

**Review of Indian Specific Provisions in Health Care Reform Bills Other Than the Indian Health Care Improvement Act
REVISED and UPDATED on January 10, 2010**

Section	House Bill, H.R. 3962 Provision	Section	Senate Bill, H.R. 3590 Provision	Action Requested
100(6)	Definitions: Employment based health plan includes tribal governmental plans.			Retain
100(16)	Definitions: Indian as defined under IHCA.			Retain
100(17)	Definitions: Indian health care provider as defined under IHCA.			Retain
243	Consultation and Coordination requires the new Health Choices Commissioner to consult with many entities, including Indian tribes and tribal organizations.			Include House
		1311(c)(6)(D)	Affordable Choices Of Health Benefit Plans – Enrollment periods: Sec. 1311 authorizes the Secretary to require an exchange to provide for special monthly enrollment periods for Indians.	Include Senate
		1402(d)(1)	Reduced Cost-Sharing For Individuals Enrolling in Qualified Health Plans: (d) Special Rules for Indians – (1) Indians Under 300 Percent of Poverty. An individual Indian enrolled in any qualified health plan through an Exchange whose Household income is less than 300% of the poverty line shall be treated as an eligible insured; and the issuer of the plan shall eliminate any cost-sharing.	Include Senate
304(b)(9)	Contracts for the Offering of Exchange-Participating Health Benefits Plans - Special Rules with Respect to Indian Enrollees and Indian Health Care Providers. Requires entities who seek to participate in exchange to demonstrate to the Commissioner that it has contracted with a sufficient number of Indian health care providers.			Include House
304(c)(5)	Special Rule Related to Cost-Sharing and Indian Health Care Providers. - If an individual who is an Indian is enrolled in a health plan and such individual receives a covered item or service from an Indian health care provider the cost-sharing for such item or service shall be equal to the amount of cost-sharing that would be imposed if such item or service - (a) had been furnished by another provider in the plan’s provider network; or(b) in the case that the plan has no such network, was furnished by a non-Indian provider.	1402(d)(2)	Reduced Cost-Sharing for Individuals Enrolling In Qualified Health Plans: (d) Special Rules for Indians – (2) Items or services furnished through Indian Health Providers. - If an Indian enrolled in a qualified health plan is furnished an item or service directly by the IHS, an Indian tribe, tribal organization, or urban Indian organization or through referral under contract health services no cost-sharing under the plan shall be imposed under the plan for such item or service provided; and the issuer of the plan shall not reduce the payment to any such entity for such item or service	Include Senate because Senate requires no cost sharing provision.
		1402(d)(3)	Reduced Cost-Sharing for Individuals Enrolling in Qualified Health Plans: (d) Special Rules for Indians— (3) Payment— The Secretary shall pay to the issuer of a qualified health plan the amount necessary to reflect the increase in actuarial value of the plan required.	Include Senate



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325(b)(2)	Sec. 325 describes the conditions of participation for health care providers under the public health insurance option Special Rule for IHS Facilities and Providers. Following entities are exempt from the licensed or certification requirement to participate in the public health insurance option (A) a facility that is operated by the IHS; (B) a facility operated by an Indian tribe or tribal organization under the Indian self-determination act (public law 93-638); (C) a health care professional employed by the IHS; or (D) a health care professional— (i) who is employed to provide health care services in a facility operated by an Indian tribe or tribal organization under the Indian self-determination act; and (ii) who is licensed or certified in any state.			Include House if final bill contains public option.
342(a)(3)	Affordable Credit Eligible Individual: (3) Special Rule for Indians. Defines “affordable credit eligible individual” which includes shall not apply to an individual who has coverage that is treated as acceptable coverage for purposes of section 59b(d)(2) of the internal revenue code of 1986 but is not treated as acceptable coverage for purposes of this division.			Include House if including House exemption language (see box below.)
501(a) – add Sec. 59B	Tax on Individuals Without Acceptable Health Care Coverage: Acceptable Coverage Requirement – The requirements of having acceptable coverage are met if such individual is covered by acceptable coverage at all times during such period. “(2) acceptable coverage.—for purposes of this section, the term ‘acceptable coverage’ means any of the following: “(6) members of Indian tribes.— health care services made available through the IHS, a tribal organization (as defined in section 4 of the Indian health care improvement act), or an urban Indian organization to members of an Indian tribe.	1411(b)(5)(A)	Procedures for Determining Eligibility for Exchange Participation, Premium Tax Credits And Reduced Cost-Sharing, and Individual Responsibility Exemptions -	Prefer and include Senate: The Senate language is a straightforward exemption. We anticipate that the House language would create additional burdens in order to certify an individual Indian’s eligibility from the exemption.
		1501 –adds Sec. 5000A(e)(3)	Requirement to Maintain Minimum Essential Coverage (e) Exemptions – (3) Members of Indian Tribes—does not impose a penalty on members of Indian tribes	



