

EN BLOC AMENDMENTS
OFFERED BY MR. RAHALL TO THE
AMENDMENT IN THE NATURE OF A SUBSTITUTE
OFFERED BY MR. WAXMAN TO H.R. 3200

Page 10, after line 15, insert the following (and re-designate subsequent paragraphs accordingly):

1 (14) INDIAN.—The term “Indian” has the
2 meaning given to that term in section 4 of the In-
3 dian Health Care Improvement Act (25 U.S.C.
4 1603).

5 (15) INDIAN HEALTH CARE PROVIDER.—The
6 term “Indian health care provider” means a health
7 care program operated by the Indian Health service,
8 an Indian tribe, tribal organization, or urban Indian
9 organization as those terms are defined in section 4
10 of the Indian Health Care Improvement Act (25
11 U.S.C. 1603).

Page 23, line 21, after “and services” insert “(including access by Indians to Indian health care providers that provide services within the service area)”.

Page 51, after line 14, insert the following:

1 (c) Provision of services by an Indian health care pro-
2 vider exclusively to Indians and their dependents shall not
3 constitute discrimination under this section.

Page 91, after line 7, insert the following (and re-
designate the subsequent paragraph accordingly):

4 (8) SPECIAL RULES WITH RESPECT TO INDIAN
5 ENROLLEES AND INDIAN HEALTH CARE PRO-
6 VIDERS.—

7 (A) The entity shall allow an Indian en-
8 rolled in its Exchange-participating health bene-
9 fits plan to choose an Indian health care pro-
10 vider as the Indian's primary care provider
11 under the entity.

12 (B) The entity shall —

13 (i) demonstrate to the satisfaction of
14 the Commissioner that it has contracted
15 with a sufficient number of Indian health
16 care providers to ensure timely access to
17 covered services for individual Indians en-
18 rolled in an Exchange-participating health
19 benefits plan; and

20 (ii) agree to pay Indian health care
21 providers, whether such providers are par-
22 ticipating or nonparticipating providers
23 with respect to the entity, for covered serv-

1 ices provided to those enrollees who are eli-
2 gible to receive services from such pro-
3 viders at a rate that is not less than the
4 level and amount of payment which the en-
5 tity would make for the services of a par-
6 ticipating provider which is not an Indian
7 health care provider.

Page 127, strike lines 13 through 16, and insert the following:

8 (b) LICENSURE OR CERTIFICATION.—

9 (1) Except as provided in paragraph (2), the
10 Secretary shall not allow a health care provider to
11 participate in the public health insurance option un-
12 less such provider is appropriately licensed or cer-
13 tified under State law.

14 (2) Paragraph (1) shall not apply in the case
15 of—

16 (A) a facility that is operated by the In-
17 dian Health Service, an Indian Tribe or tribal
18 organization (as those terms are defined in sec-
19 tion 4 of the Indian Health Care Improvement
20 Act);

21 (B) a health care professional employed by
22 the Indian Health Service, an Indian tribe or

1 tribal organization, provided the health care
2 professional is licensed or certified in any State;
3 (C) an individual certified to provide health
4 care services under the Indian Health Care Im-
5 provement Act.

Page 172 after line 17, insert the following:

6 (6) INDIANS.—Subsection (a) shall not apply to
7 an individual who is an Indian as defined in section
8 4 of the Indian Health Care Improvement Act (25
9 U.S.C. 1603).

Page 180, after line 11, add the following:

10 **SEC. 402. INDIAN HEALTH BENEFITS.**

11 (a) HEALTH COVERAGE AND BENEFITS PROVIDED
12 FOR INDIANS.—Part III of subchapter B of chapter 1 of
13 the Internal Revenue Code of 1986 (relating to items spe-
14 cifically excluded from gross income) is amended by insert-
15 ing after section 139C the following:

16 **“SEC. 139D. HEALTH COVERAGE AND BENEFITS PROVIDED**
17 **FOR INDIANS.**

18 “(a) IN GENERAL.—Gross income does not include—
19 “(1) health services or health benefits provided
20 or purchased by the Indian Health Service, either di-
21 rectly or indirectly, through a grant to or a contract
22 or compact with an Indian tribe or tribal organiza-

