPORT ON INDIANS SERVED BY HEALTH BENEFIT PROGRAMS FUNDED UNDER THIS.1200ACT.— Beginning January 1, 2007, and annually thereafter, the Secretary, acting through the Administrator of the Centers for Medicare & Medicaid Services and the Director of the Indian Health Service, shall submit a report to Congress regarding the enrollment and health status of Indians receiving items or services under health benefit programs funded under this Act during the preceding year. Each such report shall include the following: (1) The total number of Indians enrolled in, or receiving items or services under, such programs, disaggregated with respect to each such program. (2) The number of Indians described in paragraph (1) that also received health benefits under programs funded by the Indian Health Service. (3) General information regarding the health status of the Indians described in paragraph (1), disaggregated with respect to specific diseases or conditions and presented in a manner that is consistent with protections for privacy of individually identifiable health information under section 264(c) of the	.SEC. 209. ANNUAL REPORT ON INDIANS SERVED BY SOCIAL SECURITY ACT HEALTH BENEFIT PROGRAMS. Section 1139 of the Social Security Act (42 U.S.C. 1320b-9), as amended by the sections 202, 205, and 206, is amended by redesignating subsection (e) as subsection (f), and inserting after subsection (d) the following new subsection: (e) ANNUAL REPORT ON INDIANS SERVED BY HEALTH BENEFIT PROGRAMS FUNDED UNDER THIS.1200ACT.— Beginning January 1, 2008, and annually thereafter, the Secretary, acting through the Administrator of the Centers for Medicare & Medicaid Services and the Director of the Indian Health Service, shall submit a report to Congress regarding the enrollment and health status of Indians receiving items or services under health benefit programs funded under this Act during the preceding year. Each such report shall include the following: (1) The total number of Indians enrolled in, or receiving items or services under, such programs, disaggregated with respect to each such program. (2) The number of Indians described in paragraph (1) that also received health benefits under programs funded by the Indian Health Service. (3) General information regarding the health status of the Indians described in paragraph (1), disaggregated with respect to specific diseases or conditions and presented in a manner that is consistent with protections for privacy of individually identifiable health information under section 264(c) of the	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d–2 note).~~ ~~"(D) A detailed statement of the status of facilities of the Indian Health Service or an Indian tribe, tribal organization or urban Indian organization with respect to the compliance by such facilities with the applicable conditions and requirements of titles XVIII, XIX, and XXI, and, in the case of title XIX or XXI, under a State plan under such title or under waiver authority, and of the progress being made by such facilities under plans submitted under section 1880(b) or 1911(b) or otherwise toward the achievement and maintenance of such compliance.~~ ~~"(E) Such other information as the Secretary determines is appropriate.".~~	Health Insurance Portability and Accountability Act of 1996. (4) A detailed statement of the status of facili1ties of the Indian Health Service or an Indian Tribe, Tribal Organization, or an Urban Indian Organization with respect to such facilities' compliance with the applicable conditions and requirements of titles XVIII, XIX, and XXI, and, in the case of title XIX or XXI, under a State plan under such title or under waiver authority, and of the progress being made by such facilities (under plans submitted under section 1880(b), 1911(b) or otherwise) toward the achievement and maintenance of such compliance. (5) Such other information as the Secretary determines is appropriate.''.	Health Insurance Portability and Accountability Act of 1996. (4) A detailed statement of the status of facilities of the Indian Health Services or an Indian Tribe, Tribal Organization, or an Urban Indian Organization with respect to such facilities' compliance with the applicable conditions and requirements of titles XVIII, XIX, and XXI, and, in the case of title XIX or XXI, under a State plan under such title or under waiver authority, and of the progress being made by such facilities (under plans submitted under section 1880(b), 1911(b) or otherwise) toward the achievement and maintenance of such compliance. (5) Such other information as the Secretary determines is appropriate.".	
x	See, S. 1790 IS which added Sec. 203, which amended the SSA. It was deleted in the RS.	~~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.~~ ~~(a) In General.—Section 1860D–2(b)(4)(C) of the Social Security Act (42 U.S.C. 1395w–102(b)(4)(C)) is amended—~~ ~~(1) in clause (i), by striking "and" at the end;~~ ~~(2) in clause (ii)—~~ ~~(A) by striking "such costs shall be treated as incurred only if" and inserting "subject to clause (iii), such costs shall be treated as incurred if";~~ ~~(B) by striking ", under section 1860D–14, or under a State Pharmaceutical Assistance Program";~~ ~~(C) by striking "(other than under such section or such a Program)"; and~~ ~~(D) by striking the period at the end and inserting "; and"; and~~ ~~(3) by inserting after clause (ii) the following new clause:~~ ~~"(iii) such costs shall be treated as incurred and shall not be considered to be reimbursed under clause (ii) if such costs are borne or paid—~~ ~~"(I) under section 1860D–14;~~ ~~"(II) under a State Pharmaceutical Assistance Program;~~			

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~"(III) by the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act);~~ ~~"(IV) by a Federally qualified health center (as defined in section 1861(aa)(4));~~ ~~"(V) under an AIDS Drug Assistance Program under part B of title XXVI of the Public Health Service Act;~~ ~~"(VI) by a subsection (d) hospital (as defined in section 1886(d)(1)(B)) that meets the requirements of clauses (i) and (ii) of section 340B(a)(4)(L) of the Public Health Service Act; or~~ ~~"(VII) by a pharmaceutical manufacturer patient assistance program, either directly or through the distribution or donation of covered part D drugs, which shall be valued at the negotiated price of such covered part D drug under the enrollee's prescription drug plan or MA–PD plan as of the date that the drug was distributed or donated.".~~ ~~(b) Effective Date.—The amendments made by subsection (a) shall apply to costs incurred on or after January 1, 2010.~~			
	See, S. 1790 added Sec. 204, which amends the SSA.	SEC. 201 ~~204~~. MEDICARE AMENDMENTS. (a) IN GENERAL.—Section 1880 of the Social Security Act (42 U.S.C. 1395qq) is amended— (1) by redesignating subsection (f) as subsection (g); and (2) by inserting after subsection (e) the following: "(f) Prohibition.—Payments made pursuant to this section shall not be reduced as a result of any beneficiary deductible, coinsurance, or other charge under section 1813.". (b) Payment of Benefits.—Section 1833(a)(1)(B) of the Social Security Act (42 U.S.C. 1395l(a)(1)(B)) is amended by inserting "or 1880(e)" after "section 1861(s)(10)(A)".			
	See, S. 1790 IS added Sec. 205, which amended the SSA. The RS deleted it.	~~SEC. 205. EXPANSION OF PAYMENTS UNDER MEDICARE, MEDICAID, AND CHIP FOR ALL COVERED SERVICES FURNISHED BY INDIAN HEALTH PROGRAMS.~~ ~~(a) Medicaid.—~~ ~~(1) EXPANSION TO ALL COVERED SERVICES.—Section 1911 of the Social Security Act (42 U.S.C. 1396j) is amended—~~ ~~(A) by amending the heading to read as follows:~~	SEC. 3201 ~~201~~. EXPANSION OF PAYMENTS UNDER MEDICARE, MEDICAID, AND SCHIP FOR ALL COVERED SERVICES FURNISHED BY INDIAN HEALTH PROGRAMS. (a) MEDICAID.— (1) EXPANSION TO ALL COVERED SERVICES.— Section 1911 of the Social Security Act (42 U.S.C. 1396j) is amended— (A) by amending the heading to read as follows:	SEC. 201. EXPANSION OF PAYMENTS UNDER MEDICARE, MEDICAID, AND SCHIP FOR ALL COVERED SERVICES FURNISHED BY INDIAN HEALTH PROGRAMS. (a) Medicaid.— (1) EXPANSION TO ALL COVERED SERVICES.— Section 1911 of the Social Security Act (42 U.S.C. 1396j) is amended— (A) by amending the heading to read as follows:	Sec. 422. Section 1911 of the Social Security Act is amended, as follows: INDIAN HEALTH SERVICE PROGRA~~MS FACILITIES~~ Sec. 1911. (a) ~~A facility of t~~ The Indian Health Service and ~~(including a hospital, nursing facility, or any other type facility which provides services of a type otherwise covered under the State plan), whether operated by such Service or by~~ an Indian Tribe, tribal organization or urban Indian organization (as those terms are

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~"SEC. 1911. INDIAN HEALTH PROGRAMS.";~~ ~~and~~ ~~(B) by amending subsection (a) to read as follows:~~ ~~"(a) Eligibility for Payment for Medical Assistance.—The Indian Health Service and an Indian tribe, tribal organization, or an urban Indian organization shall be eligible for payment for medical assistance provided under a State plan or under waiver authority with respect to items and services furnished by the Indian Health Service, Indian tribe, tribal organization, or urban Indian organization if the furnishing of such services meets all the conditions and requirements which are applicable generally to the furnishing of items and services under this title and under such plan or waiver authority.".~~	SEC. 1911. INDIAN HEALTH PROGRAMS.''; and (B) by amending subsection (a) to read as follows: (a) ELIGIBILITY FOR PAYMENT FOR MEDICAL ASSISTANCE.— An Indian Health Program shall be eligible for payment for medical assistance provided under a State plan or under waiver authority with respect to items and services furnished by the Program if the furnishing of such services meets all the conditions and requirements which are applicable generally to the furnishing of items and services under this title and under such plan or waiver authority.''.	"SEC. 1911. INDIAN HEALTH PROGRAMS."; and (B) by amending subsection (a) to read as follows: "(a) Eligibility for Payment for Medical Assistance.— The Indian Health Service and an Indian Tribe, Tribal Organization, or an urban Indian organization shall be eligible for payment for medical assistance provided under a State plan or under waiver authority with respect to items and services furnished by the Indian Health Service, Indian Tribe, Tribal Organization, or urban Indian organization if the furnishing of such services meets all the conditions and requirements which are applicable generally to the furnishing of items and services under this title and under such plan or waiver authority.".	defined in section 4 of the Indian Health Care Improvement Act)~~,~~ shall be eligible for reimbursement for medical assistance provided under a State plan if and for so long as it provides services or provider types of a type otherwise covered under the State plan and meets ~~all of~~ the conditions and requirements which are applicable generally to the service for which it seeks reimbursement ~~such facilities~~ under this title and for services provided by a qualified Indian health program under section 1880A.
	E = 2708	~~(2) COMPLIANCE WITH CONDITIONS AND REQUIREMENTS.—Subsection (b) of such section is amended to read as follows:~~ ~~"(b) Compliance With Conditions and Requirements.—A facility of the Indian Health Service or an Indian tribe, tribal organization, or an urban Indian organization which is eligible for payment under subsection (a) with respect to the furnishing of items and services, but which does not meet all of the conditions and requirements of this title and under a State plan or waiver authority which are applicable generally to such facility, shall make such improvements as are necessary to achieve or maintain compliance with such conditions and requirements in accordance with a plan submitted to and accepted by the Secretary for achieving or maintaining compliance with such conditions and requirements, and shall be deemed to meet such conditions and requirements (and to be eligible for payment under this title), without regard to the extent of its actual compliance with such conditions and requirements, during the first 12 months after the month in which such plan is submitted.".~~	(2) REPEAL OF OBSOLETE PROVISION.— Subsection (b) of such section is repealed.	(2) COMPLIANCE WITH CONDITIONS AND REQUIREMENTS.— Subsection (b) of such section is amended to read as follows: "(b) Compliance With Conditions and Requirements.— A facility of the Indian Health Service or an Indian Tribe, Tribal Organization, or an urban Indian organization which is eligible for payment under subsection (a) with respect to the furnishing of items and services, but which does not meet all of the conditions and requirements of this title and under a State plan or waiver authority which are applicable generally to such facility, shall make such improvements as are necessary to achieve or maintain compliance with such conditions and requirements in accordance with a plan submitted to and accepted by the Secretary for achieving or maintaining compliance with such conditions and requirements, and shall be deemed to meet such conditions and requirements (and to be eligible for payment under this title), without regard to the extent of its actual compliance with such conditions and requirements, during the first 12 months after the month in which such plan is submitted.".	(b) Notwithstanding subsection (a), if ~~a facility of~~ the Indian Health Service, an Indian Tribe or tribal organization, ~~(including a hospital, nursing facility, or any other type of facility~~ which provides services of a type otherwise covered under the State plan, ~~) which~~ does not meet all of the conditions and requirements of this title which are applicable generally to such services ~~facility, but which~~ submits to the Secretary within six months after the date on which it first sought reimbursement for the service ~~of enactment of this section~~ an acceptable plan for achieving compliance with such conditions and requirements, it shall be deemed to meet such conditions and requirements (and to be eligible for reimbursement under this title), without regard to the extent of its actual compliance with such conditions and requirements, during the first twelve months after the month in which such plan is submitted.
		~~(3) REVISION OF AUTHORITY TO ENTER INTO AGREEMENTS.—Subsection (c) of such section is amended to read as follows:~~ ~~"(c) Authority to Enter Into Agreements.—The Secretary may enter into an agreement with a State for the purpose of reimbursing the State for medical assistance provided by the Indian~~	(3) REVISION OF AUTHORITY TO ENTER INTO AGREEMENTS.— Subsection (c) of such section is amended to read as follows: "(c) AUTHORITY TO ENTER INTO AGREEMENTS.— The Secretary may enter into an agreement with a State for the purpose of reimbursing the State for medical assistance provided by the Indian	(3) REVISION OF AUTHORITY TO ENTER INTO AGREEMENTS.— Subsection (c) of such section is amended to read as follows: "(c) Authority to Enter Into Agreements.— The Secretary may enter into an agreement with a State for the purpose of reimbursing the State for medical assistance provided by the Indian	(c) The Secretary is authorized to enter into agreements with the State agency for the purpose of reimbursing such agency for health care and services provided by the ~~in~~ Indian Health Service, Indian Tribes, tribal organizations and urban Indian organizations, directly, through referral, or under contracts or other arrangements between the Indian

