

Comparison of the Senate Version of Indian Health Care Improvement Reauthorization and Extension Action of 2009 with Current Law and 2nd Report on Recommendations from the NSC

Senate Committee on Indian Affairs Section by Section Summary of Bill, dated October 13, 2009	Amends Current Law or New Section	2 nd Report on Recommendations from the NSC, reflecting NSC decisions as of April 2, 2009
Section 101. Reauthorization: Permanently reauthorizes the Indian Health Care Improvement Act.	Amends Sec. 825; accepts NSC rec.	Global Change for all eight Titles of IHCIA regarding Term for Reauthorization
Section 102. Findings: Provides a description of the Federal Government’s trust responsibility to provide health care to AI/ANs.	Amends Sec 2 findings; - Includes NSC rec. on (2) - Does not include NSC rec on (5)	“(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 eradicate the health disparities between Indians and the general population of the United States.” <u>“(5) Indian tribes, have, through, the cessation 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 that entitles Indians to health care secured a de facto contract that entitles Indians to health care in perpetuity, based on moral, legal, and historic obligation of the United States.”</u>
Section 103. Declaration: Reaffirms that the national Indian health policy is to assure the highest possible health status for AI/ANs, and articulates the policy of ensuring maximum Indian participation in the direction of health care services.	Amends Sec. 3 – similar to S1200	
Section 104. Definitions: Provides necessary and applicable definitions of key terms used in the bill.	Amends Sec. 4 - Includes NSC rec on <u>reproductive health</u> and does not includes “traditional health care practices” definition	Revise paragraph (G)(xix) of definition of “Health promotion” in S. 1200 to read as follows: “(xix) <u>reproductive health and family planning.</u> ” Insert the definition of “traditional health care practices” from S. 1057 (109 th Congress)
Section 111. Community Health Aide Program. Continues	Amends Sec. 119;	

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the authority for operation of the community health aide program in Alaska through which non-physician practitioners are trained and certified to deliver basic health care, particularly in remote Indian communities. Building on the success of the Alaska program, this section would authorize development of CHA programs for tribes in the lower 48 states.	In S. 1200 , Sec. 121 and removes exception “(2) EXCEPTION.— The national Community Health Aide Program under paragraph (1) shall not include dental health aide therapist services.”	
Section 112. Health professional chronic shortage demonstration program. Allows Indian health programs to offer practical experience to medical students. Provides training and support for alternative provider types, such as community health representatives and community health aides.	New Sec. 123 – similar to Sec. 123 in S 1200	
Section 113. Exemption from payment of certain fees. Extends the exemption from Federal agency licensing fees available to the Public Health Service Commission Corps to employees of tribal health programs and urban Indian organizations.	New Provision -Also added in HR 2708 as Sec. 127	
Section 121. Other authority for provision of services; Shared Services for Long-term Care: Authorizes the sharing of facilities and staff between IHS and tribally-operated long-term care programs. Also, provides authorization for hospice care, assisted living, long-term care and home- and community-based care.	Amends Sec. 205 Amends Sec 821 – similar to Sec. 205 to S 1200	
Section 122. Reimbursement from Certain Third Parties of Costs of Health Services: Under current law, tribally operated facilities are unable to recover the cost of care provided to beneficiaries injured by a third party. IHS operated facilities are able to recover costs from liable third parties. This provision would revise current law to extend the ability to recover costs from third parties to tribally operated facilities.	Amends Sec. 206 – expanded version of Sec. 403 in HR 2708 - includes NSC rec	Revise subsection (a) of Sec. 403 in S. 1200 to read as follows: “(a) Right of Recovery. – Except as provided in subsection (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 reasonable or liable third party

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		(including a political subdivision or local governmental entity of a State) , <u>or, if higher, the highest amount the third party would pay for care and services furnished by providers other than governmental entities, in providing health services...</u> "
Section 123. Crediting of Reimbursements: Revises the current law provision for crediting reimbursements for services provided by a service unit of the IHS, or a tribal or urban Indian organization program and identifies the Federal laws which authorize such reimbursements.	Amends Sec. 207 – similar to Sec. 404 in S. 1200	
Section 124. Behavioral Health Training and Community Education Programs: Extends the training and community education programs and study authorized in current law for mental health to all behavioral health services.	Amends Sec. 209 – similar to Sec. 126 in S. 1200	
Section 125. Mammography and Other Cancer Screening: Applies national standards to mammography screenings, requires other cancer screenings that receive an A or B rating as recommended by the United States Preventative Service Task Force, and applies the Task Force's frequency and procedures standards to the IHS.	Amends Sec. 212 – similar to Sec. 206 in HR 2708 - does not include (2) (B) or (C) in NSC recommendations	Sec. 207 – Mammography and Other Cancer Screening. Revise S1200 provision to read: “The Secretary, acting through the Service or Tribal Health Programs, shall provide for screening as follows: <ul style="list-style-type: none"> (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 <ul style="list-style-type: none"> (A) 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-