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Sec. 545 – adds Sec. 139 (d)	Exclusion from Gross Income for Medical Care Provided for Indians.	Sec. 9021 – adds Sec. 139(d)	Exclusion of Health Benefits Provided by Indian Tribal Governments	Include House. The language is substantively the same except for the “(d) - denial of double benefit,” which may have negative implications on Tribes.
		2901(a)	Special Rules Relating to Indians (a) No Cost-Sharing For Indians With Income At Or Below 300 Percent Of Poverty Enrolled In Coverage Through A State Exchange. For provisions prohibiting cost sharing for Indians enrolled in any qualified health plan in the individual market through an exchange, see section 1402(d) of the patient protection and affordable care act.	Reference Sec. 1402. Include Senate
[Div D– Sec. 408]	[Under DIV D: Indian Health Care Improvement Act: <i>Payer of last resort.</i>]	2901(b)	Special Rules Relating to Indians (b) Payer of Last Resort – codification that health programs operated by the IHS, Tribes, Tribal and Urban Indian organizations shall be deemed payer of last resort for services provided to Indians.	Keep Both. The House provision is added under the IHCA and the Senate will be codified under the new health care reform bill.
		2901(c)	Special Rules Relating to Indians (c) Facilitating Enrollment of Indians Under the Express Lane Option. Indian tribes, tribal organizations, and urban are included in Express Lane Options.	Include Senate
		2901(d)	Special Rules Relating to Indians (d) Technical Corrections. Revises the reference to definitions of Indian; Indian tribe; Indian health program; tribal organization; Urban Indian organization.	Include Senate
	<i>Note: The House also supports the removal of the sunset date bill (H.R. 4313). This bill contains the same language as in Sec. 2902.</i>	2902	Elimination of Sunset for Reimbursement for all Medicare Part B Services Furnished by Certain Indian Hospitals and Clinics.	Include Senate
1904 adds Sec 440	Home Visitation Programs for Families with Young Children and Families Expecting Children. Requires the Secretary to specify requirements for eligible entities that are Indian tribes, tribal organizations, or urban Indian organizations to apply for and conduct an early childhood home visitation program with a grant and sets aside 3 percent of funding of the grant for tribal entities.	2951 – adds Sec. 511	Maternal, Infant, and Childhood Home Visiting Programs Requires the Secretary to specify requirements for eligible entities that are Indian tribes, tribal organizations, or urban Indian organizations to apply for and conduct an early childhood home visitation program with a grant and sets aside 3 percent of funding of the grant for tribal entities.	Include Senate since the Senate bill allocates more funding for this program.



