

S 556

Indian Health Care Improvement Act Amendments of 2004

Congress: 108 (2003–2005, Ended)

Chamber: Senate

Policy Area: Native Americans

Introduced: Mar 6, 2003

Current Status: Sponsor introductory remarks on measure. (CR S12052-12055)

Latest Action: Sponsor introductory remarks on measure. (CR S12052-12055) (Dec 8, 2004)

Official Text: <https://www.congress.gov/bill/108th-congress/senate-bill/556>

Sponsor

Name: Sen. Campbell, Ben Nighthorse [R-CO]

Party: Democratic • **State:** CO • **Chamber:** Senate

Cosponsors (9 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Inouye, Daniel K. [D-HI]	D · HI		Mar 6, 2003
Sen. McCain, John [R-AZ]	R · AZ		Mar 6, 2003
Sen. Johnson, Tim [D-SD]	D · SD		Jul 17, 2003
Sen. Murray, Patty [D-WA]	D · WA		Jun 3, 2004
Sen. Daschle, Thomas A. [D-SD]	D · SD		Jun 24, 2004
Sen. Bingaman, Jeff [D-NM]	D · NM		Sep 23, 2004
Sen. Dorgan, Byron L. [D-ND]	D · ND		Sep 24, 2004
Sen. Murkowski, Lisa [R-AK]	R · AK		Oct 10, 2004
Sen. Cantwell, Maria [D-WA]	D · WA		Nov 16, 2004

Committee Activity

Committee	Chamber	Activity	Date
Indian Affairs Committee	Senate	Reported By	Nov 16, 2004
Natural Resources Committee	House	Hearings By (full committee)	Jul 16, 2003

Subjects & Policy Tags

Policy Area:

Native Americans

Related Bills

Bill	Relationship	Last Action
108 HR 2440	Related bill	Nov 22, 2004: House Committee on Energy and Commerce Granted an extension for further consideration ending not later than Dec. 10, 2004.

Indian Health Care Improvement Act Amendments of 2004 - (Sec. 2) Amends the Indian Health Care Improvement Act (IHCIA) to revise requirements for health care programs and services for Indians, Indian tribes, tribal organizations, and urban Indian organizations under a new Title I (Indian Health, Human Resources, and Development).

Declares that it is the policy of the United States that the health status of American Indians be raised by 2010 to at least the levels set forth in the goals contained within the Healthy People 2010 or successor objectives. Establishes a policy to require meaningful consultation with Indian Tribes, Tribal Organizations, and Urban Indian Organizations to implement such Act and the national policy of Indian self-determination.

Revises requirements for: (1) the Indian psychology career recruitment grant program, including the Quentin N. Burdick American Indians Into Psychology Program at the University of North Dakota; (2) Indian Health Service (IHS) Extern Program (for high school students); (3) the IHS Loan Repayment Program; (4) the Indian Health Scholarship and Loan Repayment Recovery Fund; (5) the tribal recruitment and retention program; and (6) advanced training and research.

Revises the grant program for increasing the number of nurses, nurse midwives, and nurse practitioners who deliver health care services to Indians, including the Quentin N. Burdick American Indians Into Nursing Program at the University of North Dakota.

Repeals the specific mandate for a grant program for nursing school clinics.

Revises requirements for: (1) the "Indians Into Medicine Program" (INMED); (2) grants for health training programs of community colleges; (3) retention bonuses; (4) the nursing residency program; and (5) the Community Health Aide Program for Alaska (CHAPA).

Directs the Secretary, acting through IHS, to develop and promulgate regulations to operate a national Community Health Aide Program, without reducing funds for the CHAPA.

Repeals: (1) specified requirements for matching grants to Tribes for scholarship programs; and (2) the mandate for a grant to the University of South Dakota to establish a pilot program addressing the chronic manpower shortage in the IHS Aberdeen Area.

Authorizes the Secretary, acting through IHS, to fund demonstration programs for Tribal Health Programs to address the chronic shortages of health professionals.

Excludes from gross income for Federal income tax purposes any IHCIA qualified scholarships provided to individuals pursuant to new Title I (Indian Health, Human Resources, and Development).