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~Health Service, an Indian tribe, tribal organization, or an urban Indian organization (as so defined),~~	Health Service, an Indian Tribe, Tribal Organization, or an Urban Indian Organization (as so defined),	Health Service, an Indian Tribe, Tribal Organization, or an urban Indian organization (as so defined),	Health Service, Indian Tribe, tribal organization or urban Indian organization and another health provider ~~facilities~~ to Indians who are eligible for medical assistance under the State plan.
	E did not have this provision.	~~directly, through referral, or under contracts or other arrangements between the Indian Health Service, an Indian tribe, tribal organization, or an urban Indian organization and another health care provider~~	directly, through referral, or under contracts or other arrangements between the Indian Health Service, an Indian Tribe, Tribal Organization, or an Urban Indian Organization and another health care provider	directly, through referral, or under contracts or other arrangements between the Indian Health Service, an Indian Tribe, Tribal Organization, or an urban Indian organization and another health care provider	
		~~to Indians who are eligible for medical assistance under the State plan or under waiver authority.”.~~	to Indians who are eligible for medical assistance under the State plan or under waiver authority.	to Indians who are eligible for medical assistance under the State plan or under waiver authority.”.	
	E = 2708		This subsection shall not be construed to impair the entitlement of a State to reimbursement for such medical assistance under this title.”.		
		~~(4) CROSS-REFERENCES TO SPECIAL FUND FOR IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING OPTION; DEFINITIONS.—Such section is further amended by striking subsection (d) and adding at the end the following new subsections:~~ ~~“(d) Special Fund for Improvement of IHS Facilities.—For provisions relating to the authority of the Secretary to place payments to which a facility of the Indian Health Service is eligible for payment under this title into a special fund established under section 401(c)(1) of the Indian Health Care Improvement Act, and the requirement to use amounts paid from such fund for making improvements in accordance with subsection (b), see subparagraphs (A) and (B) of section 401(c)(1) of such Act.~~ ~~“(e) Direct Billing Option.—For provisions relating to the authority of a tribal health program or an urban Indian organization to elect to directly bill for, and receive payment for, health care items and services provided by such Program or Organization for which payment is made under this title, see section 401(d) of the Indian Health Care Improvement Act.~~	(4) CROSS-REFERENCES TO SPECIAL FUND FOR IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING OPTION; DEFINITIONS.— Such section is further amended by striking subsection (d) and adding at the end the following new subsections: (c) SPECIAL FUND FOR IMPROVEMENT OF IHS FACILITIES.— For provisions relating to the authority of the Secretary to place payments to which a facility of the Indian Health Service is eligible for payment under this title into a special fund established under section 401(c)(1) of the Indian Health Care Improvement Act, see subparagraphs (A) and (B) of section 401(c)(1) of such Act. (d) DIRECT BILLING.— For provisions relating to the authority of an Tribal Health Program to elect to directly bill for, and receive payment for, health care items and services provided by such Program for which payment is made under this title, see section 401(d) of the Indian Health Care Improvement Act.’’.	(4) CROSS-REFERENCES TO SPECIAL FUND FOR IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING OPTION; DEFINITIONS.— Such section is further amended by striking subsection (d) and adding at the end the following new subsections: “(d) Special Fund for Improvement of IHS Facilities.— For provisions relating to the authority of the Secretary to place payments to which a facility of the Indian Health Service is eligible for payment under this title into a special fund established under section 401(c)(1) of the Indian Health Care Improvement Act, and the requirement to use amounts paid from such fund for making improvements in accordance with subsection (b), see subparagraphs (A) and (B) of section 401(c)(1) of such Act. “(e) Direct Billing.— For provisions relating to the authority of a Tribal Health Program or an urban Indian organization to elect to directly bill for, and receive payment for, health care items and services provided by such Program or Organization for which payment is made under this title, see section 401(d) of the Indian Health Care Improvement Act.	
		~~“(f) Definitions.—In this section, the terms ‘Indian health program’, ‘Indian tribe’, ‘tribal health program’, ‘tribal organization’, and ‘urban Indian organization’ have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.”.~~	(5) DEFINITIONS.— Section 1101(a) of such Act (42 U.S.C. 1301(a)) is amended by adding at the end the following new paragraph: “(11) For purposes of this title and titles XVIII, XIX, and XXI, the terms ‘Indian Health Program’, ‘Indian Tribe’ (and ‘Indian tribe’), ‘Tribal Health Program’, ‘Tribal Organization’ (and ‘tribal organization’), and ‘urban Indian	“(f) Definitions.— In this section, the terms ‘Indian Health Program’, ‘Indian Tribe’,‘Tribal Health Program’, ‘Tribal Organization’, and ‘urban Indian organization’ have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.”.	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			organization' (and 'urban Indian organization') have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.''.		
		~~(b) Medicare.—~~ ~~(1) EXPANSION TO ALL COVERED SERVICES.—Section 1880 of such Act (42 U.S.C. 1395qq) is amended—~~ ~~(A) by amending the heading to read as follows:~~ ~~"SEC. 1880. INDIAN HEALTH PROGRAMS.";~~ ~~and~~ ~~(B) by amending subsection (a) to read as follows:~~ ~~"(a) Eligibility for Payments.—Subject to subsection (e), the Indian Health Service and an Indian tribe, tribal organization, or an urban Indian organization shall be eligible for payments under this title with respect to items and services furnished by the Indian Health Service, Indian tribe, tribal organization, or urban Indian organization if the furnishing of such services meets all the conditions and requirements which are applicable generally to the furnishing of items and services under this title.".~~	(b) MEDICARE.— (1) EXPANSION TO ALL COVERED SERVICES.— Section 1880 of such Act (42 U.S.C. 1395qq) is amended— (A) by amending the heading to read as follows: SEC. 1880. INDIAN HEALTH PROGRAMS.''; and (B) by amending subsection (a) to read as follows: (a) ELIGIBILITY FOR PAYMENTS.— Subject to subsection (e), an Indian Health Program shall be eligible for payments under this title with respect to items and services furnished by the Program if the furnishing of such services meets all the conditions and requirements which are applicable generally to the furnishing of items and services under this title.''.	(b) Medicare.— (1) EXPANSION TO ALL COVERED SERVICES.— Section 1880 of such Act (42 U.S.C. 1395qq) is amended— (A) by amending the heading to read as follows: "SEC. 1880. INDIAN HEALTH PROGRAMS."; and (B) by amending subsection (a) to read as follows: "(a) Eligibility for Payments.— Subject to subsection (e), the Indian Health Service and an Indian Tribe, Tribal Organization, or an urban Indian organization shall be eligible for payments under this title with respect to items and services furnished by the Indian Health Service, Indian Tribe, Tribal Organization, or urban Indian organization if the furnishing of such services meets all the conditions and requirements which are applicable generally to the furnishing of items and services under this title.".	
	E repealed without providing new language.	~~(2) COMPLIANCE WITH CONDITIONS AND REQUIREMENTS.—Subsection (b) of such section is amended to read as follows:~~ ~~"(b) Compliance With Conditions and Requirements.—Subject to subsection (e), a facility of the Indian Health Service or an Indian tribe, tribal organization, or an urban Indian organization which is eligible for payment under subsection (a) with respect to the furnishing of items and services, but which does not meet all of the conditions and requirements of this title which are applicable generally to such facility, shall make such improvements as are necessary to achieve or maintain compliance with such conditions and requirements in accordance with a plan submitted to and accepted by the Secretary for achieving or maintaining compliance with such conditions and requirements, and shall be deemed to meet such conditions and requirements (and to be eligible for payment under this title), without regard to the extent of its actual compliance with such conditions and requirements, during the first 12 months after the month in which such plan is submitted.".~~	(2) REPEAL OF OBSOLETE PROVISION.— Subsection (b) of such section is repealed. (3) COMPLIANCE WITH CONDITIONS AND REQUIREMENTS.— Subsection (b) of such section is amended to read as follows: (b) COMPLIANCE WITH CONDITIONS AND REQUIREMENTS.— Subject to subsection (e), a facility of the Indian Health Service or an Indian Tribe, Tribal Organization, or an Urban Indian Organization which is eligible for payment under subsection (a) with respect to the furnishing of items and services, but which does not meet all of the conditions and requirements of this title which are applicable generally to such facility, shall make such improvements as are necessary to achieve or maintain compliance with such conditions and requirements in accordance with a plan submitted to and accepted by the Secretary for achieving or maintaining compliance with such conditions and requirements, and shall be deemed to meet such conditions and requirements (and to be eligible for payment under this title), without regard to the extent of its actual compliance with such conditions and requirements, during	(2) COMPLIANCE WITH CONDITIONS AND REQUIREMENTS.— Subsection (b) of such section is amended to read as follows: "(b) Compliance With Conditions and Requirements.— Subject to subsection (e), a facility of the Indian Health Service or an Indian Tribe, Tribal Organization, or an urban Indian organization which is eligible for payment under subsection (a) with respect to the furnishing of items and services, but which does not meet all of the conditions and requirements of this title which are applicable generally to such facility, shall make such improvements as are necessary to achieve or maintain compliance with such conditions and requirements in accordance with a plan submitted to and accepted by the Secretary for achieving or maintaining compliance with such conditions and requirements, and shall be deemed to meet such conditions and requirements (and to be eligible for payment under this title), without regard to the extent of its actual compliance with such conditions and requirements, during the first 12 months after the month in which such plan is submitted.".	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			the first 12 months after the month in which such plan is submitted.''.		
		~~(3) CROSS-REFERENCES TO SPECIAL FUND FOR IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING OPTION; DEFINITIONS.—~~ ~~(A) IN GENERAL.—Such section is further amended by striking subsections (c) and (d) and inserting the following new subsections:~~ ~~"(c) Special Fund for Improvement of IHS Facilities.—For provisions relating to the authority of the Secretary to place payments to which a facility of the Indian Health Service is eligible for payment under this title into a special fund established under section 401(c)(1) of the Indian Health Care Improvement Act, and the requirement to use amounts paid from such fund for making improvements in accordance with subsection (b), see subparagraphs (A) and (B) of section 401(c)(1) of such Act.~~ ~~"(d) Direct Billing Option.—For provisions relating to the authority of a tribal health program or an urban Indian organization to elect to directly bill for, and receive payment for, health care items and services provided by such program or organization for which payment is made under this title, see section 401(d) of the Indian Health Care Improvement Act.".~~ ~~(B) CONFORMING AMENDMENT.—Paragraph (3) of section 1880(e) of such Act (42 U.S.C. 1395qq(e)) is amended by inserting "and section 401(c)(1) of the Indian Health Care Improvement Act" after "Subsection (c)".~~	(4) CROSS-REFERENCES TO SPECIAL FUND FOR IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING OPTION; DEFINITIONS.— (A) IN GENERAL.— Such section is further amended by striking subsections (c) and (d) and inserting the following new subsections: "(b) SPECIAL FUND FOR IMPROVEMENT OF IHS FACILITIES.— For provisions relating to the authority of the Secretary to place payments to which a facility of the Indian Health Service is eligible for payment under this title into a special fund established under section 401(c)(1) of the Indian Health Care Improvement Act, and the requirement to use amounts paid from such fund for making improvements in accordance with subsection (b), see subparagraphs (A) and (B) of section 401(c)(1) of such Act. (c) DIRECT BILLING.— For provisions relating to the authority of a Tribal Health Program to elect to directly bill for, and receive payment for, health care items and services provided by such Program for which payment is made under this title, see section 401(d) of the Indian Health Care Improvement Act.''. (B) CONFORMING AMENDMENTS.— Such section is further amended— (i) in subsection (e)(3), by striking ''Subsection (c)'' and inserting ''Subsection (b) and section 401(b)(1) of the Indian Health Care Improvement Act''; (ii) by redesignating subsection (e) as subsection (d); and (iii) by striking subsection (f).	(3) CROSS-REFERENCES TO SPECIAL FUND FOR IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING OPTION; DEFINITIONS.— (A) IN GENERAL.— Such section is further amended by striking subsections (c) and (d) and inserting the following new subsections: "(c) Special Fund for Improvement of IHS Facilities.— For provisions relating to the authority of the Secretary to place payments to which a facility of the Indian Health Service is eligible for payment under this title into a special fund established under section 401(c)(1) of the Indian Health Care Improvement Act, and the requirement to use amounts paid from such fund for making improvements in accordance with subsection (b), see subparagraphs (A) and (B) of section 401(c)(1) of such Act. "(d) Direct Billing.— For provisions relating to the authority of a Tribal Health Program or an urban Indian organization to elect to directly bill for, and receive payment for, health care items and services provided by such Program or organization for which payment is made under this title, see section 401(d) of the Indian Health Care Improvement Act.". (B) CONFORMING AMENDMENT.— Paragraph (3) of section 1880(e) of such Act (42 U.S.C. 1395qq(e)) is amended by inserting "and section 401(c)(1) of the Indian Health Care Improvement Act" after "Subsection (c)".	
	E does not have this provision.	~~(4) DEFINITIONS.—Such section is further amended by amending subsection (g) (as redesignated by section 204(a)(1) of this Act) to read as follows:~~ ~~"(g) Definitions.—In this section, the terms 'Indian health program', 'Indian tribe', 'Service Unit', 'tribal health program', 'tribal organization', and 'urban Indian organization' have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.".~~	(5) DEFINITIONS.— Such section is further amended by amending subsection (f) to read as follows: "(f) DEFINITIONS.— In this section, the terms 'Indian Health Program', 'Indian Tribe', 'Service Unit', 'Tribal Health Program', 'Tribal Organization', and 'Urban Indian Organization' have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.''.	(4) DEFINITIONS.— Such section is further amended by amending subsection (f) to read as follows: "(f) Definitions.— In this section, the terms 'Indian Health Program', 'Indian Tribe', 'Service Unit', 'Tribal Health Program', 'Tribal Organization', and 'urban Indian organization' have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.".	
		~~(c) Application to CHIP.—Section 2107(e)(1) of the Social Security Act (42 U.S.C. 1397gg(e)(1)) is amended—~~ ~~(1) by redesignating subparagraph (D) as subparagraph (E); and~~	(c) APPLICATION TO SCHIP.— Section 2107(e)(1) of the Social Security Act (42 U.S.C. 1397gg(e)(1)) is amended— (1) by redesignating subparagraph (D) as	(c) Application to SCHIP.— Section 2107(e)(1) of the Social Security Act (42 U.S.C. 1397gg(e)(1)) is amended— (1) by redesignating subparagraph (D) as subparagraph (E); and	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
		~~(2) by inserting after subparagraph (C), the following new subparagraph:~~ ~~"(D) Section 1911 (relating to Indian health programs, other than subsection (d) of such section).".~~	subparagraph (E); and (2) by inserting after subparagraph (C), the following new subparagraph: "(D) Section 1911 (relating to Indian Health Programs, other than subsection (c) of such section).''.	(2) by inserting after subparagraph (C), the following new subparagraph: "(D) Section 1911 (relating to Indian Health Programs, other than subsection (d) of such section).".	
	See, S. 1790 IS added Sec. 206, which reauthorizes the Native Hawaiian Health Care Act of 1988. The RS renumbered it.	SEC. 202 ~~206~~. REAUTHORIZATION OF NATIVE HAWAIIAN HEALTH CARE PROGRAMS. (a) Reauthorization.—The Native Hawaiian Health Care Act of 1988 (42 U.S.C. 11701 et seq.) is amended by striking "2001" each place it appears in sections 6(h)(1), 7(b), and 10(c) (42 U.S.C. 11705(h)(1), 11706(b), 11709(c)) and inserting "2019". (b) Health and Education.— (1) IN GENERAL.—Section 6(c) of the Native Hawaiian Health Care Act of 1988 (42 U.S.C. 11705) is amended by adding at the end the following: "(4) HEALTH AND EDUCATION.—In order to enable privately funded organizations to continue to supplement public efforts to provide educational programs designed to improve the health, capability, and well-being of Native Hawaiians and to continue to provide health services to Native Hawaiians, notwithstanding any other provision of Federal or State law, it shall be lawful for the private educational organization identified in section 7202(16) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7512(16)) to continue to offer its educational programs and services to Native Hawaiians (as defined in section 7207 of that Act (20 U.S.C. 7517)) first and to others only after the need for such programs and services by Native Hawaiians has been met.". (2) EFFECTIVE DATE.—The amendment made by paragraph (1) takes effect on December 5, 2006. (c) Definition of Health Promotion.—Section 12(2) of the Native Hawaiian Health Care Act of 1988 (42 U.S.C. 11711(2)) is amended— (1) in subparagraph (F), by striking "and" at the end; (2) in subparagraph (G), by striking the period at the end and inserting ", and"; and (3) by adding at the end the following: "(H) educational programs with the mission of improving the health, capability, and well-being of Native Hawaiians.".			
	H.R. 3962 deleted Sec. 202 from Title II of H.R.		~~SEC. 202. INCREASED OUTREACH TO~~	SEC. 202. INCREASED OUTREACH TO	Sec. 404(e) *[Excerpt from the end.]*