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		2953 – adds Sec. 513	Personal Responsibility Education creates grants program to educate adolescents on both abstinence and contraception and sets aside 5 percent of awarding grants to Indian tribes and tribal organizations in such manner, and subject to such requirements, as the Secretary, in consultation with Indian tribes and tribal organizations, determines appropriate.	Include Senate
		3015 – adds Sec. 399II	Data Collection; Public Reporting – Collection and Analysis of Data For Quality and Resource Use Measures - Authorizes the Secretary to award grants or contracts to eligible entities to support efforts to collect and aggregate quality and resources use measures. Eligible entities include IHS or Tribe health programs.	Include Senate
2231	Public Health Workforce Corps authorizes the public health workforce corps to ensure an adequate supply of public health professionals and placing such professionals in state, local and tribal health departments.			Include House
2232	Establishes a Public Health Workforce Training and Enhancement Program consisting of awarding grants and contracts to eligible entities, which includes tribal health departments.			Include House
2234	Prevention Medicine and Public Health Training Grant Program creates a program to award grants to, and enters into contracts with eligible entities to provide training to graduate medical residents in preventive medical specialties. Tribal health departments are included as eligible entities.			Include House
2271	Health Workforce Assessment authorizes the collection of data on health workforce and the Secretary to award grant to eligible entities, including tribal governments, to collect this data.			Include House
2301 – add Sec. 3111	Prevention and Wellness Trust authorizes the establishment of a prevention and wellness trust and appropriates funds to carry out provisions under the following subtitles under this title iii – prevention and wellness – subtitle c, subtitle d, subtitle e, sec. 3161 (core public health infrastructure for state, local, and tribal health departments., sec. 3162 (core public health infrastructure and activities for CDC)			Include House
2301- add Sec. 3142	Prevention and Wellness Research authorizes the Secretary to conduct or award grants to eligible entities to conduct research in priority areas identified by the Secretary in the national prevention and wellness strategy			Include House



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	under section 3121 or by the task force on community prevention services. Tribal health departments are among the entities eligible for grants.			
2301- adds Sec. 3151	Delivery of Community Prevention and Wellness Services directs the Secretary, to establish a grant program for the delivery of community prevention and wellness services. Tribal health departments are included in the definition of eligible entities for grants.			Include House
2301 – adds Sec. 3161	Core Public Health Infrastructure authorizes the Secretary, thru the CDC, to establish a core public health infrastructure program and award grants on a competitive basis to state, local or tribal health departments. 30% of funds are allocated for these competitive grants.			Include House
2301 –adds Sec. 3171	Definitions include a definition of tribal refers to Indian tribe, Tribal organization, or an Urban Indian organization as defined under IHCA.			Include House
1184	Including Costs Incurred by AIDS Drug Assistance Programs and IHS in Providing Prescription Drugs Toward the Annual Out-Of-Pocket Threshold under Part D.	3314	Including Costs Incurred by AIDS Drug Assistance Programs and IHS in Providing Prescription Drugs Toward the Annual Out-Of-Pocket Threshold under Part D.	Same language: We support both.
		3501 – adds Sec. 934	Health Care Delivery System Research – Quality Improvement Technical Assistance and Implementation authorizes Director to provide tech. assistance awards to eligible entities, including Indian health organizations, IHS or health program operated by Indian tribe to adapt and implement model and practices identified by the Center for Quality Improvement and Patient Safety.	Include Senate
		3502	Establishing Community Health Teams to Support the Patient-Centered Medical Home authorizes the Secretary to establish a grant program for eligible entities to establish community-based interdisciplinary, interprofessional teams (referred to in this section as “health teams”) to support primary care practices, including obstetrics and gynecology practices, within the hospital service areas served by the eligible entities. Indian tribe or tribal organizations are included in the definition of eligible entities.	Include Senate
		3504 – adds Sec. 1204	Competitive Grants for Regionalized Systems for Emergency Care Response. Assistant Secretary for preparedness and response, shall award not fewer than 4 multiyear contracts or competitive grants to eligible entities to	Include Senate