Prohibits the Secretary, acting through IHS, from removing a member of the National Health Service Corps from an Indian Health Program or Urban Indian Organization or from withdrawing funding used to support such member, unless the Secretary has ensured that the Indians receiving services from such member will experience no reduction in them.

Requires the Secretary, acting through IHS, to contract with, or make grants to, accredited tribal colleges, universities, and community colleges to establish demonstration programs to develop educational curricula for substance abuse counseling.

Directs the Secretary, acting through IHS, and the Secretary of the Interior, to study and list the types of staff positions specified in this Act whose qualifications do or should include training in the identification, prevention, education, referral, or treatment of mental illness, or dysfunctional and self-destructive behavior.

Requires IHS to develop and implement, on request, or assist the appropriate entity to develop and implement a program of community education on mental illness.

Directs the Secretary to develop a plan under which IHS will increase the health care staff providing behavioral health services by at least 500 positions within five years.

Authorizes appropriations through FY 2015 for Indian health, human resources, and development activities and programs.

Revises requirements for the Indian Health Care Improvement Fund.

Revises requirements for diabetes prevention, treatment, and control services.

Authorizes funding agreements or other arrangements with Indian tribes or tribal organizations for shared services in the delivery of long-term care and similar services to Indians.

Revises coverage of screening mammography to include other cancer screening meeting national standards.

Extends coverage of patient travel costs to include appropriate and qualified escorts and specified transportation.

Revises requirements for epidemiology centers (operated by Tribal Health Programs).

Changes from discretionary to mandatory the authority of the Secretary to provide funding to Indian Tribes, Tribal Organizations, and Urban Indian Organizations to develop comprehensive school health education programs (including afternoon programs) for Indian and Urban Indian children from pre-school through grade 12 in schools, which no longer need be located on Indian reservations.

Revises requirements for the Indian youth grant program for innovative mental and physical disease prevention and health promotion.

Extends the program to prevent, control, and eliminate tuberculosis to cover communicable and infectious diseases generally.

Authorizes a range of specified health services, including hospice care, assisted living, long-term health care, home- and community-based services, public health functions, and Traditional Health Care Practices.

Directs the Secretary, acting through the IHS and Indian Tribes, Tribal Organizations, and Urban Indian Organizations, to provide funding to monitor and improve the quality of health care for Indian women of all ages. Repeals the specific mandate for an IHS Office of Indian Women's Health Care.

Revises requirements for studies of nuclear health hazards to extend them to other environmental conditions that may result in chronic or life-threatening health problems. Requires the Intergovernmental Task Force to identify non-nuclear environmental as well as nuclear hazards and enter into activities to correct them and ensure that current and future health problems are minimized.

Renews the designation of Arizona as a contract health service delivery area for FY 2003 through 2015.

Designates North and South Dakota as contract health service delivery areas for FY 2003 through 2015.

Authorizes the Secretary to fund a program using the California Rural Indian Health Board (CRIHB) as a (reimbursement) contract care intermediary to improve the accessibility of health services to California Indians. Establishes an advisory board to assist CRIBH.

Allows specified California counties, now excluded from the California contract health service delivery area, to be included in it only if the IHS specifically provides funding for services in them.

Requires the IHS to fund health care programs and facilities operated by Tribal Health Programs on the same basis as those the IHS operates directly.

Provides that health care professionals employed by a Tribal Health Program shall, if licensed or certified in any State, be exempt from the licensing or certification requirements of the State in which the Tribal Health Program performs the services described in its Funding Agreement.

Declares that, 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.

Authorizes appropriations through FY 2015 for health services.

Revises general requirements for health care facilities, including evaluations and reports.

Requires the Secretary, acting through IHS, to establish a health care facility priority system developed with Indian Tribes and Tribal Organizations through negotiated rulemaking. Grandfathers the top ten facilities in each priority area. Directs the Government Accountability Office to report to Congress and the Secretary on all IHS and tribal health facility construction, expansion, and improvement needs. Requires five-year updates to the report by the Secretary.