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	2708.		~~INDIANS UNDER MEDICAID AND SCHIP AND IMPROVED COOPERATION IN THE PROVISION OF ITEMS AND SERVICES TO INDIANS UNDER SOCIAL SECURITY ACT HEALTH BENEFIT PROGRAMS. Section 1139 of the Social Security Act (42 U.S.C. 1320b–9) is amended to read as follows:~~ ~~SEC. 1139. IMPROVED ACCESS TO, AND DELIVERY OF, HEALTH CARE FOR INDIANS UNDER TITLES XVIII, XIX, AND XXI.~~ ~~(a) AGREEMENTS WITH STATES FOR MEDICAID AND SCHIP OUTREACH ON OR NEAR RESERVATIONS TO INCREASE THE ENROLLMENT OF INDIANS IN THOSE PROGRAMS.—~~ ~~(1) IN GENERAL.— In order to improve the access of Indians residing on or near a reservation to obtain benefits under the Medicaid and State children's health insurance programs established under titles XIX and XXI, the Secretary, acting through the Centers for Medicare & Medicaid Services, shall encourage each State with all or part of a reservation within its borders to take steps to provide for enrollment on or near such reservations. Such steps may include outreach efforts such as the outstationing of eligibility workers, entering into agreements with the Indian Health Service, Indian Tribes, Tribal Organizations, and urban Indian organizations to provide outreach, education regarding eligibility and benefits, enrollment, and translation services when such services are appropriate.~~	INDIANS UNDER MEDICAID AND SCHIP AND IMPROVED COOPERATION IN THE PROVISION OF ITEMS AND SERVICES TO INDIANS UNDER SOCIAL SECURITY ACT HEALTH BENEFIT PROGRAMS. Section 1139 of the Social Security Act (42 U.S.C. 1320b–9) is amended to read as follows: "SEC. 1139. IMPROVED ACCESS TO, AND DELIVERY OF, HEALTH CARE FOR INDIANS UNDER TITLES XVIII, XIX, AND XXI. "(a) Agreements With States for Medicaid and SCHIP Outreach on or Near Reservations to Increase the Enrollment of Indians in Those Programs.— "(1) IN GENERAL.— In order to improve the access of Indians residing on or near a reservation to obtain benefits under the Medicaid and State children's health insurance programs established under titles XIX and XXI, the Secretary shall encourage the State to take steps to provide for enrollment on or near the reservation. Such steps may include outreach efforts such as the outstationing of eligibility workers, entering into agreements with the Indian Health Service, Indian Tribes, Tribal Organizations, and urban Indian organizations to provide outreach, education regarding eligibility and benefits, enrollment, and translation services when such services are appropriate.	Notwithstanding any other provision of law, such agreements shall provide for reimbursement of the cost of outreach, education regarding eligibility and benefits, and translation when such services are provided. The reimbursement may be included in an encounter rate or be made on a fee for service basis as appropriate for the provider. When necessary to carry out the terms of this section, the Secretary, acting through the Health Care Financing Administration or the Service, may enter into agreements with a State (or political subdivision thereof) to facilitate cooperation between the State and the Service, Indian Tribe or tribal organization. (d) (1) The Secretary shall make grants or enter into contracts with urban Indian organizations to assist such organizations in establishing and administering programs to assist individual urban Indians to: (A) enroll under section 1818 of part A and sections 1836 and 1837 of part B of title XVIII (Medicare) of the Social Security Act; (B) pay premiums on behalf of such individuals for coverage under title XVIII of the Social Security Act; and (C) apply for medical assistance provided under title XIX (Medicaid) of the Social Security Act and for child health assistance under title XXI (Child Health Insurance Program) of the Social Security Act. (2) The Secretary shall include in the grants or contracts made or entered into under paragraph (1) requirements that are: (A) consistent with the requirements imposed by the Secretary under subsection (b); (B) appropriate to urban Indian organizations and urban Indians; and (C) necessary to effect the purposes of this section.
			~~(2) CONSTRUCTION.— Nothing in paragraph (1) shall be construed as affecting arrangements entered into between States and the Indian Health Service, Indian Tribes, Tribal Organizations, or urban Indian organizations for such Service, Tribes, or Organizations to conduct administrative activities under such titles.~~	"(2) CONSTRUCTION.— Nothing in subparagraph (A) shall be construed as affecting arrangements entered into between States and the Indian Health Service, Indian Tribes, Tribal Organizations, or urban Indian organizations for such Service, Tribes, or Organizations to conduct administrative activities under such titles.	
			~~(b) FACILITATING COOPERATION IN ENROLLMENT AND RETENTION.—~~	"(b) Requirement to Facilitate Cooperation.— The Secretary, acting	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			~~The Secretary, acting through the Centers for Medicare & Medicaid Services, shall consult with States, the Service, Indian Tribes, Tribal Organizations, and urban Indian organizations to develop and disseminate best practices with respect to facilitating agreements between the States and Indian Tribes, Tribal Organizations, and urban Indian organizations relating to enrollment and retention of Indians in programs established under titles XVIII, XIX, and XXI.~~	through the Centers for Medicare & Medicaid Services, shall take such steps as are necessary to facilitate cooperation with, and agreements between, States and the Indian Health Service, Indian Tribes, Tribal Organizations, or urban Indian organizations with respect to the provision of health care items and services to Indians under the programs established under title XVIII, XIX, or XXI.	
			~~(c) DEFINITION OF INDIAN; INDIAN TRIBE; INDIAN HEALTH PROGRAM; TRIBAL ORGANIZATION; URBAN INDIAN ORGANIZATION.— In this section, the terms 'Indian', 'Indian Tribe', 'Indian Health Program', 'Tribal Organization', and 'Urban Indian Organization' have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.''.~~	"(c) Definition of Indian; Indian Tribe; Indian Health Program; Tribal Organization; urban Indian organization.— In this section, the terms 'Indian', 'Indian Tribe', 'Indian Health Program', 'Tribal Organization', and 'urban Indian organization' have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.".	
	R&E include this section with variations from both HR 2708 and S. 1200 H.R. 3962 renumbers H.R. 2708 Sec. 203.		SEC. 2302 ~~203~~. ADDITIONAL PROVISIONS TO INCREASE OUTREACH TO, AND ENROLLMENT OF, INDIANS IN SCHIP AND MEDICAID.	SEC. 203. ADDITIONAL PROVISIONS TO INCREASE OUTREACH TO, AND ENROLLMENT OF, INDIANS IN SCHIP AND MEDICAID. (a) Nonapplication of 10 Percent Limit on Outreach and Certain Other Expenditures.— (1) IN GENERAL.--Section 2105(c)(2) of the Social Security Act (42 U.S.C. 1397ee(c)(2)) is amended by adding at the end the following new subparagraph: "(C) NONAPPLICATION TO EXPENDITURES FOR OUTREACH TO INCREASE THE ENROLLMENT OF INDIAN CHILDREN UNDER THIS TITLE AND TITLE XIX.— The limitation under subparagraph (A) on expenditures for items described in subsection (a)(1)(D) shall not apply in the case of expenditures for outreach activities to families of Indian children likely to be eligible for child health assistance under the plan or medical assistance under the State plan under title XIX (or under a waiver of such plan), to inform such families of the availability of, and to assist them in enrolling their children in, such plans, including such activities conducted under grants, contracts, or agreements entered into under section 1139(a).".	CHILDREN'S HEALTH INSURANCE PROGRAM FUNDS. Sec. 425. DIRECT FUNDING. The Secretary is authorized to enter into agreements directly with the Indian Health Service and Indian Tribes and tribal organizations under which such entities will provide children's health insurance program like services to Indians who reside in a service area on or near an Indian reservation. Such agreements may provide for funding under a block grant or such other mechanism as is agreed upon by the Secretary and the Indian Health Service, Indian Tribe or tribal organization. Such agreements may not be made contingent on the approval of the State in which the Indians to be served reside. (b) TRANSFER. Notwithstanding any other provision of law, a State may transfer funds to which it is, or would otherwise be, entitled under Title XXI of the Social Security Act to the Indian Health Service, Indian Tribes and tribal organizations to be administered to achieve the purposes and objectives of such title under agreements between the State and recipient entity or under an agreement directly between the recipient entity and the Health Care Financing Administration.
			(a) ASSURANCE OF PAYMENTS TO INDIAN HEALTH CARE PROVIDERS FOR CHILD HEALTH ASSISTANCE.— Section 2102(b)(3)(D) of such Act (42	(b) Assurance of Payments to Indian Health Care Providers for Child Health Assistance.— Section 2102(b)(3)(D) of such Act (42 U.S.C. 1397bb(b)(3)(D)) is	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			U.S.C. 1397bb(b)(3)(D)) is amended by striking (as defined in section 4(c) of the Indian Health Care Improvement Act, 25 U.S.C. 1603(c))'' and inserting '', including how the State will ensure that payments are made to Indian Health Programs and urban Indian organizations operating in the State for the provision of such assistance''.	amended by striking "(as defined in section 4(c) of the Indian Health Care Improvement Act, 25 U.S.C. 1603(c))" and inserting ", including how the State will ensure that payments are made to Indian Health Programs and urban Indian organizations operating in the State for the provision of such assistance".	
			(b) INCLUSION OF OTHER INDIAN FINANCED HEALTH CARE PROGRAMS IN EXEMPTION FROM PROHIBITION ON CERTAIN PAYMENTS.— Section 2105(c)(6)(B) of such Act (42 U.S.C. 1397ee(c)(6)(B)) is amended by striking ''insurance program, other than an insurance program operated or financed by the Indian Health Service'' and inserting ''program, other than a health care program operated or financed by the Indian Health Service or by an Indian Tribe, Tribal Organization, or urban Indian organization''.	(c) Inclusion of Other Indian Financed Health Care Programs in Exemption From Prohibition on Certain Payments.— Section 2105(c)(6)(B) of such Act (42 U.S.C. 1397ee(c)(6)(B)) is amended by striking "insurance program, other than an insurance program operated or financed by the Indian Health Service" and inserting "program, other than a health care program operated or financed by the Indian Health Service or by an Indian Tribe, Tribal Organization, or urban Indian organization".	
			Addressed in CHIPRA, Pub. L. 111-3, Sec. 211(b), Verification of Citizenship or Nationality for Purposes of Medicaid and CHIP.	(d) SATISFACTION OF MEDICAID DOCUMENTATION REQUIREMENTS.— Section 1903(x)(3)(B) of the Social Security Act (42 U.S.C. 1396b(x)(3)(B)) is amended— (1) by redesignating clause (v) as clause (vii); and (2) by inserting after clause (iv), the following new clauses: "(v) Except as provided in clause (vi), a document issued by a federally-recognized Indian tribe evidencing membership or enrollment in, or affiliation with, such tribe (such as a tribal enrollment card or certificate of degree of Indian blood).	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				"(vi)(I) With respect to those federally-recognized Indian tribes located within States having an international border whose membership includes individuals who are not citizens of the United States, documentation (including tribal documentation, if appropriate) that the Secretary determines to be satisfactory documentary evidence of citizenship or nationality under the regulations adopted pursuant to subclause (II).	
				"(II) Not later than 90 days after the date of enactment of this subclause, the Secretary, in consultation with the tribes referred to in subclause (I), shall promulgate interim final regulations specifying the forms of documentation (including tribal documentation, if appropriate) deemed to be satisfactory evidence of the United States citizenship or nationality of a member of any such Indian tribe for purposes of satisfying the requirements of this subsection.	
				"(III) During the period that begins on the date of enactment of this clause and ends on the effective date of the interim final regulations promulgated under subclause (II), a document issued by a federally recognized Indian tribe referred to in subclause (I) evidencing membership or enrollment in, or affiliation with, such tribe (such as a tribal enrollment card or certificate of degree of Indian blood) accompanied by a signed attestation that the individual is a citizen of the United States and a certification by the appropriate officer or agent of the Indian tribe that the membership or other records maintained by the Indian tribe indicate that the individual was born in the United States is deemed to be a document described in this subparagraph for purposes of satisfying the requirements of this subsection.".	
			(c) DEFINITIONS.— Section 2110(c) of such Act (42 U.S.C. 1397jj(c)) is amended by adding at the end the following new paragraph: "(9) INDIAN; INDIAN HEALTH PROGRAM; INDIAN TRIBE; ETC.— The terms 'Indian', 'Indian Health Program', 'Indian Tribe', 'Tribal Organization', and 'Urban Indian Organization' have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.''.	(e) Definitions.— Section 2110(c) of such Act (42 U.S.C. 1397jj(c)) is amended by adding at the end the following new paragraph: "(9) INDIAN; INDIAN HEALTH PROGRAM; INDIAN TRIBE; ETC.— The terms 'Indian', 'Indian Health Program', 'Indian Tribe', 'Tribal Organization', and 'urban Indian organization' have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.".	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
	See, ARRA Sec. 5006.			SEC. 204. PREMIUMS AND COST SHARING PROTECTIONS UNDER MEDICAID, ELIGIBILITY DETERMINATIONS UNDER MEDICAID AND SCHIP, AND PROTECTION OF CERTAIN INDIAN PROPERTY FROM MEDICAID ESTATE RECOVERY.	
			Addressed in ARRA, Sec. 5006(a) - Premium and Cost Sharing Protections under Medicaid	(a) Premiums and Cost Sharing Protection Under Medicaid.— (1) IN GENERAL.— Section 1916 of the Social Security Act (42 U.S.C. 1396o) is amended— (A) in subsection (a), in the matter preceding paragraph (1), by striking "and (i)" and inserting ", (i), and (j)"; and (B) by adding at the end the following new subsection: "(j) No Premiums or Cost Sharing for Indians Furnished Items or Services Directly by Indian Health Programs or Through Referral Under the Contract Health Service.— (1) NO COST SHARING FOR INDIANS FURNISHED ITEMS OR SERVICES DIRECTLY BY OR THROUGH INDIAN HEALTH PROGRAMS.— (A) NO ENROLLMENT FEES, PREMIUMS OF COPAYMENTS.-- (i) IN GENERAL.— No enrollment fee, premium, or similar charge, and no deduction, copayment, cost sharing, or similar charge shall be imposed against an Indian who is furnished an item or service directly by the Indian Health Service, an Indian Tribe, a Tribal Organization, or an urban Indian organization, or by a health care provider through referral under the contract health service for which payment may be made under this title.	COST SHARING SEC. 428. (a) CO-INSURANCE, CO-PAYMENTS AND DEDUCTIBLES. Notwithstanding any other provision of federal or State law, no Indian who is eligible for services under Title XVIII, XIX or XXI of the Social Security Act, or any other federally funded health programs may be charged a deductible, co-payment or co-insurance for any service provided by or through the Indian Health Service, an Indian Tribe, tribal organization or urban Indian organization (as defined in Section 4 of the Indian Health Care Improvement Act), . . . (b)(1) MEDICAID AND CHILD HEALTH INSURANCE PROGRAM Notwithstanding any other provision of federal or State law, no Indian who is otherwise eligible for services under Title XIX (medicaid) or Title XXI (children's health insurance program) of the Social Security Act may be charged a premium as a condition of receiving benefits from the program.
				(ii) EXCEPTION.— Clause (i) shall not apply to an individual only eligible for the programs or services under sections 102 and 103 or title V of the Indian Health Care Improvement Act (25 U.S.C. 1601, et seq.).	
				"(B) NO REDUCTION IN AMOUNT OF PAYMENT TO INDIAN HEALTH PROVIDERS.— Payment due under this title to the Indian Health Service, an Indian Tribe, Tribal Organization, or urban Indian organization, or a health care provider through referral under the contract health service for the furnishing of an item or service to an Indian who is eligible for assistance under such title, may not be reduced by the amount of any enrollment fee, premium, or similar	*Excerpt from Sec. 428(a).* nor may the payment or reimbursement due to the Indian Health Service or an Indian Tribe, tribal organization or urban Indian organization be reduced by the amount of the deductible, co-payment or co-insurance that would be due from the Indian but for the operation of this section. For the purposes of this section, through" shall include services provided directly, by referral, or under contracts or other arrangements between the Indian Health