1 tion, or other programs of third parties funded by
2 the Indian Health Service;

3 “(2) medical care (as defined in section 213(d))
4 provided by an Indian tribe or tribal organization to
5 an Indian either directly, through purchased serv-
6 ices, or through accident or health insurance (or
7 through an arrangement having the effect of acci-
8 dent or health insurance);

9 “(3) the value of health coverage provided or
10 premiums paid by an Indian tribe or tribal organiza-
11 tion to or on behalf of an Indian under an accident
12 or health plan (or through an arrangement having
13 the effect of accident or health insurance);

14 “(4) any other benefit or service provided by an
15 Indian tribe that supplements, replaces, or sub-
16 stitutes for the programs and services provided by
17 the Federal Government to Indian tribes or Indians;
18 or

19 “(5) any other general welfare benefits or serv-
20 ices which are provided by Indian tribes to Indians
21 and which are of a type traditionally provided by
22 State or local governments.

23 “(b) DEFINITIONS.—For purposes of this section:

1 “(1) The terms ‘accident or health insurance’
2 and ‘personal injuries and sickness’ have the respec-
3 tive meanings given such terms in section 104.

4 “(2) The term ‘Indian tribe’ has the meaning
5 given such term in section 4(e) of the Indian Self-
6 Determination and Education Assistance Act (25
7 U.S.C. 450b(e)).

8 “(3) The term ‘Indian’ has the meaning given
9 that term in section 4 of the Indian Health Care Im-
10 provement Act (25 USC 1603).

11 “(4) The term ‘tribal organization’ has the
12 meaning given such term in section 4(l) of the In-
13 dian Self-Determination and Education Assistance
14 Act (25 U.S.C. 450b(l)).

15 “(c) EFFECTIVE DATE.—This section shall apply to
16 benefits provided before, on, or after the date of enactment
17 of this section.”.

18 (b) CLERICAL AMENDMENT.—The table of sections
19 for part III of subchapter B of chapter 1 of the Internal
20 Revenue Code of 1986 is amended by inserting after the
21 item relating to section 139C the following new item:

“Sec. 139D. Health coverage benefits provided for Indians.”.

Page 338, after line 3, insert the following:

1 **SEC. 1159. MEDICARE PAYMENTS TO INDIAN HEALTH SERV-**
2 **ICE FACILITIES.**

3 (a) Section 1880 of the Social Security Act is amend-
4 ed—

5 (1) in subsection (e), by revising the third par-
6 enthetical to read: “(and for items and services fur-
7 nished on and after January 1, 2005, all items and
8 services for which payment may be made under part
9 B)”;

10 (2) by adding a new subsection (g) as follows:

11 “(g) Payments made under authority of this section
12 shall not be reduced on account of any beneficiary deduct-
13 ible, coinsurance, or other charge pursuant to section 1813
14 of this title.”

15 (b) Subparagraph (B) of section 1833(a)(1) of the
16 Social Security Act is amended by inserting “and section
17 1880(e)” after “section 1861(s)(10)(A)”.

Page 1026, after line 19, add the following new divi-
sion:

18 **DIVISION D—INDIAN HEALTH**
19 **CARE IMPROVEMENT ACT**
20 **AMENDMENTS**

21 **SEC. 3001. AMENDMENTS.**

22 The Indian Health Care Improvement Act (25 U.S.C.
23 1601 et seq.) is amended as follows:

1 (1) By inserting after section 4 the following
2 new section:

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

4 “There are authorized to be appropriated such sums
5 as may be necessary for each of fiscal years through fiscal
6 year 2025 to carry out the provisions of this Act.”.

7 (2) By redesignating section 123 as section 124
8 and by inserting after section 122 the following:

9 **“SEC. 123. EXEMPTION FROM PAYMENT OF CERTAIN FEES.**

10 “Employees of a Tribal Health Program or an Urban
11 Indian Organization shall be exempt from payment of li-
12 censing, registration, and other fees imposed by a Federal
13 agency to the same extent that Commissioned Corps Offi-
14 cers or other employees of the Indian Health Service are
15 exempt from such fees.”.