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		<p>4(a)(1)). The Secretary shall ensure that ensure that screening provided for under this paragraph complies with the recommendations of the Task Force with respect to --</p> <ul style="list-style-type: none"> (i) frequency; (ii) the population to be served; (iv) evidence of effectiveness; and (v) other matters that the Secretary determines appropriate; <p>(B) <u>is specified in current American Cancer Society guidelines for cancer screening of asymptomatic individuals, provided that all such screening, examinations, and tests are administered at a frequency no greater than that identified in such guidelines; or</u></p> <p>(C) <u>occurs under accepted and appropriate national standards for individuals being screened.</u></p>
<p>Section 126. Patient Travel Costs: Continues the authority for funds to be used for travel costs of patients receiving health care services provided either directly by IHS, under contract health care, or through a contract or compact. In addition, this section authorizes funds for qualified escorts and transportation by private vehicle (where no other transportation is available), specially equipped vehicle, ambulance or by other means required when air or motor vehicle transport is not available.</p>	<p>Amends Sec. 213 - similar to Sec. 208 of S 1200</p>	
<p>Section 127. Epidemiology Centers: Continues authority for operation and funding of tribal epidemiology centers and gives the centers status as public health authorities for purposes of the Health Insurance Portability and Accountability Act of 1996 in order for them to access data needed to perform their mission.</p>	<p>Amends Sec. 214 – similar to Sec. 209 of S. 1200.</p> <p>- includes NSC rec.</p>	<p>Sec. 209 – Use S. 1200 provision, with revised subsec. (e) and new subsec. (f) as follows:</p> <p>(e) Access to Information – The Secretary shall grant <u>to an</u> epidemiology centers operated by a grantee pursuant to a grant awarded under subsection (d) access to use of the data, data sets, monitoring systems , delivery systems, and other protected health information in the possession of the Secretary. <u>The</u></p>

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		<p>activities <u>of an epidemiology center under this section</u> shall be for the purposes...</p> <p><u>(f) 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 the such center shall not be divisible.</u></p>
<p>Section 128. Prevention, Control, and Elimination of Communicable and Infectious Diseases: Amends current law by (1) expanding the communicable diseases from tuberculosis to other communicable and infectious diseases; (2) encouraging, rather than requiring, that entities funded under this section coordinate with the Centers for Disease Control and state and local health agencies; and (3) eliminating provisions of current law which would reduce the grant amount for expenses incurred by the federal government or for supplies or equipment furnished to the grant recipient.</p>	<p>Amends Sec. 218 – similar to Sec. 212 in S. 1200</p>	
<p>Section 129. Methods to increase clinician recruitment and retention: Exempts a health care professional employed by a tribally operated health program from state licensing requirements if the professional is licensed in any state, as is the case with IHS health care professionals.</p>	<p>Replaces Sec. 221 (Demonstration of Electronic Claims Processing) – similar to Sec. 221 of S. 1200.</p> <p>- does not include NSC recommendation</p>	<p>Sec. 221 – Licensing. Revise S. 1200 provision to read: “HEALTH CARE PROFESSIONAL EXEMPTION LICENSING.</p> <p><u>Notwithstanding any other provision of law, health care professionals employed by a Tribal Health Program who are shall, if licensed or credentialed in any State, shall be exempt from State and Federal requirements applicable to their practice on the same basis as if they were Federal employees.</u></p>
<p>Exempts IHS scholarships from taxation.</p>	<p>New Section</p> <p>- includes NSC rec. but does not include the loan reimbursement</p>	<p>Sec. 1xx. – Scholarships. Insert Sec. 124 from S. 212 (107th Cong.):</p> <p><u>“Scholarship and loan reimbursements provided to individuals pursuant to this title shall be treated as ‘qualified scholarships’ for purposes of Section 117 of the Internal Revenue Code of 1986.”</u></p>
<p>Section 130. Office of Indian Men’s and Indian Women’s Health: Establishes within the IHS an Office of Indian Men’s</p>	<p>Revises Sec. 223- by revising S. 214 – Indian Women’s</p>	