Revises requirements for the construction and maintenance of tribal sanitation facilities.

Modifies preference requirements under the Buy Indian Act which subject to the prevailing wage requirements of the Davis-Bacon Act federally-funded contracts for the construction or renovation of health care facilities, staff quarters, and sanitation facilities. Exempts such contracts, unless a Tribe or Tribal Organization uses its own employees, from the Davis-Bacon Act if the construction or renovation is: (1) performed under a contract with an Indian Tribe or Tribal Organization with funds supplied under the Indian Self-Determination and Education Assistance Act; and (2) subject to local prevailing wage standards, as determined by the Tribe or Tribal Organization.

Allows the expenditure of non-IHS funds for expansion by an Indian Tribe or Tribal Organization of any IHS or other Indian health facility. Requires the methodology for establishing priorities to be developed through negotiated rulemaking.

Revises requirements for the grant program for the construction, expansion, and modernization of small ambulatory care facilities. Authorizes the Secretary to provide for the establishment of peer review panels, as necessary, to review and evaluate grant applications and proposals.

Modifies requirements for the Indian health care delivery demonstration project to include hospice and child care facilities. Requires the Secretary to establish peer review panels (currently, merely authorized) for project applications.

Authorizes the Bureau of Indian Affairs (BIA) and all other Federal agencies and departments to transfer, at no cost, land and improvements to the IHS for the provision of health care services.

Allows the Secretary, acting through IHS, to enter into leases, contracts, and other agreements with Indian Tribes and Tribal Organizations which hold title to, a leasehold interest in, or a beneficial interest in facilities used or to be used for the administration and delivery of health services by an Indian Health Program. Considers such leases to be operating leases for the purpose of scoring under the Balanced Budget and Emergency Deficit Control Act of 1985 (Gramm-Rudman-Hollings Act).

Directs the Secretary to study 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.

Authorizes a Tribal Health Organization to lease permanent structures for the purpose of providing health care services without obtaining advance approval in appropriation Acts.

Authorizes the Secretary to negotiate and arrange with Indian tribes and Tribal organizations to establish joint venture demonstration projects under which a tribe or organization shall expend tribal, private, or other available funds for the acquisition or construction of a health facility for a minimum of ten years, under a no-cost lease, in exchange for agreement by the Secretary to provide equipment, supplies, and staffing for the facility's operation.

Provides that, in all matters involving the reorganization or development of IHS facilities, or in the establishment of related employment projects to address unemployment conditions in economically depressed areas, the BIA and IHS shall 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.

Requires a report to Congress about the backlog in maintenance and repair work of IHS and tribal health care facilities. Authorizes the Secretary, acting through IHS, to expend maintenance and improvement funds to support maintenance of newly constructed space only if it falls within the approved supportable space allocation for the Indian tribe or tribal organization.

Grants authority to a Tribal Health Program which operates a hospital or other health facility and associated federally owned quarters pursuant to a Funding Agreement to establish the rental rates charged to the occupants of such quarters by notifying the Secretary of its election to exercise such authority. Authorizes a Tribal Health Program to collect rents directly from Federal employees who occupy such quarters.

Requires the Secretary to apply the Buy American Act to all IHS facilities procurements, except for Indian tribes and Tribal organizations.

Authorizes the Secretary to: (1) accept funds from any source; and (2) use them to plan, design, and construct health care facilities for Indians; or (3) transfer them to Indian Tribes or Tribal organizations.

Authorizes appropriations through FY 2015 for IHS facilities.

Consolidates sections of current law covering Medicare and Medicaid (titles XVIII and XIX of the Social Security Act) into a single section covering the State Children's Health Insurance Program (SCHIP) (title XXI of the Social Security Act). Requires the Secretary to ensure that each IHS Service Unit receives 100 (currently 80) percent of the amount to which the HS facilities, for which such Service Unit makes collections, are entitled. Authorizes Tribal Health Programs to bill directly for, and receive payment for, health care items and services provided by the Tribe or Tribal organization.