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			support pilot projects that design, implement, and evaluate innovative models of regionalized, comprehensive, and accountable emergency care and trauma systems. An eligible entity includes an Indian tribe or group of tribes.	
2551 – revises Sec. 1241	Trauma Care Centers - authorizes the Secretary to establish a trauma center program consisting of awarding grants to further the core missions of existing centers and to provide emergency relief to ensure the continued and future availability of trauma services by trauma centers. The definition of existing centers includes public, private, nonprofit, IHS, Indian tribal, and urban Indian trauma centers.	3505	Trauma Care Centers And Service Availability authorizes 3 programs to award grants available to qualified IHS, Indian tribal, and urban Indian trauma centers to assist in defraying substantial uncompensated care costs and to further the core missions of such trauma centers.	Include Senate because it requires the establishment of 3 programs for Indian health trauma centers
		4001	National Prevention, Health Promotion and Public Health Council establishes a National Prevention, Health Promotion and Public Health Council and directs that the Assistant Secretary for Indian Affairs shall be part of the council. The council will establish process for continual public input, including input from state, regional, and local leadership communities and other relevant stakeholders, including Indian tribes and tribal organizations.	Include Senate
		4003 – adds Sec. 339u	Within Clinical and Community Prevention Services , a Community Preventative Services Task Force is created to review evidence and to develop recommendations for individuals and organizations delivering population-based prevention intervention services, which include Indian tribes and tribal organizations and urban Indian organizations.	Include Senate
		4004	Education and Outreach Campaign Regarding Preventative Benefits. Includes IHS as a provider to disseminate information for a prevention and health promotion outreach and education campaign to raise public awareness of health improvement across the life span.	Include Senate
		4102	Oral healthcare prevention activities Sec. 399LL Oral Health Care Prevention Education Requires the Secretary to ensure Indians, Alaska Natives and Native Hawaiians are be part of targeted activities in oral health care prevention education campaign. Sec. 399II-1 Research Based Dental Caries Disease Management - Makes dental programs of the IHS, an Indian tribe, or tribal organization or an urban Indian organization eligible for grants.	Include Senate



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			<p>Sec. 3991I-2 Authorization of Appropriations (b) School Based Sealant Programs.—revises 317m(c) (1) of the Public Health Service Act inserts “shall award a grant to each of the 50 states and territories and to Indians, Indian tribes, tribal organizations and urban Indian organizations (as such terms are defined in section 4 of the Indian health care improvement act)”. (d) Oral Health Care Infrastructure. The Secretary, acting through the director of the CDC, shall enter into cooperative agreements with state, territorial, and Indian tribes or tribal organizations to establish oral health leadership and program guidance, oral health care data collection and interpretation, a multidimensional delivery system for oral health, and to implement science-based programs to improve oral health.</p>	
		4108	<p>Incentives for Prevention of Chronic Diseases in Medicaid. Allows a state to enter into arrangements with Indian tribes for a prevention and health promotion outreach and education campaign to raise public awareness of health improvement across the life span.</p>	Include Senate
		4201	<p>Community Transformation Grants- Indian tribes are eligible to receive grants for implementation, evaluation and dissemination of evidence based prevent activities</p>	Include Senate
		4202	<p>Healthy Aging, Living Well; Evaluation of Community Based Prevention and Wellness Programs for Medicare Beneficiaries. Awards grants to states or local health departments and Indian tribes to carry out 5 year pilot programs to provide public health community interventions, screenings, and where necessary, clinical referrals for individuals who are between 55 and 64 years of age.</p>	Include Senate
		4302 adds Sec. 3101	<p>Understanding Health Disparities: Data Collection, Analysis, and Quality. Makes data collected through the section available to IHS and epidemiology centers funded under the IHCA.</p>	Include Senate
		4304 adds Sec. 2821	<p>Epidemiology-Laboratory Capacity Grants. Grant program for State, local health departments and tribal jurisdiction in order to assist public health agencies in improving surveillance for, and response to, infectious diseases.</p>	Include Senate