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				charge, or any deduction, copayment, cost sharing, or similar charge that would be due from the Indian but for the operation of subparagraph (A).	Service, Indian Tribe, tribal organization or urban Indian organization and another health provider.
				"(2) RULE OF CONSTRUCTION.— Nothing in this subsection shall be construed as restricting the application of any other limitations on the imposition of premiums or cost sharing that may apply to an individual receiving medical assistance under this title who is an Indian.	
				"(3) DEFINITIONS.— In this subsection, the terms 'contract health service', 'Indian', 'Indian Tribe', 'Tribal Organization', and 'urban Indian organization' have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.".	
				(2) CONFORMING AMENDMENT.— Section 1916A (a)(1) of such Act (42 U.S.C. 1396o–1(a)(1)) is amended by striking "section 1916(g)" and inserting "subsections (g), (i), or (j) of section 1916".	
				(3) EFFECTIVE DATE.— The amendments made by this subsection take effect on October 1, 2009.	
			Addressed in ARRA, Sec. 5006(b), Exemption of Certain Indian Specific Property from Consideration in Determining Medicaid Eligibility	(b) Treatment of Certain Property for Medicaid and SCHIP Eligibility.— (1) MEDICAID.— Section 1902(e) of the Social Security Act (42 U.S.C. 1396a) is amended by adding at the end the following new paragraph: "(13) Notwithstanding any other requirement of this title or any other provision of Federal or State law, a State shall disregard the following property for purposes of determining the eligibility of an individual who is an Indian (as defined in section 4 of the Indian Health Care Improvement Act) for medical assistance under this title: "(A) Property, including real property and improvements, that is held in trust, subject to Federal restrictions, or otherwise under the supervision of the Secretary of the Interior, located on a reservation, including any federally recognized Indian Tribe's reservation, pueblo, or colony, including former reservations in Oklahoma, Alaska Native regions established by the Alaska Native Claims Settlement Act, and Indian allotments on or near a reservation as designated and approved by the Bureau of Indian Affairs	Sec. 428(d) ESTATE RECOVERY. Notwithstanding any other provision of federal or state law, the following property may not be included when determining eligibility for services or implementing estate recovery rights under Titles XVIII, XIX or XXI of the Social Security Act, or other health care programs funded in whole or part with federal monies– (1) income derived from rents, leases or royalties of property held in trust for individuals by the federal government; (2) income derived from rents, leases, royalties, or natural resources (including timber and fishing activities) resulting from the exercise of federally protected rights, whether collected by an individual or tribal group and distributed to individuals; (3) property, including interests in real property currently or formerly held in trust by the federal government which is protected under applicable federal, State or tribal law or custom from recourse and including public domain allotments; and (4) property that has unique religious and/or cultural significance or that supports subsistence or traditional life

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				of the Department of the Interior. "(B) For any federally recognized Tribe not described in subparagraph (A), property located within the most recent boundaries of a prior Federal reservation. "(C) Ownership interests in rents, leases, royalties, or usage rights related to natural resources (including extraction of natural resources or harvesting of timber, other plants and plant products, animals, fish, and shellfish) resulting from the exercise of federally protected rights. "(D) Ownership interests in or usage rights to items not covered by subparagraphs (A) through (C) that have unique religious, spiritual, traditional, or cultural significance or rights that support subsistence or a traditional lifestyle according to applicable tribal law or custom.". (2) APPLICATION TO SCHIP.— Section 2107(e)(1) of such Act (42 U.S.C. 1397gg(e)(1)) is amended— (A) by redesignating subparagraphs (B) through (E), as subparagraphs (C) through (F), respectively; and (B) by inserting after subparagraph (A), the following new subparagraph: "(B) Section 1902(e)(13) (relating to disregard of certain property for purposes of making eligibility determinations).".	style according to applicable tribal law or custom.
			Addressed in ARRA, Sec. 5006(c), Continuation of Current Protections of Certain Indian Property from Medicaid Estate Recovery	(c) Continuation of Current Law Protections of Certain Indian Property From Medicaid Estate Recovery.— Section 1917(b)(3) of the Social Security Act (42 U.S.C. 1396p(b)(3)) is amended— (1) by inserting "(A)" after "(3)"; and (2) by adding at the end the following new subparagraph: "(B) The standards specified by the Secretary under subparagraph (A) shall require that the procedures established by the State agency under subparagraph (A) exempt income, resources, and property that are exempt from the application of this subsection as of April 1, 2003, under manual instructions issued to carry out this subsection (as in effect on such date) because of the Federal responsibility for Indian Tribes and Alaska Native Villages. Nothing in this subparagraph shall be construed as preventing the Secretary from providing additional estate recovery exemptions under this title for Indians.".	
					Sec. 428(b)(2) MEDICARE ENROLLMENT PREMIUM PENALTIES. Notwithstanding any other