16 (3) By striking section 206 and inserting the
17 following:

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

20 “(a) RIGHT OF RECOVERY.—Except as provided in
21 subsection (f), the United States, an Indian Tribe, or
22 Tribal Organization shall have the right to recover from
23 an insurance company, health maintenance organization,
24 employee benefit plan, third-party tortfeasor, or any other
25 responsible or liable third party (including a political sub-

1 division or local governmental entity of a State) the rea-
2 sonable charges billed by the Secretary, an Indian Tribe,
3 or Tribal Organization, or, if higher, the highest amount
4 the third party would pay for care and services furnished
5 by providers other than governmental entities, in providing
6 health services through the Service, an Indian Tribe, or
7 Tribal Organization to any individual to the same extent
8 that such individual, or any nongovernmental provider of
9 such services, would be eligible to receive damages, reim-
10 bursement, or indemnification for such charges if—

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

13 “(2) such individual had been required to pay
14 such charges or expenses and did pay such charges
15 or expenses.

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

20 “(1) workers’ compensation laws; or

21 “(2) a no-fault automobile accident insurance
22 plan or program.

23 “(c) NONAPPLICATION OF OTHER LAWS.—No law of
24 any State, or of any political subdivision of a State and
25 no provision of any contract, insurance or health mainte-

1 nance organization policy, employee benefit plan, self-in-
2 surance plan, managed care plan, or other health care plan
3 or program entered into or renewed after the date of the
4 enactment of the Indian Health Care Amendments of
5 1988, shall prevent or hinder the right of recovery of the
6 United States, an Indian Tribe, or Tribal Organization
7 under subsection (a).

8 “(d) NO EFFECT ON PRIVATE RIGHTS OF ACTION.—
9 No action taken by the United States, an Indian Tribe,
10 or Tribal Organization to enforce the right of recovery
11 provided under this section shall operate to deny to the
12 injured person the recovery for that portion of the person’s
13 damage not covered hereunder.

14 “(e) ENFORCEMENT.—

15 “(1) IN GENERAL.—The United States, an In-
16 dian Tribe, or Tribal Organization may enforce the
17 right of recovery provided under subsection (a) by—

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

20 “(i) by the individual for whom health
21 services were provided by the Secretary, an
22 Indian Tribe, or Tribal Organization; or

23 “(ii) by any representative or heirs of
24 such individual, or

1 “(B) instituting a civil action, including a
2 civil action for injunctive relief and other relief
3 and including, with respect to a political sub-
4 division or local governmental entity of a State,
5 such an action against an official thereof.

6 “(2) NOTICE.—All reasonable efforts shall be
7 made to provide notice of action instituted under
8 paragraph (1)(B) to the individual to whom health
9 services were provided, either before or during the
10 pendency of such action.

11 “(3) RECOVERY FROM TORTFEASORS.—

12 “(A) IN GENERAL.—In any case in which
13 an Indian Tribe or Tribal Organization that is
14 authorized or required under a compact or con-
15 tract issued pursuant to the Indian Self-Deter-
16 mination and Education Assistance Act (25
17 U.S.C. 450 et seq.) to furnish or pay for health
18 services to a person who is injured or suffers a
19 disease on or after the date of enactment of this
20 section under circumstances that establish
21 grounds for a claim of liability against the
22 tortfeasor with respect to the injury or disease,
23 the Indian Tribe or Tribal Organization shall
24 have a right to recover from the tortfeasor (or
25 an insurer of the tortfeasor) the reasonable

1 value of the health services so furnished, paid
2 for, or to be paid for, in accordance with the
3 Federal Medical Care Recovery Act (42 U.S.C.
4 2651 et seq.), to the same extent and under the
5 same circumstances as the United States may
6 recover under that Act.

7 “(B) TREATMENT.—The right of an In-
8 dian Tribe or Tribal Organization to recover
9 under subparagraph (A) shall be independent of
10 the rights of the injured or diseased person
11 served by the Indian Tribe or Tribal Organiza-
12 tion.