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Health to complement the Office of Indian Women’s Health that exists in current law.	Health Care and adding Sec. 225 – Office of Indian Men’s Health in S. 1200.	
Section 131. Contract health service disbursement formula: Requires the IHS to undertake a rulemaking proceeding – using negotiated rule-making procedures – to establish a distribution formula for the Contract Health Services program within the IHS.	New Section	
Section 141. Indian Health Care Delivery Demonstration Projects: Authorizes the development of new health programs offering care outside of regular clinic operational hours and/or in alternative settings, including through telehealth.	Amends Sec. 307 – a revised version Sec. 306 in S 1200.	
Section 142. Tribal Management of Federally Owned Quarters: Allows tribes and tribal organizations that operate a health facility and Federally-owned quarters associated with such facility under the Indian Self-Determination and Education Assistance Act to set rental rates and collect rents from occupants of the quarters.	Adds Sec. 309 – expands Sec 314 in S 1200 - NSC rec not included	Restore subsection (c) from S. 1057 (109 th Cong.) “(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 our the purposes of this Act as well as the purposes for which such funds are appropriated to such other federal agency.”
Section 143. Other Funding, Equipment and Supplies for Facilities: Allows for the transfer of funds, equipment or other supplies from any source, including federal or state agencies, to HHS for use in construction or operation of Indian health care facilities.	Adds Sec. 311 – similar to Sec. 316 in S. 1200	
Section 144. Indian Country Modular Component Facilities Demonstration Program: Requires IHS to establish a demonstration program for construction of health care facilities using modular component construction.	New Section	
Section 145. Mobile Health Stations Demonstration Program: Requires IHS to establish a demonstration program for consortia of two or more service units to access funding to purchase a mobile health station to provide specialty health care services such as dentistry, mammography and dialysis	New Section	
Section 151. Treatment of payments under the Social	Amends Sec. 401 – similar to	Revise S. 1200 provision Sec. 401 (c)(1)(B)- Sec. 401

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Security Act health benefits programs: Updates current law regarding collection of reimbursements from Medicare, Medicaid and CHIP by Indian health facilities, and revises the procedures which allow a tribally-operated program to directly collect such reimbursements for the services it provides.	S. 1200 - does not include NSC rec	(c)(1)(C)
Section 152. Purchasing health care coverage: Allows tribes and tribal organizations to purchase health benefits coverage for IHS beneficiaries.	Amends Sec. 402 – similar to Sec. 405 of S. 1200	
Section 153. Grants to and contracts with the Service, Indian tribes, tribal organizations, and urban Indian organizations: Updates current law authority for IHS to issue grants or contracts to tribes, tribal organizations and urban Indian organizations to conduct outreach to enroll eligible Indians in Social Security Act health benefit programs.	Amends Sec. 404 – similar to Sec. 402 of S. 1200	
Section 154. Sharing arrangements with Federal Agencies: Authorizes IHS to enter into arrangements with the Department of Veterans Affairs and Department of Defense to share medical facilities and services. These arrangements could include IHS, tribal and tribal organization hospitals and clinics.	Amends Sec. 405 – similar to Sec. 406 of S. 1200	
Section 155. Eligible Indian Veteran’s services: Establishes procedures to facilitate the provision of health services to eligible Indian veterans by the IHS and Department of Veterans Affairs.	New Section – similar to Sec. 407 of S. 1200 and HR 2708	
Section 156. Nondiscrimination under Federal health care programs: Provides that IHS, tribal and urban Indian organization programs shall be eligible for participation in any Federal health care program to the same extent as any other provider, if the Indian program meets the generally applicable State or other requirements for participation.	New Section – similar Sec. 409 of S. 1200 and HR. 2708	
Section 157. Access to Federal insurance: Allows a tribe or tribal organization carrying out a program under the Indian Self-Determination and Education Assistance Act and an urban Indian	New Section - includes NSC rec.	Insert Sec. 413 from S. 122 (107 th Cong.) to read as follows: “Notwithstanding the provisions of title 5, United