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
					provision of federal or State law, no Indian (as that term is defined in section 4 of the Indian Health Care Improvement Act) who is eligible for Medicare, but for the payment of premiums, shall be charged a penalty for enrolling in Medicare at a time later than the person might otherwise have been eligible. This prohibition applies whether the Indian pays for the premiums directly or the premiums are paid by another person or entity, including a State, the Indian Health Service, an Indian Tribe, tribal organization, or an urban Indian organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act.)
	Also see, S. 1790, Sec. 156, which added a new §408 regarding nondiscrimination. H.R. 3962 deleted Sec. 204 from Title II of H.R. 2708. E does not have this section.		~~SEC. 204. NONDISCRIMINATION IN QUALIFICATIONS FOR PAYMENT FOR SERVICES UNDER FEDERAL HEALTH CARE PROGRAMS. Section 1139 of the Social Security Act (42 U.S.C. 1320b–9), as amended by section 202, is amended by redesignating subsection (c) as subsection (d), and inserting after subsection (b) the following new subsection:~~ ~~(c) NONDISCRIMINATION IN QUALIFICATIONS FOR PAYMENT FOR SERVICES UNDER FEDERAL HEALTH CARE PROGRAMS.—~~ ~~(1) REQUIREMENT TO SATISFY GENERALLY APPLICABLE PARTICIPATION REQUIREMENTS.—~~ ~~(A) IN GENERAL.— A Federal health care program must accept an entity that is operated by the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization as a provider eligible to receive payment under the program for health care services furnished to an Indian on the same basis as any other provider qualified to participate as a provider of health care services under the program if the entity meets generally applicable State or other requirements for participation as a provider of health care services under the program.~~ ~~(B) SATISFACTION OF STATE OR LOCAL LICENSURE OR RECOGNITION REQUIREMENTS.— Any requirement for participation as a provider of health care services under a Federal health care program that an entity be licensed or recognized under the State or local law where the entity is located to furnish health care services shall be deemed to have been met in the case of an~~	SEC. 205. NONDISCRIMINATION IN QUALIFICATIONS FOR PAYMENT FOR SERVICES UNDER FEDERAL HEALTH CARE PROGRAMS. Section 1139 of the Social Security Act (42 U.S.C. 1320b–9), as amended by section 202, is amended by redesignating subsection (c) as subsection (d), and inserting after subsection (b) the following new subsection: "(c) Nondiscrimination in Qualifications for Payment for Services Under Federal Health Care Programs.— "(1) REQUIREMENT TO SATISFY GENERALLY APPLICABLE PARTICIPATION REQUIREMENTS.— "(A) IN GENERAL.— A Federal health care program must accept an entity that is operated by the Indian Health Service, an Indian Tribe, Tribal Organization, or urban Indian organization as a provider eligible to receive payment under the program for health care services furnished to an Indian on the same basis as any other provider qualified to participate as a provider of health care services under the program if the entity meets generally applicable State or other requirements for participation as a provider of health care services under the program. "(B) SATISFACTION OF STATE OR LOCAL LICENSURE OR RECOGNITION REQUIREMENTS.— Any requirement for participation as a provider of health care services under a Federal health care program that an entity be licensed or recognized under the State or local law where the entity is located to furnish health care services shall be deemed to have been met in the case of an entity operated by the Indian Health Service, an Indian Tribe, Tribal Organization, or	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			~~entity operated by the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization if the entity meets all the applicable standards for such licensure or recognition, regardless of whether the entity obtains a license or other documentation under such State or local law. In accordance with section 221 of the Indian Health Care Improvement Act, the absence of the licensure of a health care professional employed by such an entity under the State or local law where the entity is located shall not be taken into account for purposes of determining whether the entity meets such standards, if the professional is licensed in another State.~~ ~~(2) PROHIBITION ON FEDERAL PAYMENTS TO ENTITIES OR INDIVIDUALS EXCLUDED FROM PARTICIPATION IN FEDERAL HEALTH CARE PROGRAMS OR WHOSE STATE LICENSES ARE UNDER SUSPENSION OR HAVE BEEN REVOKED.—~~ ~~(A) EXCLUDED ENTITIES.— No entity operated by the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization that has been excluded from participation in any Federal health care program or for which a license is under suspension or has been revoked by the State where the entity is located shall be eligible to receive payment under any such program for health care services furnished to an Indian.~~ ~~(B) EXCLUDED INDIVIDUALS.— No individual who has been excluded from participation in any Federal health care program or whose State license is under suspension or has been revoked shall be eligible to receive payment under any such program for health care services furnished by that individual, directly or through an entity that is otherwise eligible to receive payment for health care services, to an Indian.~~ ~~(C) FEDERAL HEALTH CARE PROGRAM DEFINED.— In this subsection, the term, 'Federal health care program' has the meaning given that term in section 1128B(f), except that, for purposes of this subsection, such term shall include the health insurance program under chapter 89 of title 5, United States Code.''.~~	urban Indian organization if the entity meets all the applicable standards for such licensure or recognition, regardless of whether the entity obtains a license or other documentation under such State or local law. In accordance with section 221 of the Indian Health Care Improvement Act, the absence of the licensure of a health care professional employed by such an entity under the State or local law where the entity is located shall not be taken into account for purposes of determining whether the entity meets such standards, if the professional is licensed in another State. "(2) PROHIBITION ON FEDERAL PAYMENTS TO ENTITIES OR INDIVIDUALS EXCLUDED FROM PARTICIPATION IN FEDERAL HEALTH CARE PROGRAMS OR WHOSE STATE LICENSES ARE UNDER SUSPENSION OR HAVE BEEN REVOKED.— "(A) EXCLUDED ENTITIES.— No entity operated by the Indian Health Service, an Indian Tribe, Tribal Organization, or urban Indian organization that has been excluded from participation in any Federal health care program or for which a license is under suspension or has been revoked by the State where the entity is located shall be eligible to receive payment under any such program for health care services furnished to an Indian. "(B) EXCLUDED INDIVIDUALS.— No individual who has been excluded from participation in any Federal health care program or whose State license is under suspension or has been revoked shall be eligible to receive payment under any such program for health care services furnished by that individual, directly or through an entity that is otherwise eligible to receive payment for health care services, to an Indian. "(C) FEDERAL HEALTH CARE PROGRAM DEFINED.— In this subsection, the term, 'Federal health care program' has the meaning given that term in section 1128B(f), except that, for purposes of this subsection, such term shall include the health insurance program under chapter 89 of title 5, United States Code.".	
				SEC. 206. CONSULTATION ON	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				MEDICAID, SCHIP, AND OTHER HEALTH CARE PROGRAMS FUNDED UNDER THE SOCIAL SECURITY ACT INVOLVING INDIAN HEALTH PROGRAMS AND URBAN INDIAN ORGANIZATIONS.	
			Addressed in ARRA, Sec. 5006(e)(1), Consultation on Medicaid, CHIP, and Other Health Care Programs Funded Under the Social Security Act Involving Indian Health Programs and Urban Indian Organizations; Consultation with Tribal Technical Advisory Group (TTAG)	(a) In General.— Section 1139 of the Social Security Act (42 U.S.C. 1320b–9), as amended by sections 202 and 205, is amended by redesignating subsection (d) as subsection (e), and inserting after subsection (c) the following new subsection: "(d) Consultation With Tribal Technical Advisory Group (TTAG).— The Secretary shall maintain within the Centers for Medicaid & Medicare Services (CMS) a Tribal Technical Advisory Group, established in accordance with requirements of the charter dated September 30, 2003, and in such group shall include a representative of the urban Indian organizations and the Service. The representative of the urban Indian organization shall be deemed to be an elected officer of a tribal government for purposes of applying section 204(b) of the Unfunded Mandates Reform Act of 1995 (2 U.S.C. 1534(b)).".	INDIAN ADVISORY COMMITTEES Sec.431. (a) NATIONAL INDIAN TECHNICAL ADVISORY GROUP. The Health Care Financing Administration shall establish and fund the expenses of a National Indian Technical Advisory Group which shall have no fewer than 14 members including at least one member designated by the Indian Tribes and tribal organizations in each service area, one urban Indian organization representative, and one member representing the Indian Health Service. The scope of the activities of such group shall be established under section 802 of the Indian Health Care Improvement Act,provided that such scope shall include providing comment on and advice regarding the programs funded under Titles XVIII, XIX and XXI of the Social Security Act or any other health care program funded (in whole or part) by the Health Care Financing Administration.
			Addressed in ARRA, Sec. 5006(e)(2), Consultation on Medicaid, CHIP, and Other Health Care Programs Funded Under the Social Security Act Involving Indian Health Programs and Urban Indian Organizations; Solicitation of Advice Under Medicaid and CHIP	(b) Solicitation of Advice Under Medicaid and SCHIP.— (1) MEDICAID STATE PLAN AMENDMENT.— Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended— (A) in paragraph (69), by striking "and" at the end; (B) in paragraph (70)(B)(iv), by striking the period at the end and inserting "; and"; and (C) by inserting after paragraph (70)(B)(iv), the following new paragraph: "(71) in the case of any State in which the Indian Health Service operates or funds health care programs, or in which 1 or more Indian Health Programs or urban Indian organizations (as such terms are defined in section 4 of the Indian Health Care Improvement Act) provide health care in the State for which medical assistance is available under such title, provide for a process under which the State seeks advice on a regular, ongoing basis from designees of such Indian Health Programs and urban Indian organizations on matters relating to the application of this title that are likely to have a direct effect on such Indian Health Programs and urban Indian organizations and that—	CONSULTATION AND RULEMAKING Sec. 414. (a) CONSULTATION. Prior to the adoption of any policy or regulation by the Health Care Financing Administration, the Secretary shall it to – (1) identify the impact such policy or regulation may have on the Service, Indian Tribes, tribal organizations and urban Indian organizations; (2) provide to the Service, Indian Tribes, tribal organizations and urban Indian organizations the information described in paragraph (1); (3) engage in consultation with the Service, Indian Tribes, tribal organizations and urban Indian organizations prior to enacting any such policy or regulation. Such consultation shall be consistent with the requirements of Executive Order 13084 of May 14, 1998.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				"(A) shall include solicitation of advice prior to submission of any plan amendments, waiver requests, and proposals for demonstration projects likely to have a direct effect on Indians, Indian Health Programs, or urban Indian organizations; and	
				"(B) may include appointment of an advisory committee and of a designee of such Indian Health Programs and urban Indian organizations to the medical care advisory committee advising the State on its State plan under this title.".	(b) INDIAN MEDICAID ADVISORY COMMITTEES. The Health Care Financing Administration shall establish and provide funding for a Indian Medicaid Advisory Committee made up of designees of the Indian Health Service, Indian Tribes, tribal organizations and urban Indian organizations in each State in which the Indian Health Service directly operates a health program or in which there is one or more Indian Tribe, tribal organization or urban Indian organization.
				(2) APPLICATION TO SCHIP.— Section 2107(e)(1) of such Act (42 U.S.C. 1397gg(e)(1)), as amended by section 204(b)(2), is amended— (A) by redesignating subparagraphs (B) through (F) as subparagraphs (C) through (G), respectively; and (B) by inserting after subparagraph (A), the following new subparagraph: "(B) Section 1902(a)(71) (relating to the option of certain States to seek advice from designees of Indian Health Programs and urban Indian organizations).".	
				(c) Rule of Construction.— Nothing in the amendments made by this section shall be construed as superseding existing advisory committees, working groups, guidance, or other advisory procedures established by the Secretary of Health and Human Services or by any State with respect to the provision of health care to Indians.	
				(d) Effective Date.— This section and the amendments made by this section take effect on October 1, 2009.	
			Addressed in ARRA, Sec. 5006(d), Rules Applicable Under Medicaid and CHIP to Managed Care Entities With Respect to Indian Enrollees and Indian Health Care Providers and Indian Managed Care Entities	SEC. 208. RULES APPLICABLE UNDER MEDICAID AND SCHIP TO MANAGED CARE ENTITIES WITH RESPECT TO INDIAN ENROLLEES AND INDIAN HEALTH CARE PROVIDERS AND INDIAN MANAGED CARE ENTITIES.	
				(a) In General.— Section 1932 of the Social Security Act (42 U.S.C. 1396u–2) is amended by adding at the end the following new subsection: "(h) Special Rules With Respect to Indian	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				Enrollees, Indian Health Care Providers, and Indian Managed Care Entities.— "(1) ENROLLEE OPTION TO SELECT AN INDIAN HEALTH CARE PROVIDER AS PRIMARY CARE PROVIDER.— In the case of a non-Indian Medicaid managed care entity that— "(A) has an Indian enrolled with the entity; and "(B) has an Indian health care provider that is participating as a primary care provider within the network of the entity, insofar as the Indian is otherwise eligible to receive services from such Indian health care provider and the Indian health care provider has the capacity to provide primary care services to such Indian, the contract with the entity under section 1903(m) or under section 1905(t)(3) shall require, as a condition of receiving payment under such contract, that the Indian shall be allowed to choose such Indian health care provider as the Indian's primary care provider under the entity.	
				"(2) ASSURANCE OF PAYMENT TO INDIAN HEALTH CARE PROVIDERS FOR PROVISION OF COVERED SERVICES.— Each contract with a managed care entity under section 1903(m) or under section 1905(t)(3) shall require any such entity that has a significant percentage of Indian enrollees (as determined by the Secretary), as a condition of receiving payment under such contract to satisfy the following requirements: "(A) DEMONSTRATION OF PARTICIPATING INDIAN HEALTH CARE PROVIDERS OR APPLICATION OF ALTERNATIVE PAYMENT ARRANGEMENTS.— Subject to subparagraph (E), to— "(i) demonstrate that the number of Indian health care providers that are participating providers with respect to such entity are sufficient to ensure timely access to covered Medicaid managed care services for those enrollees who are eligible to receive services from such providers; or "(ii) agree to pay Indian health care providers who are not participating providers with the entity for covered Medicaid managed care services provided to those enrollees who are eligible to receive services from such providers at a rate equal to the rate negotiated between such entity and the provider involved or, if such a rate has not been negotiated, at a rate that is not less than the level and amount of payment which the entity would make for the services if the services	Sec. 429(a)(6) A managed care organization that is enrolled in a State Medicaid program must as a condition of such enrollment offer a contract to health programs administered by the Indian Health Service, an Indian Tribe, tribal organization or urban Indian organization that provides health services in the geographic area served by the managed care organization and such contract (or other provider participation agreement) shall contain terms and conditions of participation and payment no more restrictive or onerous than those provided for in this section. (5) Notwithstanding subsections (1) through (4) of this section, the Indian Health Service, an Indian Tribe, tribal organization or urban Indian organization that provides a health service to an Indian entitled under Title XIX (medicaid) or enrolled under Title XXI (children's health insurance program) of the Social Security Act to receive such services shall have the right to be paid directly by the State's Medicaid or children's health insurance program notwithstanding any agreements the State may have entered into with managed care organizations or providers.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				were furnished by a participating provider which is not an Indian health care provider.	
				"(B) PROMPT PAYMENT.— To agree to make prompt payment (in accordance with rules applicable to managed care entities) to Indian health care providers that are participating providers with respect to such entity or, in the case of an entity to which subparagraph (A)(ii) or (E) applies, that the entity is required to pay in accordance with that subparagraph.	
				"(C) SATISFACTION OF CLAIM REQUIREMENT.— To deem any requirement for the submission of a claim or other documentation for services covered under subparagraph (A) by the enrollee to be satisfied through the submission of a claim or other documentation by an Indian health care provider that is consistent with section 403(h) of the Indian Health Care Improvement Act.	
				"(D) COMPLIANCE WITH GENERALLY APPLICABLE REQUIREMENTS.— "(i) IN GENERAL.— Subject to clause (ii), as a condition of payment under subparagraph (A), an Indian health care provider shall comply with the generally applicable requirements of this title, the State plan, and such entity with respect to covered Medicaid managed care services provided by the Indian health care provider to the same extent that non-Indian providers participating with the entity must comply with such requirements. "(ii) LIMITATIONS ON COMPLIANCE WITH MANAGED CARE ENTITY GENERALLY APPLICABLE REQUIREMENTS.— An Indian health care provider— "(I) shall not be required to comply with a generally applicable requirement of a managed care entity described in clause (i) as a condition of payment under subparagraph (A) if such compliance would conflict with any other statutory or regulatory requirements applicable to the Indian health care provider; and "(II) shall only need to comply with those generally applicable requirements of a managed care entity described in clause (i) as a condition of payment under subparagraph (A) that are necessary for the entity's compliance with the State plan, such as those related to care management, quality assurance, and utilization management.	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				"(E) APPLICATION OF SPECIAL PAYMENT REQUIREMENTS FOR FEDERALLY-QUALIFIED HEALTH CENTERS AND ENCOUNTER RATE FOR SERVICES PROVIDED BY CERTAIN INDIAN HEALTH CARE PROVIDERS.— "(i) FEDERALLY-QUALIFIED HEALTH CENTERS.— "(I) MANAGED CARE ENTITY PAYMENT REQUIREMENT.— To agree to pay any Indian health care provider that is a Federally-qualified health center but not a participating provider with respect to the entity, for the provision of covered Medicaid managed care services by such provider to an Indian enrollee of the entity at a rate equal to the amount of payment that the entity would pay a Federally-qualified health center that is a participating provider with respect to the entity but is not an Indian health care provider for such services. "(II) CONTINUED APPLICATION OF STATE REQUIREMENT TO MAKE SUPPLEMENTAL PAYMENT.— Nothing in subclause (I) or subparagraph (A) or (B) shall be construed as waiving the application of section 1902(bb)(5) regarding the State plan requirement to make any supplemental payment due under such section to a Federally-qualified health center for services furnished by such center to an enrollee of a managed care entity (regardless of whether the Federally-qualified health center is or is not a participating provider with the entity).	
				"(ii) CONTINUED APPLICATION OF ENCOUNTER RATE FOR SERVICES PROVIDED BY CERTAIN INDIAN HEALTH CARE PROVIDERS.— If the amount paid by a managed care entity to an Indian health care provider that is not a Federally-qualified health center and that has elected to receive payment under this title as an Indian Health Service provider under the July 11, 1996, Memorandum of Agreement between the Health Care Financing Administration (now the Centers for Medicare & Medicaid Services) and the Indian Health Service for services provided by such provider to an Indian enrollee with the managed care entity is less than the encounter rate that applies to the provision of such services under such memorandum, the State plan shall provide for payment to the Indian health care provider of the difference between the applicable encounter rate under such memorandum and the amount	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				paid by the managed care entity to the provider for such services.	
				"(F) CONSTRUCTION.— Nothing in this paragraph shall be construed as waiving the application of section 1902(a)(30)(A) (relating to application of standards to assure that payments are consistent with efficiency, economy, and quality of care).	
				"(3) OFFERING OF MANAGED CARE THROUGH INDIAN MEDICAID MANAGED CARE ENTITIES.— If— "(A) a State elects to provide services through Medicaid managed care entities under its Medicaid managed care program; and "(B) an Indian health care provider that is funded in whole or in part by the Indian Health Service, or a consortium composed of 1 or more Tribes, Tribal Organizations, or urban Indian organizations, and which also may include the Indian Health Service, has established an Indian Medicaid managed care entity in the State that meets generally applicable standards required of such an entity under such Medicaid managed care program, the State shall offer to enter into an agreement with the entity to serve as a Medicaid managed care entity with respect to eligible Indians served by such entity under such program.	(c) INDIAN MANAGED CARE PLANS. Notwithstanding any other provision of law, any State entering into agreements with one or more managed care organizations to provide services under Title XIX or Title XXI of the Social Security Act must enter into such an agreement with the Service, an Indian Tribe, tribal organization or urban Indian organization that can provide services to Indians who may be eligible or required to enroll in such a managed care plan similar to those to be offered by other managed care organizations. The Secretary and the State are hereby authorized to waive requirements regarding discrimination, capitalization and other matters that might otherwise prevent the Indian managed care organization or health program from meeting federal or State standards applicable to such organizations, provided such Indian managed care organization or health program must be able to offer its Indian enrollees services of an equivalent quality to that required of other managed care organizations.
				"(4) SPECIAL RULES FOR INDIAN MANAGED CARE ENTITIES.— The following are special rules regarding the application of a Medicaid managed care program to Indian Medicaid managed care entities:	
				"(A) ENROLLMENT.— "(i) LIMITATION TO INDIANS.— An Indian Medicaid managed care entity may restrict enrollment under such program to Indians and to members of specific Tribes in the same manner as Indian Health Programs may restrict the delivery of services to such Indians and tribal members.	
				"(ii) NO LESS CHOICE OF PLANS.— Under such program the State may not limit the choice of an Indian among Medicaid managed care entities only to Indian Medicaid managed care entities or to be more restrictive than the choice of managed care entities offered to individuals who are not Indians.	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				"(iii) DEFAULT ENROLLMENT.— "(I) IN GENERAL.— If such program of a State requires the enrollment of Indians in a Medicaid managed care entity in order to receive benefits, the State, taking into consideration the criteria specified in subsection (a)(4)(D)(ii)(I), shall provide for the enrollment of Indians described in subclause (II) who are not otherwise enrolled with such an entity in an Indian Medicaid managed care entity described in such clause. "(II) INDIAN DESCRIBED.— An Indian described in this subclause, with respect to an Indian Medicaid managed care entity, is an Indian who, based upon the service area and capacity of the entity, is eligible to be enrolled with the entity consistent with subparagraph (A).	(b) PROHIBIT AUTO- AND DEFAULT ASSIGNMENT. Notwithstanding any other provision of law or any waiver granted by the Secretary, no Indian may be assigned automatically or by default under any managed care plan paid under Title XIX (medicaid) or Title XXI (children's health insurance program) of the Social Security Act unless the person had the option of enrolling in a managed care plan or health program administered by the Service, an Indian Tribe, tribal organization or urban Indian organization in which case an Indian may be assigned only to such a managed care plan or health program.
				"(iv) EXCEPTION TO STATE LOCK-IN.— A request by an Indian who is enrolled under such program with a non-Indian Medicaid managed care entity to change enrollment with that entity to enrollment with an Indian Medicaid managed care entity shall be considered cause for granting such request under procedures specified by the Secretary.	
				"(B) FLEXIBILITY IN APPLICATION OF SOLVENCY.— In applying section 1903(m)(1) to an Indian Medicaid managed care entity— "(i) any reference to a 'State' in subparagraph (A)(ii) of that section shall be deemed to be a reference to the 'Secretary'; and "(ii) the entity shall be deemed to be a public entity described in subparagraph (C)(ii) of that section.	
				"(C) EXCEPTIONS TO ADVANCE DIRECTIVES.— The Secretary may modify or waive the requirements of section 1902(w) (relating to provision of written materials on advance directives) insofar as the Secretary finds that the requirements otherwise imposed are not an appropriate or effective way of communicating the information to Indians.	
				"(D) FLEXIBILITY IN INFORMATION AND MARKETING.— "(i) MATERIALS.— The Secretary may modify requirements under subsection (a)(5) to ensure that information described in that subsection is provided to enrollees and potential enrollees of Indian Medicaid managed care entities in a culturally appropriate and understandable manner that clearly communicates to such	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				enrollees and potential enrollees their rights, protections, and benefits.	
				"(ii) DISTRIBUTION OF MARKETING MATERIALS.— The provisions of subsection (d)(2)(B) requiring the distribution of marketing materials to an entire service area shall be deemed satisfied in the case of an Indian Medicaid managed care entity that distributes appropriate materials only to those Indians who are potentially eligible to enroll with the entity in the service area.	
				"(5) MALPRACTICE INSURANCE.— Insofar as, under a Medicaid managed care program, a health care provider is required to have medical malpractice insurance coverage as a condition of contracting as a provider with a Medicaid managed care entity, an Indian health care provider that is— "(A) a Federally-qualified health center that is covered under the Federal Tort Claims Act (28 U.S.C. 1346(b), 2671 et seq.); "(B) providing health care services pursuant to a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) that are covered under the Federal Tort Claims Act (28 U.S.C. 1346(b), 2671 et seq.); or "(C) the Indian Health Service providing health care services that are covered under the Federal Tort Claims Act (28 U.S.C. 1346(b), 2671 et seq.); are deemed to satisfy such requirement.	
				"(6) DEFINITIONS.— For purposes of this subsection: "(A) INDIAN HEALTH CARE PROVIDER.— The term 'Indian health care provider' means an Indian Health Program or an urban Indian organization. "(B) INDIAN; INDIAN HEALTH PROGRAM; SERVICE; TRIBE; TRIBAL ORGANIZATION; URBAN INDIAN ORGANIZATION.— The terms 'Indian', 'Indian Health Program', 'Service', 'Tribe', 'tribal organization', 'urban Indian organization' have the meanings given such terms in section 4 of the Indian Health Care Improvement Act.	
				"(C) INDIAN MEDICAID MANAGED CARE ENTITY.— The term 'Indian Medicaid managed care entity' means a managed care entity that is controlled (within the meaning of the last sentence of section 1903(m)(1)(C)) by the Indian Health Service, a Tribe, Tribal Organization, or urban Indian organization, or a	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				consortium, which may be composed of 1 or more Tribes, Tribal Organizations, or urban Indian organizations, and which also may include the Service. "(D) NON-INDIAN MEDICAID MANAGED CARE ENTITY.— The term 'non-Indian Medicaid managed care entity' means a managed care entity that is not an Indian Medicaid managed care entity. "(E) COVERED MEDICAID MANAGED CARE SERVICES.— The term 'covered Medicaid managed care services' means, with respect to an individual enrolled with a managed care entity, items and services that are within the scope of items and services for which benefits are available with respect to the individual under the contract between the entity and the State involved. "(F) MEDICAID MANAGED CARE PROGRAM.— The term 'Medicaid managed care program' means a program under sections 1903(m) and 1932 and includes a managed care program operating under a waiver under section 1915(b) or 1115 or otherwise.".	
				(b) Application to SCHIP.— Section 2107(e)(1) of such Act (42 U.S.C. 1397gg(1)), as amended by section 206(b)(2), is amended by adding at the end the following new subparagraph: "(H) Subsections (a)(2)(C) and (h) of section 1932.".	
				(c) Effective Date.— This section and the amendments made by this section take effect on October 1, 2009.	
					(d) ADVERTISING. A managed care organization entering into contracts to provide services to Indians on or near an Indian reservation shall provide a certificate of coverage or similar type of document that is written in the Indian language of the majority of the Indian population residing on such reservation.
					(c) MEDICALLY NEEDY PROGRAM SPEND-DOWN. For the purposes of any medically needy option under a State's Medicaid plan under Title XIX of the Social Security Act, the cost of providing services to an Indian in a health program of the Indian Health Service, an Indian Tribe, tribal organization or urban Indian organization shall be deemed to have been an expenditure for health care by the person applying for Medicaid.
					(e) MEDICAL CHILD SUPPORT RECOVERY. Notwithstanding any other