Revises requirements for grants to or Funding Agreements with Indian Tribes and Tribal Organizations to assist them in establishing and administering Medicaid, Medicare, and certain other Social Security programs on or near reservations and trust lands. Adds SCHIP benefits to those whose administration such grants and Agreements may cover.

Gives the United States, an Indian Tribe, or Tribal Organization the right to recover from any responsible or liable third party the reasonable charges they bill in providing health services, through IHS, an Indian Tribe, or Tribal Organization, 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 and did pay such charges or expenses.

Provides that, except as relating to the Catastrophic Health Emergency Fund and to health services for ineligible persons, all reimbursements to an Indian Tribe or Tribal Organization, or to an Urban Indian Organization are to be used and returned to the Service Unit.

Provides that insofar as amounts are made available under law to Indian Tribes, Tribal Organizations, and Urban Indian Organizations for health benefits for IHS beneficiaries, such Tribes and Organizations may use such amounts to purchase health benefits coverage for such beneficiaries in any manner.

Authorizes the Secretary to create or expand arrangements for the sharing of medical facilities between IHS, Indian tribes, and Tribal Organizations with the Department of Veterans Affairs and the Department of Defense.

Makes Indian Health Programs and health care programs operated by Urban Indian Organizations the payor of last resort for services they provide to eligible persons.

Provides that, for purposes of determining the eligibility of an entity operated by IHS, an Indian Tribe, a Tribal Organization, or an Urban Indian Organization to receive payment or reimbursement from any federally funded health care program for health care services it furnishes to an Indian, any requirement that the entity be licensed or recognized under State or local law to furnish such services shall be deemed to have been met if it meets all the applicable standards for such licensure, but the entity need not obtain a license.

Directs the Secretary to establish within the Centers for Medicare and Medicare Services a National Indian Technical Assistance Group.

Provides that, insofar as a State SCHIP plan may provide child health assistance to individuals otherwise served by IHS, an Indian Tribe, or Tribal Organization, the Secretary may arrange with the State and with IHS, or one or more Tribes and Organizations in the State, to provide a portion of the SCHIP funds with respect to such individuals to IHS, the Indian

Tribe, or the Tribal Organization, respectively.

Provides that, for purposes of applying any authority under certain SSA provisions to seek waiver of a sanction imposed against a health care provider insofar as it provides services to individuals through an Indian Health Program, any requirement that a State request such a waiver shall be deemed to be met if such Indian Health Program requests one.

Prohibits the charging of a deductible, copayment, or coinsurance to any Indian furnished an item or service by the IHS, or to an Indian furnished an item or service for which Medicaid or SCHIP payment may be made if the item or service is furnished by, or upon referral made by, IHS, an Indian Tribe, Tribal Organization, or Urban Indian Organization.

Prohibits the charging of a premium, as a condition of receiving Medicaid or SCHIP benefits, to any Indian otherwise eligible for them.

Declares that a parent (whether or not an Indian) of an Indian child shall not be responsible for reimbursing a State or the Federal Government for the cost of Medicaid or SCHIP services relating to the child under circumstances in which payment would have been made under the contract health services program of an Indian Health Program but for the child's Medicaid or SCHIP eligibility.

Declares that certain trust property and property of unique religious or cultural significance or that supports subsistence or traditional lifestyle shall not be included when determining eligibility for services under SSA title XIX.

Requires managed care providers to reimburse the Indian Health Program or Urban Indian Organization for care provided to their beneficiaries.

Prescribes circumstances in which a State shall enter into an agreement with IHS, an Indian Tribe, Tribal Organization, Urban Indian Organization, or a consortium of such entities, to serve as a Medicaid managed care organization or a primary care case manager, respectively, with respect to Indians it serves.

Directs the Secretary to study and report to Congress on the feasibility of treating the Navajo Nation as a State to provide Medicaid services to Indians living within the Nation's boundaries through an entity with the same authority and performing the same functions as single-State Medicaid agencies responsible for the administration of the State Medicaid plan.

Authorizes appropriations through FY 2015 with respect to access to health services.

Revises requirements for health services for Urban Indians, particularly those for contracts and grants with Urban Indian Organizations for health care and referral services.

