

## S 1200

### Indian Health Care Improvement Act Amendments of 2008

**Congress:** 110 (2007–2009, Ended)

**Chamber:** Senate

**Policy Area:** Native Americans

**Introduced:** Apr 24, 2007

**Current Status:** Referred to the Committee on Natural Resources, and in addition to the Committees on Energy and Comm

**Latest Action:** Referred to the Committee on Natural Resources, and in addition to the Committees on Energy and Commerce, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned. (Feb 28, 2008)

**Official Text:** <https://www.congress.gov/bill/110th-congress/senate-bill/1200>

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### Sponsor

**Name:** Sen. Dorgan, Byron L. [D-ND]

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

## Cosponsors (31 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Baucus, Max [D-MT]	D · MT		Apr 24, 2007
Sen. Bingaman, Jeff [D-NM]	D · NM		Apr 24, 2007
Sen. Boxer, Barbara [D-CA]	D · CA		Apr 24, 2007
Sen. Cantwell, Maria [D-WA]	D · WA		Apr 24, 2007
Sen. Domenici, Pete V. [R-NM]	R · NM		Apr 24, 2007
Sen. Inouye, Daniel K. [D-HI]	D · HI		Apr 24, 2007
Sen. Johnson, Tim [D-SD]	D · SD		Apr 24, 2007
Sen. Klobuchar, Amy [D-MN]	D · MN		Apr 24, 2007
Sen. Murkowski, Lisa [R-AK]	R · AK		Apr 24, 2007
Sen. Obama, Barack [D-IL]	D · IL		Apr 24, 2007
Sen. Reid, Harry [D-NV]	D · NV		Apr 24, 2007
Sen. Tester, Jon [D-MT]	D · MT		Apr 24, 2007
Sen. Thomas, Craig [R-WY]	R · WY		Apr 24, 2007
Sen. Cochran, Thad [R-MS]	R · MS		Apr 26, 2007
Sen. Murray, Patty [D-WA]	D · WA		Apr 26, 2007
Sen. Clinton, Hillary Rodham [D-NY]	D · NY		May 3, 2007
Sen. Brown, Sherrod [D-OH]	D · OH		May 21, 2007
Sen. Stevens, Ted [R-AK]	R · AK		May 21, 2007
Sen. Stabenow, Debbie [D-MI]	D · MI		Sep 4, 2007
Sen. Levin, Carl [D-MI]	D · MI		Oct 16, 2007
Sen. Durbin, Richard J. [D-IL]	D · IL		Oct 17, 2007
Sen. Kennedy, Edward M. [D-MA]	D · MA		Oct 22, 2007
Sen. Smith, Gordon H. [R-OR]	R · OR		Oct 22, 2007
Sen. Kerry, John F. [D-MA]	D · MA		Oct 23, 2007
Sen. Schumer, Charles E. [D-NY]	D · NY		Oct 23, 2007
Sen. Dodd, Christopher J. [D-CT]	D · CT		Oct 25, 2007
Sen. Feinstein, Dianne [D-CA]	D · CA		Oct 29, 2007
Sen. Akaka, Daniel K. [D-HI]	D · HI		Oct 30, 2007
Sen. Whitehouse, Sheldon [D-RI]	D · RI		Nov 2, 2007
Sen. Salazar, Ken [D-CO]	D · CO		Jan 23, 2008
Sen. Nelson, Ben [D-NE]	D · NE		Jan 24, 2008

## Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred To	Feb 28, 2008
Indian Affairs Committee	Senate	Reported By	Oct 16, 2007
Natural Resources Committee	House	Referred To	Feb 28, 2008
Ways and Means Committee	House	Referred To	Feb 28, 2008

## Subjects & Policy Tags

### Policy Area:

Native Americans

### Related Bills

Bill	Relationship	Last Action
110 HR 1328	Related bill	<b>Jun 6, 2008:</b> Placed on the Union Calendar, Calendar No. 444.