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
					provision of law, a parent shall not be responsible for reimbursing a state or the federal government for the cost of medical services provided to a child by or through the Indian Health Service, an Indian Tribe, tribal organization or urban Indian organization. For the purposes of this subsection, through" shall include services provided directly, by referral, or under contracts or other arrangements between the Indian Health Service, Indian Tribe, tribal organization or urban Indian organization and another health provider.
	H.R. 3962 renumbered Sec. 207 of Title II of H.R. 2708.		SEC. 3205 ~~207~~. DEVELOPMENT OF RECOMMENDATIONS TO IMPROVE INTERSTATE COORDINATION OF MEDICAID AND SCHIP COVERAGE OF INDIANCHILDREN AND OTHER CHILDREN WHO ARE OUTSIDE OF THEIR STATE OF RESIDENCY BECAUSE OF EDUCATIONAL OR OTHER NEEDS. (a) STUDY.— The Secretary shall conduct a study to identify barriers to interstate coordination of enrollment and coverage under the Medicaid program under title XIX of the Social Security Act and the State Children's Health Insurance Program under title XXI of such Act of children who are eligible for medical assistance or child health assistance under such programs and who, because of educational needs, migration of families, emergency evacuations, or otherwise, frequently change their State of residency or otherwise are temporarily present outside of the State of their residency. Such study shall include an examination of the enrollment and coverage coordination issues faced by Indian children who are eligible for medical assistance or child health assistance under such programs in their State of residence and who temporarily reside in an out-of-State boarding school or peripheral dormitory funded by the Bureau of Indian Affairs. (b) REPORT.— Not later than 18 months after the date of enactment of this Act, the Secretary, in consultation with directors of State Medicaid programs under title XIX of the Social Security Act and directors of State Children's Health Insurance Programs under title XXI of such Act, shall submit a report to Congress that contains recommendations for such legislative and administrative actions as the Secretary determines appropriate to address the enrollment and coverage	SEC. 210. DEVELOPMENT OF RECOMMENDATIONS TO IMPROVE INTERSTATE COORDINATION OF MEDICAID AND CHIP COVERAGE OF INDIAN CHILDREN AND OTHER CHILDREN WHO ARE OUTSIDE OF THEIR STATE OF RESIDENCY BECAUSE OF EDUCATIONAL OR OTHER NEEDS. (a) Study.— The Secretary shall conduct a study to identify barriers to interstate coordination of enrollment and coverage under the Medicaid program under title XIX of the Social Security Act and the State Children's Health Insurance Program under title XXI of such Act of children who are eligible for medical assistance or child health assistance under such programs and who, because of educational needs, migration of families, emergency evacuations, or otherwise, frequently change their State of residency or otherwise are temporarily present outside of the State of their residency. Such study shall include an examination of the enrollment and coverage coordination issues faced by Indian children who are eligible for medical assistance or child health assistance under such programs in their State of residence and who temporarily reside in an out-of- State boarding school or peripheral dormitory funded by the Bureau of Indian Affairs. (b) Report.— Not later than 18 months after the date of enactment of this Act, the Secretary, in consultation with directors of State Medicaid programs under title XIX of the Social Security Act and directors of State Children's Health Insurance Programs under title XXI of such Act, shall submit a report to Congress that contains recommendations for such legislative and administrative actions as the Secretary determines appropriate to address the enrollment and coverage coordination barriers identified through	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
			coordination barriers identified through the study required under subsection (a).	the study required under subsection (a).	
				SEC. 211. ESTABLISHMENT OF NATIONAL CHILD WELFARE RESOURCE CENTER FOR TRIBES. (a) Establishment.— The Secretary of Health and Human Services shall establish a National Child Welfare Resource Center for Tribes that is— (1) specifically and exclusively dedicated to meeting the needs of Indian tribes and tribal organizations through the provision of assistance described in subsection (b); and (2) not part of any existing national child welfare resource center. (b) Assistance Provided.— (1) IN GENERAL.— The National Child Welfare Resource Center for Tribes shall provide information, advice, educational materials, and technical assistance to Indian tribes and tribal organizations with respect to the types of services, administrative functions, data collection, program management, and reporting that are provided for under State plans under parts B and E of title IV of the Social Security Act. (2) IMPLEMENTATION AUTHORITY.— The Secretary may provide the assistance described in paragraph (1) either directly or through grant or contract with public or private organizations knowledgeable and experienced in the field of Indian tribal affairs and child welfare. (c) Appropriations.— There is appropriated to the Secretary of Health and Human Services, out of any money in the Treasury of the United States not otherwise appropriated, $1,000,000 for each of fiscal years 2009 through 2013 to carry out the purposes of this section.	
				SEC. 212. ADJUSTMENT TO THE MEDICARE ADVANTAGE STABILIZATION FUND. Section 1858(e)(2)(A)(i) of the Social Security Act (42 U.S.C. 1395w–27a(e)(2)(A)(i)), as amended by section 110 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Public Law 110–173), is amended by striking "$1,790,000,000" and inserting "$1,657,000,000".	
				SEC. 213. MORATORIUM ON IMPLEMENTATION OF CHANGES TO CASE MANAGEMENT AND TARGETED CASE MANAGEMENT PAYMENT REQUIREMENTS UNDER	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				MEDICAID. (a) MORATORIUM.--- (1) DELAYED IMPLEMENTATION OF DECEMBER 4, 2007, INTERIM FINAL RULE.— The interim final rule published on December 4, 2007, at pages 68,077 through 68,093 of volume 72 of the Federal Register (relating to parts 431, 400, and 441 of title 42 of the Code of Federal Regulations) shall not take effect before April 1, 2009. (2) CONTINUATION OF 2007 PAYMENT POLICIES AND PRACTICES.— Notwithstanding any other provision of law, the Secretary of Health and Human Services shall not, prior to April 1, 2009, take any action (through promulgation of regulations, issuance of regulatory guidance, use of Federal payment audit procedures, or other administrative action, policy or practice, including a Medical Assistance Manual transmittal or issuance of a letter to State Medicaid directors) to restrict coverage or payment under title XIX of the Social Security Act for case management and targeted case management services if such action is more restrictive than the administrative action, policy, or practice that applies to coverage of, or payment for, such services under title XIX of the Social Security Act on December 3, 2007. Any such action taken by the Secretary of Health and Human Services during the period that begins on December 4, 2007, and ends on March 31, 2009, that is based in whole or in part on the interim final rule described in subsection (a) is null and void. (b) INCLUSION OF MEDICARE PROVIDERS AND SUPPLIERS IN FEDERAL PAYMENT LEVY AND ADMINISTRATIVE OFFSET PROGRAM.--- (1) IN GENERAL.— Section 1874 of the Social Security Act (42 U.S.C. 1395kk) is amended by adding at the end the following new subsection: “(d) INCLUSION OF MEDICARE PROVIDER AND SUPPLIER PAYMENTS IN FEDERAL PAYMENT LEVY PROGRAM.--- “(1) IN GENERAL.— The Centers for Medicare & Medicaid Services shall take all necessary steps to participate in the Federal Payment Levy Program under section 6331(h) of the Internal Revenue Code of 1986 as soon as possible and shall ensure that—	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				"(A) at least 50 percent of all payments under parts A and B are processed through such program beginning with 1 year after the date of the enactment of this section; "(B) at least 75 percent of all payments under parts A and B are processed through such program beginning within 2 years after such date; and "(C) all payments under parts A and B are processed through such program beginning not later than September 30, 2011. "(2) ASSISTANCE.— The Financial Management Service and the Internal Revenue Service shall provide assistance to the Centers for Medicare & Medicaid Services to ensure that all payments described in paragraph (1) are included in the Federal Payment Levy Program by the deadlines specified in that subsection.". (2) APPLICATION OF ADMINISTRATIVE OFFSET PROVISIONS TO MEDICARE PROVIDER OR SUPPLIER PAYMENTS.— Section 3716 of title 31, United States Code, is amended— (A) by inserting "the Department of Health and Human Services," after "United States Postal Service," in subsection (c)(1)(A); and (B) by adding at the end of subsection (c)(3) the following new subparagraph: "(D) This section shall apply to payments made after the date which is 90 days after the enactment of this subparagraph (or such earlier date as designated by the Secretary of Health and Human Services) with respect to claims or debts, and to amounts payable, under title XVIII of the Social Security Act.". (3) EFFECTIVE DATE.— The amendments made by this subsection shall take effect on the date of the enactment of this Act.	
				SEC. 214. INCREASED CIVIL MONEY PENALTIES AND CRIMINAL FINES FOR MEDICARE FRAUD AND ABUSE. (a) INCREASED CIVIL MONEY PENALTIES.— Section 1128A of the Social Security Act (42 U.S.C. 1320a-7a) is amended— (1) in subsection (a), in the flush matter following paragraph (7)--- (A) by striking "$10,000" each place it appears and inserting "$20,000"; (B) by striking "$15,000" and inserting "$30,000"; and (C) by striking "$50,000" and inserting "$100,000"; and	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				(2) in subsection (b)— (A) in paragraph (1), in the flush matter following subparagraph (B), by striking "$2,0000" and inserting "$4,000"; (B) in paragraph (2), by striking "$2,000" and inserting "$4,000"; and (C) in paragraph (3)(A)(i), by striking "$5,000" and inserting "$10,000". (b) INCREASED CRIMINAL FINES.— Section 1128B of the Social Security Act (42 U.S.C. 1320a-7b) is amended— (1) in subsection (a), in the flush matter following paragraph (6)--- (A) by striking "$25,000" and inserting "$100,000"; and (B) by striking "$10,000" and inserting "$20,000"; (2) in subsection (b)– (A) in paragraph (1), in the flush matter following subparagraph (B), by striking "$25,000" and inserting "$100,000"; and (B) in paragraph (2), in the flush matter following subparagraph (B), by striking "$25,000" and inserting "$100,000"; (3) in subsection (c), by striking "$25,000" and inserting "$100,000"; (4) in subsection (d), in the second flush matter following subparagraph (B), by striking "$25,000" and inserting "$100,000"; and (5) in subsection (e), by striking "$2,000" and inserting "$4,000". (c) EFFECTIVE DATE.— The amendments made by this section shall apply to civil money penalties and fines imposed for actions taken on or after the date of enactment of this Act.	
				SEC. 215. INCREASED SENTENCES FOR FELONIES INVOLVING MEDICARE FRAUD AND ABUSE. (a) FALSE STATEMENTS AND REPRESENTATIONS.— Section 1128B(a) of the Social Security Act (42 U.S.C. 1320a-7b(a)) is amended, in clause (i) of the flush matter following paragraph (6), by striking "not more than 5 years" and inserting "not more than 10 years". (b) ANTI-KICKBACK.— Section 1128B(b) of the Social Security Act (42 U.S.C. 1320a-7b(b)) is amended— (1) in paragraph (1), in the flush matter following subparagraph (B), by striking "not more than 5 years" and inserting "not more than 10 years"; and (2) in paragraph (2), in the flush matter following subparagraph (B), by striking "not more than 5 years" and inserting "not more than 10 years". (c) FALSE STATEMENT OR	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				REPRESENTATION WITH RESPECT TO CONDITIONS OR OPERATIONS OF FACILITIES.— Section 1128B(c) of the Social Security Act (42 U.S.C. 1320a-7b(c)) is amended by striking "not more than 5 years" and inserting "not more than 10 years". (d) EXCESS CHARGES.— Section 1128B(d) of the Social Security Act (42 U.S.C. 1320a-7b(d)) is amended, in the second flush matter following subparagraph (B), by striking "not more than 5 years" and inserting "not more than 10 years". (c) EFFECTIVE DATE.— The amendments made by this section shall apply to criminal penalties imposed for actions taken on or after the date of enactment of this Act.	
				TITLE III - MISCELLANEOUS SEC. 301. RESOLUTION OF APOLOGY TO NATIVE PEOPLE OF THE UNITED STATES. (A) FINDINGS.-Congress finds that - (1) the anscestors of today's Native Peoples inhabited the land of the present-day Untied States since time immemorial and for thousands of years before the arrival of people of Eurpoen descent; (2) for millennia, Native Peoples have honored, protected, and stewarded this land we cherish; (3) Native Peoples are spiritual people with a deep and abiding belief in the Creator, and for millennia Native Peoples have maintained a powerful spiritual connection to this land, as evidenced by their customs and legends; (4) the arrival of Eruopeans in North America opened a new chapter in the history of Native Peoples; (5) while establishment of permanent European settlements in North America did stir conflict with nearby Indian tribes, peaceful and mutually beneficial interactions also took place; (6) the foundational Englis settlements in Jamestown, Virginia, and Plymouth, Massachusetts, owed their survival in large measure to the compassion and aid of Native Peoples in the vicinities of the settlements; (7) in the infancy of the United states, the founders of the Republic expressed their desire for a just relationship with the Indian tribes, as evidenced by the Northwest Ordinance enacted by Congress in 1787, which begins with the phrase, "The utmost good faith shall always be	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				observed toward the Indians"; (8) Indian tribes provided great assistance to the fledgling Republic as it strengthened and grew, including invaluable help to Meriwether Lewis and William Clark on their epic journey from st. Louis, Missouri, to the Pacific Coast; (9) Native Peoples and non-Native Settler engaged in numerous armed conflicts; (10) the Federal Government violated many of the treaties ratified by Congress and other diplomatic agreements with Indian tribes; (11) the United States should address the broken treaties and many of the more ill-conceived Federal policies that followed, such as extermination, termination, forced removal and relocation, the outlawing of traditional religions, and the destruction of sacred places; (12) the United States forced Indian tribes and their citizens to move away from their traditional homelands and onto federally established and controlled reservations, in accordance with such Acts as the Act of May 28, 1830 94 Stat. 411, chapter 148) (commonly known as the "Indian Removal Act"); (13) many Native Peoples suffered and perished- (A) during the execution of the official Federal Government policy of forced removal, including the infamous trail of Tears and Long Walk; (B) during bloody armed confrontations and massacres, such as the Sand Creek Massacre in 1864 and the Wounded Knee Massacre in 1890; and (C) on numerous Indian reservations; (14) the Federal Government condemned the traditions, beliefs, and customs of Native Peoples and endeavored to assimilate them by such policies as the redistribution of land under the Act of February 8, 1887 (25 U.S.C. 331; 24 Stat. 388, chapter 119) (commonly known as the "General Allotment Act"), and the forcible removal of Native children from their families to faraway boarding schools where their Native practices and languages were degraded and forbidden; (15) official of the Federal Government and private United States citizens harmed Native Peoples by the unlawful acquisition of recognized tribal land and the theft of tribal resources and assets from recognized tribal land; (16) the policies of the Federal Government toward Indian tribes and the	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				breaking of covenants with Indian tribes have contributed to the severe social ills and economic troubles in many Native communities today; (17) despite the wrongs committed against Native Peoples by the United States, Native Peoples have remained committed to the protection of this great land, as evidenced by the fact that, on a per capita basis, more Native Peoples have served in the United States Armed Forces and placed themselves in harm's way in defense of the Untied States in every major military conflict than any other ethnic group; (18) Indian tribes have actively influenced the public life of the United States by continued cooperation with Congress and the Department of the Interior, through the involvement of Native individuals in official Federal Government positions, and by leadership of their own sovereign Indian tribes; (19) Indian tribes are resilient and determined to preserve, develop, and transmit to future generations their unique cultural identities; (20) the National Museum of the American Indian was established within the Smithsonian Institution as a living memorial to Native Peoples and their traditions; and (21) Native Peoples are endowed by their Creator with certain unalienable rights, and among those are life, liberty, and the pursuit of happiness. (B) ACKNOWLEGMENT AND APOLOGY.-The Untied States, acting through Congress- (1) recognizes the special legal and political relationship Indian tribes have with the United States and the solemn covenant with the land we share; (2) commends and honors Native Peoples for the thousands of years that they have stewarded and protected this land; (3) recognizes that there have been years of official depredations, ill-conceived policies, and the breaking of covenants by the Federal Government regarding Indian tribes; (4) apologies on behalf of the people of the United States to all Native Peoples for the many instances of violence, maltreatment, and neglect inflicted on Native Peoples by citizens of the United States; (5) expresses its regret for the	