Changes mental health services to behavioral health services.

Authorizes the Secretary to substitute for an annual onsite evaluation of an Urban Indian Organization evidence of that organization's provisional or full accreditation by a private independent entity recognized by the Secretary for conducting quality reviews of Medicare providers.

Requires the Secretary to make payments under contracts or grants in their entirety to an Urban Indian Organization, unless the organization is not capable of administering such payments in their entirety. Allows unexpended funds to be carried forward for expenditure.

Requires reports, records, and audits once every six months instead of quarterly. Requires any such report to contain a minimum set of data established through negotiated rulemaking.

Establishes in the Treasury the Urban Indian Health Care Facilities Revolving Loan Fund. Authorizes the Secretary, through the IHS or the Health Resources and Services Administration, to provide contractors or grant recipients with loans or loan guarantees for construction, renovation, expansion, and purchase of health care facilities.

Establishes within IHS an Office of Urban Indian Health (OUIH) to provide technical assistance to Urban Indian Organizations and oversight of programs and services. Repeals establishment of an IHS Branch of Urban Health Programs.

Changes the Tulsa Clinic and Oklahoma City demonstration projects into permanent programs within IHS's direct care program.

Makes the OUIH responsible for grants and contracts with Urban Indian Organizations for programs transferred to the IHS from the National Institute on Alcoholism and Alcohol Abuse (NIAAA).

Directs the Secretary to ensure that IHS consults, to the greatest extent practicable, with Urban Indian Organizations.

Extends Federal Tort Claims Act coverage to the performance of functions under a contract, grant agreement, or any other agreement with an Urban Indian Organization authorized with respect to health services for Urban Indians.

Authorizes the Secretary, acting through the IHS, to fund the construction and operation of at least two residential treatment centers in each of certain States to demonstrate the provision of alcohol and substance abuse treatment services to Urban Indian youth in a culturally competent residential setting.

Directs the Secretary to allow an Urban Indian Organization with a Health Services for Urban Indians contract or grant to use existing facilities and all related equipment and other federally owned property within the Secretary's jurisdiction.

Authorizes the Secretary to: (1) make grants to certain Urban Indian Organizations for the prevention and treatment of, and control of the complications resulting from, diabetes among Urban Indians; and (2) enter into contracts with, and make grants to, such Organizations for the employment of Indians trained as health service providers through the Community Health Representatives Program in the provision of health care, health promotion, and disease prevention services to Urban Indians.

Authorizes appropriations through FY 2015 for health services for urban Indians.

Replaces the director of the IHS, as an agency of the Public Health Service, with an Assistant Secretary of Indian Health appointed by the President, with the advice and consent of the Senate.

Requires the IHS automated management information system to include: (1) an interface mechanism for patient billing and accounts receivable; and (2) a training component.

Authorizes appropriations through FY 2015.

Replaces requirements for substance abuse programs with those for behavioral health prevention and treatment services.

Directs the Secretary to: (1) 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 areawide plans for Indian Behavioral Health Services; (2) establish a national clearinghouse of plans and reports on the outcomes of such plans; and (3) provide specified comprehensive, child, adult, family, and elder care programs.

Authorizes the governing body of any Indian Tribe, Tribal Organization, or Urban Indian Organization to adopt a resolution for the establishment of a community behavioral health plan providing for 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.

Directs the Secretary to assess the need for inpatient mental health care among Indians, and the availability and cost of facilities to meet such need.

Requires the Secretary, acting through the IHS, and the Secretary of the Interior to enter into a memorandum of agreement, or review and update any existing memoranda of agreement, under which they address, among other things, the scope and nature of mental illness and dysfunctional and self-destructive behavior, including child abuse and family violence, among Indians.

Requires such memorandum of agreement to require the IHS to assume responsibility for, among other things, determination of the scope of the problem of alcohol and substance abuse among Indians.

Requires the Secretary to provide a program of comprehensive behavioral health, prevention, treatment, and aftercare for all members of Indian tribes.