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

1 “(g) COSTS AND ATTORNEYS’ FEES.—In any action
2 brought to enforce the provisions of this section, a pre-
3 vailing plaintiff shall be awarded its reasonable attorneys’
4 fees and costs of litigation.

5 “(h) NONAPPLICATION OF CLAIMS FILING REQUIRE-
6 MENTS.—An insurance company, health maintenance or-
7 ganization, self-insurance plan, managed care plan, or
8 other health care plan or program (under the Social Secu-
9 rity Act or otherwise) may not deny a claim for benefits
10 submitted by the Service or by an Indian Tribe or Tribal
11 Organization based on the format in which the claim is
12 submitted if such format complies with the format re-
13 quired for submission of claims under title XVIII of the
14 Social Security Act or recognized under section 1175 of
15 such Act.

16 “(i) APPLICATION TO URBAN INDIAN ORGANIZA-
17 TIONS.—The previous provisions of this section shall apply
18 to urban Indian organizations with respect to populations
19 served by such Organizations in the same manner they
20 apply to Indian Tribes and Tribal Organizations with re-
21 spect to populations served by such Indian Tribes and
22 Tribal Organizations.

23 “(j) STATUTE OF LIMITATIONS.—The provisions of
24 section 2415 of title 28, United States Code, shall apply
25 to all actions commenced under this section, and the ref-

1 erences therein to the United States are deemed to include
2 Indian Tribes, Tribal Organizations, and urban Indian or-
3 ganizations.

4 “(k) SAVINGS.—Nothing in this section shall be con-
5 strued to limit any right of recovery available to the
6 United States, an Indian Tribe, or Tribal Organization
7 under the provisions of any applicable, Federal, State, or
8 Tribal law, including medical lien laws.”.

9 (4) By striking section 214 and inserting the
10 following:

11 **“SEC. 214. EPIDEMIOLOGY CENTERS.**

12 “(a) ESTABLISHMENT OF CENTERS.—The Secretary
13 shall establish an epidemiology center in each Service Area
14 to carry out the functions described in subsection (b). Any
15 new center established after the date of enactment of this
16 section may be operated under a grant authorized by sub-
17 section (d), but funding under such a grant shall not be
18 divisible.

19 “(b) FUNCTIONS OF CENTERS.—In consultation with
20 and upon the request of Indian Tribes, Tribal Organiza-
21 tions, and Urban Indian communities, each Service Area
22 epidemiology center established under this section shall,
23 with respect to such Service Area—

24 “(1) collect data relating to, and monitor
25 progress made toward meeting, each of the health

1 status objectives of the Service, the Indian Tribes,
2 Tribal Organizations, and Urban Indian commu-
3 nities in the Service Area;

4 “(2) evaluate existing delivery systems, data
5 systems, and other systems that impact the improve-
6 ment of Indian health;

7 “(3) assist Indian Tribes, Tribal Organizations,
8 and Urban Indian Organizations in identifying their
9 highest priority health status objectives and the
10 services needed to achieve such objectives, based on
11 epidemiological data;

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

14 “(5) make recommendations to improve health
15 care delivery systems for Indians and Urban Indi-
16 ans;

17 “(6) provide requested technical assistance to
18 Indian Tribes, Tribal Organizations, and Urban In-
19 dian Organizations in the development of local
20 health service priorities and incidence and prevalence
21 rates of disease and other illness in the community;
22 and

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

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

5 “(d) GRANTS FOR STUDIES.—

6 “(1) IN GENERAL.—The Secretary may make
7 grants to Indian Tribes, Tribal Organizations, In-
8 dian organizations, and eligible intertribal consortia
9 to conduct epidemiological studies of Indian commu-
10 nities.

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

14 “(A) the intertribal consortium is incor-
15 porated for the primary purpose of improving
16 Indian health; and

17 “(B) the intertribal consortium is rep-
18 resentative of the Indian Tribes or urban In-
19 dian communities in which the intertribal con-
20 sortium is located.

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

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

3 “(A) demonstrate the technical, adminis-
4 trative, and financial expertise necessary to
5 carry out the functions described in paragraph
6 (5);

7 “(B) consult and cooperate with providers
8 of related health and social services in order to
9 avoid duplication of existing services; and

10 “(C) demonstrate cooperation from Indian
11 Tribes or Urban Indian Organizations in the
12 area to be served.