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organization carrying out a program under Title V of IHCIA to purchase coverage for its employees from the Federal Employees Health Benefits Program.		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 (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.”
Section 158. General Exceptions: Provides that special purpose insurance products (such as those that provide compensation to a victim of a disease) are not subject to IHCIA Title IV provisions, so that a policy holder may receive any applicable cash benefits directly for time off-work, transportation, etc.	New Section – similar to Sec. 416 of S. 1200 and HR. 2708	
Section 161. Requirement to Confer with Urban Indian Organizations: Requires IHS to confer with urban Indian organizations in carrying out certain provisions of this Act.	New Sec. 514 – similar to Sec. 514 in S. 1200 and Sec. 515 in H.R. 2708 Amends Sec. 502 – similar to Sec. HR. 2708	
Section 162. Expand Program Authority for Urban Indian Organizations: Authorizes IHS to establish behavioral health or mental health training, drug abuse prevention programs, and communicable disease prevention programs for urban Indian organizations.	New Section Includes part of NSC provision – section 218 (prevention of communicable diseases), section 702	Further Authorization “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

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	(Behavioral Health Prevention and Treatment Services), section 708(g) – Indian youth program – multidrug abuse program	212 (prevention of communicable diseases), section 701 (behavioral health prevention and treatment services), and section 707(g) (multidrug abuse program)
Section 163. Community Health Representatives: Authorizes the establishment of a Community Health Representative (CHR) program for urban Indian organizations to train and employ Indians to provide health care services.	New Section – similar to Sec. 517 in S. 1200	
Section 171. Establishment of the Indian Health Service as an Agency of the Public Health Service: This section amends current law to enhance the duties, responsibilities, and authorities of the IHS Director, including the responsibility to facilitate advocacy and promote consultation on matters relating to Indian health within HHS.	Amends Sec. 601 – similar to Sec. 1200 - does not include NSC rec	Sec. 601 – Establishment of the Indian Health Service as an agency of the Public Health Service. Replace Sec. 601 in S. 1200 with Sec. 601 in HR 1328 (110 th Cong.), as reported by the Natural Resources Committee, in order to elevate the position of Director of the Indian Health Service to Assistant Secretary of Indian Health.
Section 172. Office of Direct Service Tribes: Relocates the IHS Office of Direct Service Tribes from the program level to the immediate office of the Director for IHS.	New Section	
Section 173. Nevada Area Office. Directs the Secretary to submit a plan to Congress to create a Nevada IHS Area Office, separating Indian health programs in the state of Nevada from the Phoenix Area of IHS.	New Section	
Section 181. Behavioral Health Programs: This bill section rewrites IHCA Title VII to encompass the broader focus of behavioral health as compared with current law's more narrow focus on substance abuse.		
Subtitle A—General Programs Section 701. Definitions: Provides necessary and applicable definitions.	New Section – similar to Sec. 717 in S. 1200 and Sec. 716 in HR 2708. - include NSC rec.	Include a definition of “Systems of Care”
Section 702. Behavioral Health Prevention and Treatment Services: Describes the specific authorizations for a comprehensive continuum of behavioral health care to include community-based care, detoxification, hospitalization, intensive out-patient treatment, residential treatment, transitional living, emergency shelter, case management, and diagnostic services.	Similar to Sec. 701 in S. 1200 and HR. 2708 - does not include NSC rec.	Revise subsection (a) of S. 1200 to add a new paragraph (7) as follows: <u>“(7) To encourage the Service, Indian Tribes and Tribal Organizations to maximize the use of all available resources, including resources provided under this Act, for behavioral health prevention and</u>