Indian Health Care Improvement Act Amendments of 2008 - Reauthorizes Indian Health Service (IHS) programs.

**Title I: Amendments to Indian Laws** - (Sec. 101) Amends the Indian Health Care Improvement Act (IHCIA) to declare a national Indian health policy to: (1) raise the health status of Indians and Urban Indians by 2010 to at least the levels set forth in the goals contained within the Healthy People 2010 or successor objectives; (2) ensure maximum Indian participation in the direction of health care services to make the persons administering such services and the services themselves more responsive to the needs and desires of Indian communities; and (3) ensure that the United States and Indian Tribes work together to ensure quality health care for all tribal members.

Authorizes approval of up to a two-year extension (or the part-time equivalent) of a health profession preparatory pregraduate education scholarship.

Revises Indian Health Scholarship requirements. Gives the Director of IHS the responsibility of administration of such scholarship program. Requires scholarship recipients to work full-time for a time frame equal to one year for each school year, or two years, whichever is greater, in specified programs, including working in a practice that addresses the health care needs of Indians or teaching in a tribal college or university nursing (or related health profession) program, if the health service provided to Indians would not decrease.

Revises American Indians Into Psychology Program requirements to establish a maximum grant amount of \$300,000 to each of nine (currently three) colleges and universities. Authorizes appropriations for FY2008-FY2017.

Revises requirements for matching grants to tribes for health professional scholarship programs. Allows 20% of funds for the scholarship costs to be from any source instead of only non-federal sources. Requires a scholarship recipient to agree not to discriminate in providing health care against individuals on the basis of payment under title XXI (State Children's Health Insurance Program) (SCHIP) of the Social Security Act (SSA).

Revises IHS extern program requirements. Extends the extern program to a Tribal Health Program (THP) or an Urban Indian Organization (UIO) (on a discretionary basis) or other Department of Health and Human Services (HHS) agencies (as available). Allows a high school extern program.

Revises requirements for programs for continuing education allowances. Authorizes the Secretary of Health and Human Services (the Secretary) to provide programs or allowances to: (1) transition into an Indian Health Program (IHP), including licensing, board or certification examination, and technical assistance in fulfilling service obligations, and (2) enable health professionals employed in an IHP to take leave of their duty stations for a period each year for professional consultation and refresher training and, in the case of nurses, for additional clinical sexual assault nurse examiner experience to maintain competency or certification. Repeals the set-aside for postdoctoral training. Allows extension of continuing education allowances to health professionals employed in an IHP or a UIO.

Revises community health representative program requirements. Renames health paraprofessionals as "community health representatives."

Revises Indian Health Service Loan Repayment Program requirements. Requires the Secretary to notify a loan repayment applicant of approval or disapproval within 21 days after receipt of the application. Cancels the service or payment of damages obligation of an individual at death.

Revises Scholarship and Loan Repayment Recovery Fund requirements. Includes among Fund sources any collections from contract breaches for the scholarships or loan repayment programs and interest. Allows THPs to use payments received from the Fund to provide scholarships.

Revises requirements for recruitment activities to allow travel reimbursement of health professionals seeking positions with IHPs or UIOs.

Revises Indian recruitment and retention program and advanced training and research requirements, specifying the involvement of health professionals who have worked in an IHP or UIO.

Renames the nursing grant program as the "Quentin N. Burdick American Indians into Nursing Program." Eliminates the program of grants to establish nursing school clinics.

Makes tribal cultural orientation and history education of IHS employees mandatory. Requires such education to describe the use and place of traditional health care practices of the Indian Tribes in the IHS area.

Revises requirements for the Indians Into Medicine (INMED) Program.

Revises community college health training program requirements to require grant-receiving community colleges to: (1) have a relationship with a hospital rather than mere access; and (2) agree to provide preference for Indian applicants. Establishes a funding priority for tribal colleges and universities in Service Areas where they exist.