Directs the Secretary to: (1) establish and maintain an IHS program which provides for the training of Indians as mental health technicians and employs them in the provision of community-based mental health care; and (2) ensure that the program involves the use and promotion of the Traditional Health Care Practices of the Indian Tribes to be served.

Requires 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 to be licensed or working under the direct supervision of a licensed clinical psychologist, social worker, or marriage and therapy therapist.

Directs the Secretary to make funds available to Indian Tribes, Tribal Organizations, and Urban Indian Organizations to develop and implement a comprehensive behavioral health program of prevention, intervention, treatment, and relapse prevention services that specifically address the spiritual, cultural, historical, social, and child care needs of Indian women, regardless of age. Earmarks certain of the funds appropriated pursuant to this paragraph to be used to make grants to Urban Indian Organizations.

Revises requirements for the program for acute detoxification and treatment for Indian youths.

Authorizes the Secretary, acting through the IHS, to provide intermediate behavioral health services, which may incorporate Traditional Health Care Practices, to Indian children and adolescents.

Revises requirements for community-based rehabilitation and aftercare services for Indian youths who are alcohol and substance abusers, refocusing such program on youths having significant behavioral health problems, and requiring long-term treatment, community reintegration, and monitoring after their return to their home community.

Requires the Secretary to provide: (1) programs and services to prevent and treat the abuse of multiple forms of substances among Indian youths; and (2) appropriate mental health services to address the incidence of mental illness among them.

Authorizes the Secretary to provide, in each area of IHS, not less than one inpatient mental health facility, or the equivalent, for Indians with behavioral health problems.

Revises requirements for training and community education. Changes the focus of the community education and involvement program from alcohol and substance abuse only to behavioral health issues, including child sexual abuse.

Directs the Secretary to develop and carry out programs to deliver innovative community-based behavioral health services to Indians.

Repeals the specific mandates for grants to: (1) the Navajo Nation for the Gallup, New Mexico, Alcohol and Substance Abuse Treatment Center; (2) the Pueblo Substance Abuse Treatment Project for the San Juan Pueblo, New Mexico; (3) the Intertribal Addictions Recovery Organization (Thunder Child Treatment Center) in Sheridan, Wyoming; and (4) the Alaska Native Drug and Alcohol Abuse Demonstration Project. Repeals the specific mandates for establishment of: (1) substance abuse counselor education demonstration project; and (2) the Gila River Indian Reservation Regional Youth Alcohol and Substance Abuse Prevention and Treatment Center in Sacaton, Arizona.

Revises requirements for fetal alcohol syndrome and fetal alcohol effect programs, changing the name to fetal alcohol disorder programs. Changes the name of the Fetal Alcohol Syndrome/Fetal Alcohol Effect (FAS/FAE) Task Force to the Fetal Alcohol Disorder Task Force. Eliminates requirements for a national clearinghouse. Provides that ten percent of the funds appropriated for such programs shall be used to make grants to Urban Indian Organizations funded under title VII (Behavioral Health Programs) of this Act.

Replaces requirements for current demonstration programs involving the treatment for child sexual abuse provided through the Hopi Tribe and the Assiniboine and Sioux Tribes of the Fort Peck Reservation with requirements for the Secretary to establish 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.

Directs the Secretary to provide funding to Indian Tribes, Tribal Organizations, and Urban Indian Organizations, or enter contracts with or make grants to appropriate institutions for, research on the prevalence of behavioral health problems among Indians.

Authorizes appropriations through FY 2015 for behavioral health programs.

Revises requirements for the President's annual report to Congress on progress in meeting IHClA requirements. Requires the President to submit a plan to Congress for implementing this Act within eight months after its enactment.

Repeals specified authority for the Secretary to enter into leases with Indian tribes.

Applies to the performance of abortions in an Act providing appropriations for IHS any similar limitation on the use of funds in an Act providing appropriations for the Department of Health and Human Services.

Specifies the California Indians eligible for health services provided by IHS, including any member of a Federally recognized tribe.

Specifies ages and family ties which create eligibility criteria for the health services provided by the IHS.