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
				ramifications of former wrongs and its commitment to build on the positive relationships of the past and present to move toward a brighter future where all the people of this land live reconciled as brothers and sisters, and harmoniously steward and protect this land together; (6) urges the President to acknowledge the wrongs of the United States against Indian tribes in the history of the United States in order to bring healing to this land by providing a proper foundation for reconciliation between the United States and Indian tribes; and (7) commends the State governments that have begun reconciliation efforts with recognized Indian tribes located in their boundaries and encourages all State governments similarly to work toward reconciling relationships with Indian tribes within their boundaries. (c) DISCLAMIER.-Nothing in this section - (1) authorizes or supports any claim against the United States; or (2) serves as a settlement of any claim against the United States.	
					THROUGH THE INDIAN HEALTH SERVICE Sec. 421. The last sentence of Section 1905(b) of the Social Security Act is amended, as follows: Notwithstanding the first sentence of this section, the federal medical assistance percentage shall be 100 per centum with respect to amounts expended as medical assistance for services which are received through the ~~an~~ Indian Health Service ~~facility whether operated by the Indian Health Service~~ or ~~by~~ an Indian Tribe, tribal organization or urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act) under Section 1911 of the Social Security Act. Through" in this subsection shall include services provided directly, by referral, or under contracts or other arrangements between the Indian Health Service, Indian Tribe, tribal organization or urban Indian organization and another health provider.
					MEDICAID FEDERALLY QUALIFIED HEALTH CENTER PAYMENTS Sec. 418. Section 1902(a)(13) of the Social Security Act is amended by adding