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

15 “(A) to carry out the functions described
16 in subsection (b);

17 “(B) to provide information to and consult
18 with tribal leaders, urban Indian community
19 leaders, and related health staff on health care
20 and health service management issues; and

21 “(C) in collaboration with Indian Tribes,
22 Tribal Organizations, and urban Indian com-
23 munities, to provide the Service with informa-
24 tion regarding ways to improve the health sta-
25 tus of Indians.

1 “(e) ACCESS TO INFORMATION.—

2 “(1) An epidemiology center operated by a
3 grantee pursuant to a grant awarded under sub-
4 section (d) shall be treated as a public health au-
5 thority for purposes of the Health Insurance Port-
6 ability and Accountability Act of 1996, as such enti-
7 ties are defined in part 164.501 of title 45, Code of
8 Federal Regulations.

9 “(2) The Secretary shall grant to such epidemi-
10 ology center access to use of the data, data sets,
11 monitoring systems, delivery systems, and other pro-
12 tected health information in the possession of the
13 Secretary.

14 “(3) The activities of such an epidemiology cen-
15 ter shall be for the purposes of research and for pre-
16 venting and controlling disease, injury, or disability
17 for purposes of the Health Insurance Portability and
18 Accountability Act of 1996 (Public Law 104–191;
19 110 Stat. 2033), as such activities are described in
20 part 164.512 of title 45, Code of Federal Regula-
21 tions (or a successor regulation).

22 “(f) FUNDS NOT DIVISIBLE.—An epidemiology cen-
23 ter established under this section shall be subject to the
24 provisions of the Indian Self-Determination and Edu-

1 cation Assistance Act (25 U.S.C. 450 et seq.), but the
2 funds for such center shall not be divisible.”.

3 (5) By redesignating section 224 as section 227
4 and inserting after section 223 the following:

5 **“SEC. 224. OTHER AUTHORITY FOR PROVISION OF SERV-**
6 **ICES.**

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

13 “(1) Hospice care.

14 “(2) Assisted living services.

15 “(3) Long-term care services.

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

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

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

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

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

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

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

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

12 “(B) shall meet all applicable standards
13 for licensure.

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

23 “(3) The term ‘hospice care’ means the items
24 and services specified in subparagraphs (A) through
25 (H) of section 1861(dd)(1) of the Social Security

1 Act (42 U.S.C. 1395x(dd)(1)), and such other serv-
2 ices which an Indian Tribe or Tribal Organization
3 determines are necessary and appropriate to provide
4 in furtherance of this care.

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

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

15 **“SEC. 225. LICENSING.**

16 “Licensed health care professionals employed by a
17 Tribal Health Program shall, if licensed in any State, be
18 exempt from the licensing requirements of the State in
19 which the Tribal Health Program performs the services
20 described in its contract or compact under the Indian Self-
21 Determination and Education Assistance Act (25 U.S.C.
22 450 et seq.) while performing such services.

1 **“SEC. 226. TAX EXEMPTION FOR INDIAN HEALTH SERVICE**
2 **SCHOLARSHIPS AND LOANS.**

3 “Scholarships and loan reimbursements provided to
4 individuals pursuant to this Act shall be treated as ‘quali-
5 fied scholarships’ for purposes of section 117 of the Inter-
6 nal Revenue Code of 1986.”.

7 (6) By striking section 601 and inserting the
8 following:

9 **“SEC. 601. ESTABLISHMENT OF THE INDIAN HEALTH SERV-**
10 **ICE AS AN AGENCY OF THE PUBLIC HEALTH**
11 **SERVICE.**

12 “(a) ESTABLISHMENT.—

13 “(1) IN GENERAL.—In order to more effectively
14 and efficiently carry out the responsibilities, authori-
15 ties, and functions of the United States to provide
16 health care services to Indians and Indian Tribes, as
17 are or may be hereafter provided by Federal statute
18 or treaties, there is established within the Public
19 Health Service of the Department the Indian Health
20 Service.