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2402 adds 1709	Assistant Secretary for Health Information is created within HHS to ensure collection, reporting, publishing on key health indicators; facilitate and coordinate the collection of information among agencies. Tribal epicenters are included in definition of agencies.			Include House
2511(l) (4)(f)	School Based Health Clinic authorizes the creation of school based health clinic program consisting of awarding to eligible entities to support the operation of school based health clinic. A sponsoring facility will assume all responsibility for the administration of the school based health clinic. A program administered by the IHS or the BIA or operated by an Indian tribe or a tribal organization, a Native Hawaiian entity, or an urban Indian program.			Include House
2530 – adds 399v	Grants to Promote Positive Health Behaviors and Outcomes - Authorized to award grants to eligible entities to promote positive health behaviors for populations in medically underserved communities through the use of community health workers. Medically underserved communities includes federally recognized Tribe with medically underserved population and health professional shortage area.			Include House with revision to eligible entity to include tribal health departments. See Sec. 2301.
2532	Infant Mortality Pilot Programs authorizes the HHS Secretary to award grants to eligible entities to create, implement, and oversee infant mortality pilot programs. The definition of eligible entity includes tribal health department. Tribal refers to an Indian tribe, a tribal organization, or an urban Indian organization.			Include House
2535(c)	Community-Based Overweight and Obesity Prevention Program authorizes the Secretary to establish a community based overweight and obesity prevention program consisting of awarding grants and contracts to eligible entities. The definition of eligible entity includes tribal health departments and tribal park and recreation departments.			Include House
2538	Screening, Brief Intervention, Referral, and Treatment For Mental Health and Substance Abuse Disorders provides the establishment of program on mental health and substance abuse screening, brief intervention, referral and recovery services for individuals in primary health care settings. The Secretary is authorized to give such preference to certain entities including special needs population such as American Indian or Alaska Natives population.			Include House



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		5101	National Health Care Workforce Commission - Requires consultation with Federal agencies, Congress, and to the extent practicable, to consult with state and local agencies and Indian Tribes.	Include Senate
		5204 adds Sec. 776	Public Health Workforce Loan Repayment Program – Establishes loan repayment program to assure an adequate supply of public health professionals to eliminate critical public health workforce shortages in Federal, State, local, and tribal public health agencies.	Include Senate
		5205	Allied Health Workforce Recruitment And Retention Programs. Authorizes the creation of the by authorizing an Allied Health Loan Forgiveness Program for the purpose to assure an adequate supply of allied health professionals to eliminate critical allied health workforce shortages in Federal, State, local, and tribal public health agencies or in settings.	Include Senate
		5206 adds Sec. 777	Grants for State and Local Programs: Training for Mid-Career Public Health Professionals. May make grants to, or enter into contracts with, any eligible entity to award scholarships to eligible individuals to enroll in degree or professional training programs for mid-career professionals in the public health and allied health workforce to receive additional training. Eligible individuals includes those individuals employed in public and allied health positions at the Federal, State, Tribal, or local level.	Include Senate
		5304 adds Sec 340G	Alternative Dental Health Care Providers Demonstration Project – Awards grants to 15 eligible entities to establish demo program to establish training program to train and to employ alternative dental health care providers. Eligible entities include an IHS facility or health facility operated by a tribe or tribal organization or urban Indian organization.	Include Senate
		5405 adds Sec. 399W	Primary Care Extension Program – created to provide assistance to primary care providers to educate providers about preventive medicine, health promotion, chronic disease management, mental and behavioral health services (including substance abuse prevention and treatment services), and evidence-based and evidence-informed techniques, to enable providers to incorporate such matters into their practice and to improve community health by working with community-based health connectors. The Secretary is required to consult with federal agencies including IHS.	Include Senate