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
					the following: (D)(i) for payment for services described in clause (C) of section 1905(a)(2) under the plan furnished by an Indian Tribe, tribal organization or urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act) of 100 percent of costs which are reasonable and related to the cost of furnishing such services or based on other tests of reasonableness as the Secretary prescribes in regulations under section 1833(a)(3), or, in the case of services to which those regulations do not apply, the same methodology used under section 1833(a)(3).
					MEDICAID MANAGED CARE ORGANIZATION PAYMENTS TO FEDERALLY QUALIFIED HEALTH CENTERS Sec. 419. Section 1902(a)(13) of the Social Security Act is amended by adding the following: (D)(ii) in carrying out clause (i) in the case of services furnished by a federally-qualified health center that is operated by an Indian Tribe, tribal organization or urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act) pursuant to a contract between the center and an organization under section 1903(m), for payment to the center at least quarterly by the State of a supplemental payment equal to the amount (if any) by which the amount determined under clause (i) exceeds the amount of the payments provided under such contract.
					Sec. 416. Section 1880 of the Social Security Act is amended, as follows: INDIAN HEALTH PROGRAMS~~SERVICE FACILITIES~~ Sec. 1880. (a) ~~A hospital or skilled nursing facility of t~~ The Indian Health Service and ~~, whether operated by such Service or by~~ an Indian Tribe or tribal organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act), shall be eligible for payments under this title, notwithstanding sections 1814(c) and 1835(d), if and for so long as it meets ~~all of~~ the conditions and requirements for such payments which are applicable generally to the service or provider type for which it seeks payment ~~hospitals or skilled nursing facilities (as the case may be)~~ under this title and for services and provider types provided by a qualified Indian health program under

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
					section 1880A.
					(b) Notwithstanding subsection (a), if ~~a hospital or skilled nursing facility of~~ the Indian Health Service or an Indian Tribe, tribal organization or urban Indian organization, ~~which~~ does not meet all of the conditions and requirements of this title which are applicable generally to such service or provider type ~~hospitals or skilled nursing facilities (as the case may be), but which~~ submits to the Secretary within six months after the date on which it first sought reimbursement for the service or provider type ~~of enactment of this section~~ an acceptable plan for achieving compliance with such conditions and requirements, it shall be deemed to meet such conditions and requirements (and to be eligible for reimbursement under this title), without regard to the extent of its actual compliance with such conditions and requirements, during the first twelve months after the month in which such plan is submitted. (c) For provisions relating to the authority of certain Indian Tribes and tribal organizations to elect to directly bill for, and receive payment for, health care services provided by a hospital or clinic of such Tribes or tribal organizations and for which payment may be made under this title, see section 405 of the Indian Health Care Improvement Act. ~~Notwithstanding any other provision of this title, payments to which any hospital or skilled nursing facility of the Indian Health Service is entitled by reason of this section shall be placed in a special fund to be held by the Secretary and first used by him (to such extent or in such amounts as are provided in appropriation Acts) exclusively for the purpose of making any improvements in the hospitals and skilled nursing facilities of the such Service which may be necessary to achieve compliance with the applicable conditions and requirements of this title. The preceding sentence shall not cease to apply when the Secretary determines and certifies that substantially all of the hospitals and skilled nursing facilities of such Service in the United States are in compliance with such conditions and requirements.~~ ~~(d) The annual report of the Secretary which is required by section 701 [now 801] of the Indian Health Care Improvement Act shall include (along with the matters specified in section 403~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
					~~of such Act) a detailed statement of the status of the hospitals and skilled nursing facilities of the Service in terms of their compliance with the applicable conditions and requirements of this title and of the progress being made by such hospitals and facilities (under plans submitted under subsection (b) and otherwise) toward the achievement of such compliance.~~
		Medicare Like Rates were adopted in the Medicare Modernization Act.			LIMITATIONS ON CHARGES. Sec. 415. (a) Section 1866(a)(1) of the Social Security Act, 42 U.S.C. § 1395cc(a)(1), is amended to add a new paragraph (T), as follows: (T) in the case of hospitals and critical access hospitals which provide inpatient hospital services for which payment may be made under this title, to accept as payment in full for services that are covered under and furnished to an individual eligible for the contract health services program operated by the Indian Health Service, by an Indian Tribe or tribal organization or furnished to an urban Indian eligible for health services purchased by an urban Indian organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act), in accordance with such admission practices, and such payment methodology and amounts, as are prescribed under regulations issued by the Secretary in implementation of such section.
					[Sec. 416] (d) The Indian Health Service, an Indian Tribe or tribal organization providing a service otherwise eligible for payment under this section through the use of a community health aide or practitioner certified under the provisions of section 121 of the Indian Health Care Improvement Act (25 U.S.C. § 1616l) shall be paid for such services on the same basis that such services are reimbursed under State Plans approved under Title XIX of the Social Security Act.
					[Sec. 416] (e) Notwithstanding any other provision of law, a health program operated by the Indian Health Service, an Indian Tribe or tribal organization, which collaborates with a hospital operated by the Indian Health Service or an Indian Tribe or tribal organization, shall, at the option of the Indian Tribe or tribal organization, be paid for services for which it would otherwise be eligible under Section 1880 of the Social Security Act

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
					(42 USC § 1395qq) as if it were an outpatient department of the hospital. In situations where the health program is on a separate campus from the hospital, billing as an outpatient department of the hospital shall not subject such a health program to the requirements of section 1867 (42 U.S.C. § 1395dd) [the Emergency Medical Treatment and Active Labor Act].
					[Sec. 416] (f) The Indian Health Service, an Indian Tribe or tribal organization providing visiting nurse services in a Home Health Agency Shortage Area shall be paid for such services on the same basis that such services are reimbursed for other primary care providers.
					Sec. 417. Title XVIII of the Social Security Act is amended by the addition of a new section 1880A, as follows: QUALIFIED INDIAN HEALTH PROGRAM Sec. 1880A. (a) A qualified Indian health program shall be eligible for payments under this title, notwithstanding sections 1814(c) and 1835(d), if and for so long as it meets all the conditions and requirements set forth in this section. (b)(1)The term qualified Indian health program" means a health program operated by– (A) the Indian Health Service; (B) an Indian Tribe, tribal organization or urban Indian organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act) and which is funded in whole or part by the Indian Health Service under the Indian Self Determination and Education Assistance Act; and (C) an urban Indian organization (as that term is defined in section 4 of the Indian Health Care Improvement Act) and which is funded in whole or part under Title V of the Indian Health Care Improvement Act. (2) A qualified Indian health program may include one or more hospitals, nursing homes, home health programs, clinics, ambulance services or other health programs providing a service for which payments may be made under this title and which is covered in the Medicare or Medicaid cost report for such qualified Indian health program. (c)(1) Notwithstanding any other provision in the law, a qualified Indian health program shall be entitled to receive

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
					payment based on an all-inclusive rate which shall be calculated to provide full cost recovery for the cost of furnishing services provided under this section. (2) The term full cost recovery" shall mean– (A) the direct costs, which are reasonable, adequate and related to the cost of furnishing such services, taking into account the unique nature, location and service population of the qualified Indian health program, and which shall include direct program, administrative and overhead costs, without regard to the customary or other charge or any fee schedule that would otherwise be applicable, plus (B) indirect costs which for a qualified Indian health program operated by– (i) an Indian Tribe or tribal organization for which an indirect cost rate (as that term is defined in section 4(g) of the Indian Self-Determination and Education Assistance Act) has been established or an urban Indian organization for which an indirect cost rate has otherwise been established shall be not less than an amount determined on the basis of the indirect cost rate; or (ii) the Indian Health Service, an Indian Tribe, tribal organization or urban Indian organization for which no such rate has been established shall be not less than the administrative costs specifically associated with the delivery of the services being provided. (C) Notwithstanding any other provision of law, the amount determined to be payable as full cost recovery may not be reduced for co-insurance, co-payments or deductibles when the service was provided to an Indian entitled under federal law to receive service from the Indian Health Service, an Indian Tribe or tribal organization, or an urban Indian organization or because of any limitations on payment provided for in any managed care plan. (3) In addition to full cost recovery, a qualified Indian health program shall be entitled to reasonable outstationing costs, which shall include all administrative costs associated with outreach and acceptance of eligibility applications for any federal or state health program including, but not limited to Medicare, Medicaid and the Children's Health Insurance Program.

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
					(4) Costs identified for services addressed in a cost report submitted by the qualified Indian health program shall be used to determine an all-inclusive encounter or per diem payment amount for such services. Not all health programs provided or administered by the Indian Health Service, an Indian Tribe or tribal organization, or an urban Indian organization must be combined into a single cost report. A full cost recovery payment for services not covered by such cost report shall be made on a fee-for-service, encounter, or per diem basis. (5) The full cost recovery rate provided for in paragraph (1) through (3) of this subsection may be determined, at the election of the qualified Indian health program, by the Health Care Financing Administration or by a State Medicaid agency and shall be valid for reimbursement made under Title XVIII (medicare), Title XIX (medicaid), and Title XXI (children's health insurance program) purposes. The costs described in subparagraph (A) of paragraph (2) shall be calculated under whatever methodology yields the greatest aggregate payment for the cost reporting period, provided that such methodology shall be adjusted to include adjustments to such payment to take into account for those qualified Indian health programs that include hospitals– (A) a significant decreases in discharges; (B) costs for graduate medical education programs; (C) additional payment as a disproportionate share hospital with a payment adjustment factor of 10; (D) payment for outlier cases; (6) A qualified Indian health program may elect to receive payment for services provided under this section– (A) on the full cost recovery basis provided in subsection (c)(1) - (5) (B) on the basis of the inpatient or outpatient encounter rates established for Indian Health Service facilities and published annually in the federal Register; (C) on the same basis as other providers are reimbursed under this title, provided that to this amount shall be added the amounts determined under subparagraph (B) of subsection (c)(2); (D) on the basis of any other rate or methodology applicable to the Service, an Indian Tribe or tribal organization; or

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
					(E) on the basis of any rate or methodology negotiated with the agency responsible for making payment. (d) A qualified Indian health program may under this section provide and be reimbursed for any service the Indian Health Service, an Indian Tribe or tribal organization or an urban Indian organization may be reimbursed under section 1880 for the Medicare program and section 1911 for the Medicaid program, provided that in either event such services may also include, at the election of the qualified Indian health program, (1) any service when furnished by an employee of the qualified Indian health program who is licensed or certified to perform such a service to the same extent that such service would be reimbursable if performed by a physician and any service or supplies furnished as incident to a physician's service as would otherwise be covered if furnished by a physician or as an incident to a physician's service; (2) screening, diagnostic and therapeutic outpatient services including, but not limited to, part-time or intermittent screening, diagnostic and therapeutic skilled nursing care and related medical supplies (other than drugs and biologicals), furnished by an employee of the qualified Indian health program who is licensed or certified to perform such a service for an individual in the individual's home or in a community health setting under a written plan of treatment established and periodically reviewed by a physician, when furnished to an individual as an outpatient of a qualified Indian health program; (3) preventive primary health services as described under sections 329, 330 and 340 of the Public Health Service Act, when provided by an employee of the qualified Indian health program who is licensed or certified to perform such a service, regardless of the location in which the service is provided; (4) for children, all services specified as part of the State Medicaid plan, Children's Health Insurance Program and EPSDT; (5) influenza and pneumococcal immunizations; (6) other immunizations for prevention of communicable diseases when targeted; and (7) the cost of transportation for

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
					providers or patients necessary to facilitate access for patients.
					[Sec. 416] (g) Notwithstanding any other provision of law, the Secretary shall have broad authority to identify and implement alternative methods of reimbursing Indian health programs for Medicare services provided to Indians, provided that the Indian Tribe, tribal organization or urban Indian organization may opt to receive reimbursement under reimbursement methodologies applicable to other providers of similar services, provided that the amount of reimbursement resulting under such alternative methodology shall not be less than 100 percent of the reasonable cost of the service to which the methodology applies under section 1861(v).
					CHILDREN'S HEALTH INSURANCE PROGRAM FEDERAL MEDICAL ASSISTANCE PERCENTAGE Sec. 423. Section 2101(c) of the Social Security Act is amended by the addition of a new sentence, to read: Without regard to which option a State chooses under section 2101(a), the federal medical assistance percentage shall be 100 per centum with respect to amounts expended as medical assistance for services which are provided through a health program operated by the Indian Health Service, an Indian Tribe or tribal organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act).
					REPEAL OF FACILITIES SURVEY AND REPORTING REQUIREMENT Subsections 506(a) and (b) of P.L. 101-630 are repealed. ~~[NOTE: Sec. 506 of P.L. 101-630 reads as follows:~~ ~~(a) Survey.–The Secretary shall conduct a survey of all facilities used by contractors under title V of the Indian Health Care Improvement Act and shall submit a report to the Congress on such survey not later than one year after the date of enactment of this Act. The report shall, at a minimum, contain the following information for each location:~~ ~~(1) The extent to which the facility meet the safety and building codes and, if direct care is provided, the extent of compliance with Joint Commission on Accreditation of Health Care Organizations (JCAHO) standards.~~ ~~(2) The extent to which improvements,~~

	Notes	P.L. 94-437 (Current Law), as amended by S. 1790 RS	H.R. 2708 Introduced, as amended by H.R. 3962, as adopted	S. 1200 Engrossed	NSC Draft 1999
					~~expansions, or relocation is necessary to meet program requirements, provide adequate services, or achieve building code compliance.~~ ~~(3) Any lease restriction that would hamper accomplishment of needed improvement, expansion, or relocation.~~ ~~(4) The term of the lease, if appropriate, the age of the structure, and the structure's life expectancy with and without improvement.~~ ~~(5) An assessment of the deficiencies of the facility.~~ ~~(b) Report.—The report shall contain general recommendations for addressing the deficiencies of facilities in which programs funded under title V of the Indian Health Care Improvement Act are located and shall propose specific policies for accomplishing those recommendations.]~~
	E, Sec. 2 Report on 3rd Party Payment Collections				

sxs S1790 RS amends CL to HR2708 as adopted in HR 3962 to S1200 to NSC1999 w-Notes 2009-12-17 (final).wpd