Provides that any allocation of IHS funds for a fiscal year that reduces by five 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 reported to the President on the proposed change in allocation of funding. Waives this requirement if the total amount appropriated to IHS for a fiscal year is at least five percent less than the amount appropriated to it for the previous fiscal year.

Requires the Secretary to: (1) provide for the dissemination to Indian tribes, Tribal Organizations, and Urban Indian Organizations of the findings and results of demonstration projects conducted under IHClA; and (2) 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*.

Provides that, during the period of the moratorium imposed 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 IHS, IHS shall provide services pursuant to the eligibility criteria in effect on September 15, 1987, until such time as new eligibility criteria are developed.

Declares that, for National Labor Relations Act purposes, Indian tribes and Tribal Organizations carrying out a Funding Agreement shall not be considered employers.

Deems a Tribal Health Program, for purposes of the Federal Property and Administrative Services Act relating to Federal sources of supply, to: (1) be an executive agency when carrying out a contract, grant, cooperative agreement, or Funding Agreement with IHS; and (2) have access to the Federal Supply Schedule and any other Federal source of supply to which executive agencies have access.

Provides that, for purposes of Federal veterans benefits law regarding the limitation on prices of drugs procured by the Department of Veterans Affairs and certain other Federal agencies, a Tribal Health Program shall have the status of IHS with direct access to the Veterans Administration prime vendor.

Establishes the National Bipartisan Indian Health Care Entitlement Commission to: (1) establish a study committee to make recommendations for legislation providing for the delivery of health services for Indians as an entitlement; (2) review and analyze such recommendations, and make its own to Congress.

Makes confidential and privileged any medical quality assurance records created by or for any Indian Health Program or Urban Indian Organization health program as part of a medical quality assurance program, and prohibits their disclosure, with specified exceptions.

Repeals specific mandates for: (1) the provision of contract health services to members of the Turtle Mountain Band of Chippewa Indians residing in the Trenton Service Area of Divide, McKenzie, and Williams Counties in North Dakota and in Richland, Roosevelt, and Sheridan Counties in Montana; (2) demonstration projects for tribal management of health care services; and (3) the shared services demonstration project.

Authorizes appropriations of such sums as necessary for each year through FY 2015 to carry out title VIII

(Miscellaneous).

Authorizes 20 million for the construction of a rural health care facility on the Fort Berthold Indian Reservation of the Three Affiliated Tribes, North Dakota.

(Sec. 3) Amends specified Federal law to provide that nothing in it 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 other specified Federal law.

(Sec. 4) Amends title XIX (Medicaid) and title XXI (SCHIP) of the Social Security Act to make Indian health programs eligible for reimbursement for all Medicaid and SCHIP services they provide.

Actions Timeline

- **Dec 8, 2004:** Sponsor introductory remarks on measure. (CR S12052-12055)
- **Nov 16, 2004:** Committee on Indian Affairs. Reported by Senator Campbell with an amendment in the nature of a substitute. With written report No. 108-411.
- **Nov 16, 2004:** Committee on Indian Affairs. Reported by Senator Campbell with an amendment in the nature of a substitute. With written report No. 108-411.
- **Nov 16, 2004:** Placed on Senate Legislative Calendar under General Orders. Calendar No. 802.
- **Sep 22, 2004:** Committee on Indian Affairs. Ordered to be reported with an amendment in the nature of a substitute favorably.
- **Jul 23, 2003:** Committee on Indian Affairs. Hearings held. Hearings printed: S.Hrg. 108-204.
- **Jul 16, 2003:** Committee on Indian Affairs. Joint hearings held with the House Committee on Resources Office of Native American and Insular Affairs. Hearings printed: S.Hrg. 108-199.
- **Apr 2, 2003:** Committee on Indian Affairs. Hearings held. Hearings printed: S.Hrg. 108-62.
- **Mar 6, 2003:** Introduced in Senate
- **Mar 6, 2003:** Sponsor introductory remarks on measure. (CR S3277)
- **Mar 6, 2003:** Read twice and referred to the Committee on Indian Affairs. (text of measure as introduced: CR S3278-3316)