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Section 703. Memoranda of Agreement with the Department of Interior: Directs the IHS to enter into a memorandum of agreement (MOA) with the Secretary of the Interior to develop a comprehensive strategy for addressing Indian alcohol and substance abuse and mental health issues.	Similar to Sec. 702 in S. 1200 and HR 2708	treatment programs.”
Section 704. Comprehensive Behavioral Health Prevention and Treatment Program: Directs the IHS to establish comprehensive behavioral health, prevention and treatment programs for Indians.	Similar to Sec. 703 in HR 2708 - include NSC rec	Revise section 703 to S. 1200 to incorporate references to “systems of care”
Section 705. Mental Health Technician Program: Authorizes the establishment of a mental health technician program within IHS to train Indians as mental health technicians to provide basic community-based mental health care.	Similar to Sec. 704 in HR 2708	
Section 706. Licensing Requirement for Mental Health Care Workers: Prescribes mandatory licensing requirements for mental health workers and establishes protocols for oversight of mental health trainees.	Similar to Sec. 705 in S 1200	
Section 707. Indian Women Treatment Programs: Authorizes IHS grants to Indian health programs to develop and implement comprehensive behavioral health programs that specifically address the cultural, historical, social and child care needs of Indian women.	Similar to Sec. 706 in S. 1200	
Section 708. Indian Youth Program: Authorizes the establishment of a program for acute detoxification and treatment for Indian youth, including behavioral health services and family involvement.	Similar to Sec. 707 in HR 2708 - include NSC rec	Revise section 707 to S. 1200 to incorporate references to “systems of care”
Section 709. Inpatient and Community-Based Mental Health Facilities Design, Construction and Staffing: Authorizes the establishment, in each IHS area, of not less than one inpatient mental health care facility, or equivalent, to serve Indians with behavioral health problems.	Similar to Sec. 709 in S 1200	
Section 710. Training and Community Education: Instructs the HHS Secretary to work with the Interior Secretary to develop and implement or assist Indian tribes and organizations in establishing a community education and	Similar to Sec. 710 in HR 2708 - include NSC rec	Revise section 710 to S. 1200 to incorporate references to “systems of care”

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involvement program to educate tribal leaders, judges, law enforcement personnel, and health and education boards about community behavioral health issues.		
Section 711. Behavioral Health Program: Allows IHS to make grants to Indian health programs to establish <u>innovative</u> community-based behavioral health services to Indians. This will be a competitive grant based program.	Similar to Sec. 711 in HR 2708	
Section 712. Fetal Alcohol Spectrum Disorders Programs: Authorizes the establishment of a fetal alcohol spectrum disorders program to train providers to identify and treat pregnant women at high risk of birthing a child with fetal alcohol spectrum disorders and children born with alcohol related disorders.	Similar to Sec. 712 in HR 2708	
Section 713. Child Sexual Abuse and Prevention Treatment Programs: Authorizes the establishment of a culturally appropriate program, in each IHS area, to treat victims of child abuse and perpetrators of abuse in Indian households.	Similar to Sec. 713 in HR 2708	
Section 714. Domestic and Sexual Violence Prevention and Treatment: Authorizes the establishment of a culturally appropriate program, in each IHS area, to prevent and treat Indian victims of domestic and sexual violence and perpetrators of domestic and sexual violence in Indian households.	Similar to Sec. 714 in S. 1200 and HR 2708	
Section 715. Behavioral Health Research: Authorizes IHS to make grants to Indian and non-Indian entities to perform research on Indian behavioral health issues, including the causes of Indian youth suicide.	Similar to Sec. 716 in S. 1200	
<i>Subtitle B—Indian Youth Suicide Prevention</i> Section 721. Findings and Purpose: Sets out Congressional findings on the high prevalence of suicide among Indian youth and establishes a framework for addressing this critical situation.	Similar to Sec. 2 in S. 1635 – <i>7th Generation Promise: Indian Youth Suicide Prevention Act of 2009</i>	
Section 722. Definitions: Includes necessary and applicable definitions, including telemental health.		
Section 723. Indian Youth Telemental Health Demonstration Project: Authorizes the IHS to carry out a	Similar to Sec 708 in S. 1200 and current S. 1635 – 7 th	