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		5507 adds Sec. 2008	Demonstration Projects to Provide Low Income Individuals with Opportunities for Education, Training, and Career Advancement to Address Health Professions Workforce Needs. Demo project conducted by an eligible entity awarded a grant shall provide eligible individuals participating in the project with financial aid, child care, case management, and other supportive services. Shall award at least 3 grants to Indian tribes, tribal organization or tribal college or university.	Include Senate
		5508 adds Sec. 749A	Increasing Teaching Capacity - Teaching Health Centers Development Grants. Grant program to teaching health centers for the purpose of establishing new accredited or expanded primary care residency programs. Entities eligible includes health center operated by the IHS, an Indian tribe or tribal organization, or an urban Indian organization.	Include Senate
2101 revises 42 USC 254b(r)	Community Health Centers - Increased Funding. Raises the appropriations limits for public health clinics under section 254b(r), but limits the eligibility for these funds to Community Health Clinics, i.e. Federally Qualified Health Centers that have received a 330 grant.	5601	Spending for Federally Qualified Health Centers (FQHCs) Increases funding available under section 254b(r) of the Public Health Services Act, but has a broader scope of eligible public health clinics by referring to FQHCs rather than CHCs thus allowing Rural Health Clinics, grandfathered Tribal and Urban FQHCs, and FQHC look-a-likes to potentially be eligible for services.	Include Senate language because it would extend eligibility for appropriations to Tribal and UIHO FQHC and FQHC look-a-likes.
1802 adds Sec. 9511	Comparative Effectiveness Research Trust Fund; Financing for Trust Fund. Establishes the Health Care Comparative Effectiveness Research Trust Fund based on financing from fees imposed on specified health insurance policies and paid by issuer. Certain government programs are exempt including any program established by Federal law for providing medical care (other than through insurance policies) to members of Indian tribes.	6301 adds Sec.4377	Patient Centered Outcomes - A patient centered outcomes research trust fund is establish and financed through Financing For Fund From Fees On Insured And Self-Insured Health Plans. —Fees are imposed on specified health insurance policy and paid by issuer. Certain government programs are exempt including any program established by Federal law for providing medical care (other than through insurance policies) to members of Indian tribes.	Same exemption language.
		6402 adds Sec. 1128	Enhanced Medicare and Medicaid program integrity provisions – requires that the Integrated Data Repository of the CMS shall include, at minimum, claims and payment data from certain programs including the IHS and the Contract Health Service program. Also requires the Secretary to enter into agreements with certain individuals of agencies, including IHS Director, to share and match data in the record system of the respective agencies with data in the HHS system for the purpose of identifying potential fraud, waste, and abuse.	Include Senate



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		6073	Elder Justice - Block Grants to States: Social Services: Elder Justice: adds definitions to the end Subtitle A—Block Grants to States for Social Services” within the Social Security Act. Definitions include eligible entities as Indian Tribe and tribal organization. Indian Tribe is as define in ISDEA and includes any Pueblo and Rancheria.	Include Senate
		10211-10212	Support for Pregnant and Parenting Teens and Women - The Secretary, in collaboration and coordination with the Secretary of Education (as appropriate), shall establish a Pregnancy Assistance Fund for the purpose of awarding competitive grants to States to assist pregnant and parenting teens and women. The definition of States includes any Indian tribe or reservation.	Include Senate
		10306	Improvements Under the Center for Medicare and Medicaid Innovation - address the use of telehealth services, in particular in entities located in medically underserved areas and facilities of the IHS (whether operated by such Service or by an Indian tribe or tribal organization in treating behavioral health issues (such as post-traumatic stress disorder) and stroke; and to improve the capacity of non-medical providers and non-specialized medical providers to provide health services for patients with chronic complex conditions.	Include Senate.
		10323 adds 2009	Medicare Coverage for Individuals Exposed to Environmental Health Hazards. Establishes grant program to screen at-risk individuals (as defined in subsection (c)(1)) for environmental health conditions and decimation of education materials regarding environmental health conditions. A facility of the IHS is considered an eligible entity.	Include Senate
		10501. adds Sec. 5104	Amendments to the Public Health Service Act, the Social Security Act, And Title V of this Act. Creates the Interagency Task Force to Assess and Improve Access to Health Care in the State of Alaska. Task force includes IHS.	Include Senate
		10501. adds Sec. 768	Preventive Medicine and Public Health Training Grant Program. Award grants to, or enter into contracts with, eligible entities to provide training to graduate medical residents in preventive medicine specialties. Tribal health department is eligible for grants.	Include Senate