21 “(2) ASSISTANT SECRETARY OF INDIAN
22 HEALTH.—The Service shall be administered by an
23 Assistant Secretary of Indian Health, who shall be
24 appointed by the President, by and with the advice
25 and consent of the Senate. The Assistant Secretary
26 shall report to the Secretary. Effective with respect

1 to an individual appointed by the President, by and
2 with the advice and consent of the Senate, after
3 January 1, 2010, the term of service of the Assist-
4 ant Secretary shall be 4 years. An Assistant Sec-
5 retary may serve more than 1 term.

6 “(3) INCUMBENT.—The individual serving in
7 the position of Director of the Service on the day be-
8 fore the date of enactment of the Indian Health
9 Care Improvement Act Amendments of 2009 shall
10 serve as Assistant Secretary.

11 “(4) ADVOCACY AND CONSULTATION.—The po-
12 sition of Assistant Secretary is established to, in a
13 manner consistent with the government-to-govern-
14 ment relationship between the United States and In-
15 dian Tribes—

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

18 “(B) promote consultation on matters re-
19 lating to Indian health.

20 “(b) AGENCY.—The Service shall be an agency within
21 the Public Health Service of the Department, and shall
22 not be an office, component, or unit of any other agency
23 of the Department.

24 “(c) DUTIES.—The Assistant Secretary shall—

1 “(1) perform all functions that were, on the day
2 before the date of enactment of this section, carried
3 out by or under the direction of the individual serv-
4 ing as Director of the Service on that day;

5 “(2) perform all functions of the Secretary re-
6 lating to the maintenance and operation of hospital
7 and health facilities for Indians and the planning
8 for, and provision and utilization of, health services
9 for Indians;

10 “(3) administer all health programs under
11 which health care is provided to Indians based upon
12 their status as Indians which are administered by
13 the Secretary, including programs under—

14 “(A) this Act;

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

17 “(C) the Act of August 5, 1954 (42 U.S.C.
18 2001 et seq.);

19 “(D) the Act of August 16, 1957 (42
20 U.S.C. 2005 et seq.); and

21 “(E) the Indian Self-Determination and
22 Education Assistance Act (25 U.S.C. 450 et
23 seq.);

24 “(4) administer all scholarship and loan func-
25 tions carried out under title I;

1 “(5) report directly to the Secretary concerning
2 all policy- and budget-related matters affecting In-
3 dian health;

4 “(6) collaborate with the Assistant Secretary
5 for Health concerning appropriate matters of Indian
6 health that affect the agencies of the Public Health
7 Service;

8 “(7) advise each Assistant Secretary of the De-
9 partment concerning matters of Indian health with
10 respect to which that Assistant Secretary has au-
11 thority and responsibility;

12 “(8) advise the heads of other agencies and pro-
13 grams of the Department concerning matters of In-
14 dian health with respect to which those heads have
15 authority and responsibility;

16 “(9) coordinate the activities of the Department
17 concerning matters of Indian health; and

18 “(10) perform such other functions as the Sec-
19 retary may designate.

20 “(d) AUTHORITY.—

21 “(1) IN GENERAL.—The Secretary, acting
22 through the Assistant Secretary, shall have the au-
23 thority—

24 “(A) except to the extent provided for in
25 paragraph (2), to appoint and compensate em-

1 ployees for the Service in accordance with title
2 5, United States Code;

3 “(B) to enter into contracts for the pro-
4 curement of goods and services to carry out the
5 functions of the Service; and

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

8 “(2) PERSONNEL ACTIONS.—Notwithstanding
9 any other provision of law, the provisions of section
10 12 of the Act of June 18, 1934 (48 Stat. 986; 25
11 U.S.C. 472), shall apply to all personnel actions
12 taken with respect to new positions created within
13 the Service as a result of its establishment under
14 subsection (a).

15 “(e) REFERENCES.—Any reference to the Director of
16 the Indian Health Service in any other Federal law, Exec-
17 utive order, rule, regulation, or delegation of authority, or
18 in any document of or relating to the Director of the In-
19 dian Health Service, shall be deemed to refer to the Assist-
20 ant Secretary.”.