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demonstration project for telemental health services targeted to Indian youth suicide prevention. The demonstration project will award up to five grants, for four years each, to tribes and tribal organizations.	<i>Generation Promise: Indian Youth Suicide Prevention Act of 2009</i>	
Section 724. Substance Abuse and Mental Health Services Administration Grants: Enhances the provision of mental health care services for Indian youth provided through SAMHSA by removing barriers that currently prevent Indian Tribes and tribal organizations from applying for SAMHSA grants.	Similar to S. 1635 – 7 th <i>Generation Promise: Indian Youth Suicide Prevention Act of 2009</i>	
Section 725. Use of Predoctoral Psychology and Psychiatry Interns: Encourages Indian tribes, tribal organizations and other mental health care providers serving Indian Country to utilize pre-doctoral psychology and psychiatry interns. Indian Country faces extreme shortages of mental health professionals and this provision will help increase the number of patients accessing care and serve as a recruitment tool for psychologists and psychiatrists.	Similar to Sec. 2 in S. 1635 – 7 th <i>Generation Promise: Indian Youth Suicide Prevention Act of 2009</i>	
Section 726. Indian Youth Life Skills Development Demonstration Program: Authorizes a demonstration grant program through the Substance Abuse and Mental Health Services Administration to provide grants to tribes and tribal organizations to provide culturally compatible, school-based suicide prevention curriculum to strengthen Native American teen “life skills”.	New Section	
Section 191. Confidentiality of Medical Quality Assurance Records; qualified immunity for participants: Allows for peer reviews to be conducted within Indian health programs without compromising confidentiality of medical records.	New Section – similar to Sec 814 in S. 1200 and HR 2708 - Includes NSC rec.	Use Text from S. 1200 (as engrossed) with the following new subsection (k) and (l), and re-letter existing (k) as (m): “(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. “(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

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		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.”
Section 192. Arizona, North Dakota and South Dakota as Contract Health Service Delivery Areas; eligibility of California Indians.		
Continues current law authority to make Arizona a permanent contract health service delivery area; and	Revises Sec. 808 – similar to Sec. 216 in S. 1200	
establishes a single contract health services delivery area consisting of the states of North Dakota and South Dakota for the purposes of providing contract health care services to members of Indian tribes located in those states; and	New Section - similar to Sec. 217 in S. 1200	
Updates the current law provision for services to California Indians.	Amends Sec. 809 - similar to Sec. 806 in S. 1200	
Section 193. Methods to increase access to professionals of certain corps. Facilitates access to National Health Service Corps personnel by Indian health programs.	Revises Sec. 812 – similar to Sec. 124 of HR 2708 - includes NSC rec	Sec. 124 – Add a new subsection (b) as follows: <u>(b) Treatment of Indian Health Programs. At the request of an Indian Health Program, the services of a member of the National Indian Health Services Corps assigned to an Indian Health Program may be limited to the person who are eligible for services from such programs.</u>
Section 194. Health Services for ineligible persons. Provides that IHS-operated and tribally-operated programs may provide health care services to non-IHS eligible beneficiaries so long as there is no diminution in services to IHS eligible beneficiaries, and makes non-beneficiaries liable for payment for such services. Clarifies that such services are subject to terms and conditions of ISDEAA contracts and compacts.	Amends Sec. 813 – similar to Sec. 807 in S. 1200	
Section 195. Annual Budget Submission: Requires that dollar amounts to cover medical inflation and population growth be included as a part of the President’s IHS budget submission to Congress beginning in fiscal year 2011.	New Section	
Section 201. Solicitation of Proposals for Safe Harbors under the Social Security Act for Facilities of Indian Health	New Section - similar to Sec. 205 in HR 2708	

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Programs and Urban Indian Organizations: Directs the Secretary, acting through the Office of the Inspector General, to publish a notice soliciting a proposal on the development of safe harbors for Indian health programs and urban Indian organizations.		
Section 202. Annual Report regarding Indians served by health benefits programs under Social Security Act: Requires the Centers Medicare and Medicaid Services (CMS) to submit an annual report to Congress regarding the enrollment and health status of Indians receiving items or services under Social Security Act health benefits programs.	New Section – similar to Sec. 209 in S. 1200	
Section 203. Including costs incurred by Service—“Medicare Rx Part D Fix”: Allows all prescriptions dispensed by IHS, tribal and urban Indian organization pharmacies to count toward the "true out-of-pocket-costs" (TrOOP) under the Medicare Part D program to enable Indian enrollees who utilize these pharmacies to qualify for catastrophic coverage under Part D.	New Section	
Section 204. Medicare Amendments: Requires 100% payment to IHS and tribal programs for Medicare covered services provided to IHS eligible beneficiaries.	New Section	
Section 205. Expansion of Payments under Medicare, Medicaid, and Children’s Health Insurance Program: Allows IHS, tribal health programs and urban Indian programs greater access to payments under Social Security Act health benefit programs.	New Section - Amends Section 1911 in Social Security Act –similar to Sec 201 in S. 1200	
Section 206. Reauthorization of Native Hawaiian health care programs: Authorizes a straight reauthorization and extension of Native Hawaiian laws until 2019.	Amends Reauthorization of Native Hawaiian health care program	