Repeals the authority for additional incentives for health professionals.

Extends retention bonuses to any health professional (not just doctors and nurses) employed by an IHP or UIO. Permits the Secretary to provide such bonuses to professionals who have completed: (1) two (currently, three) years of employment with an IHP or UIO; or (2) any service obligations incurred as a requirement of any federal scholarship or loan repayment program. Repeals the requirement that the retention bonus be paid at the beginning of the term of service.

Limits the nursing residency training program to Indians working in an IHP or UIO. Allows education leading to any advanced degree or certification in nursing or public health (currently, a Master's degree). Allows obligated service in a UIO.

Revises community health aide program requirements. Requires the Secretary, acting through the Community Health Aide Program, to ensure that pulpal therapy or extraction of adult teeth can be performed by a dental health aide therapist only after consultation with a licensed dentist who determines that the procedure is a medical emergency that cannot be resolved with palliative treatment. Prohibits such therapists from performing all other oral or jaw surgeries. Requires the Secretary, acting through IHS, to establish a neutral panel to study the dental health aide therapist services under such program.

Directs the Secretary to act through IHS to provide training for Indians in the administration and planning of THPs.

Authorizes the Secretary, acting through IHS, to fund health professional chronic shortage demonstration programs.

Prohibits the Secretary from removing a National Health Service Corps member from an IHP or a UIO.

Revises requirements for substance abuse counselor educational curricula demonstration programs. Extends the initial grant period from one year to three years and the renewal periods from one year to two years.

Converts mental health to behavioral health training and community education programs, making Indian Tribes and Tribal Organizations participants.

Repeals the University of South Dakota pilot program.

Authorizes appropriations through FY2017 for Indian health, human resources, and development.

Revises Indian Health Care Improvement Fund requirements. Authorizes the Secretary to expend funds either directly or under the authority of the Indian Self-Determination and Education Assistance Act (ISDEAA). Adds telehealth and telemedicine to uses of such funds, as well as elimination of inequities in funding for both direct care and contract health service programs.

Revises Indian Catastrophic Health Emergency Fund (CHEF) requirements. Prohibits allocation, apportionment, or delegation of CHEF funds on an Area Office, Service Unit, or other similar basis. Requires the Secretary to use a specified negotiated rulemaking process for the promulgation of CHEF regulations.

Revises requirements for Health Promotion and Disease Prevention Services.

Revises diabetes prevention, treatment, and control requirements. Directs the Secretary to: (1) establish a cost-effective approach to ensure ongoing monitoring of disease indicators; and (2) continue to maintain each model diabetes project already in existence on the enactment of this Act. Authorizes the Secretary to establish a position of diabetes control officer in each Area Office.

Converts the shared services for long-term care demonstration project into a permanent program. Repeals certain contract eligibility requirements. Directs the Secretary to encourage the use of existing underused facilities or allow the use of swing beds for long-term or similar care.

Revises health services research requirements. Replaces the current set-aside of \$200,000 for research with general authority to fund research for IHPs, instead of only IHS. Requires the Secretary to coordinate resources and activities to address relevant IHP research needs. Authorizes the use of research funding for both clinical and nonclinical research. Requires the Secretary to evaluate the impact of such research and to disseminate to THPs information regarding such research.

Revises requirements on coverage of screening mammography. Eliminates the minimum age requirement of 35 for Indian women. Opens screening mammography to Indian women at a frequency appropriate to such women under accepted and appropriate national standards. Requires the Secretary to provide for other cancer screening that receives an A or B rating as recommended by the United States Preventive Services Task Force. Requires the Secretary to ensure that the screening provided complies with the Task Force's recommendations.

Revises patient travel cost requirements. Authorizes the Secretary to provide funds for appropriate and necessary qualified escorts and transportation by private vehicle (where no other means of transportation is available), specially equipped vehicle, ambulance, or by such other available means when air or motor vehicle transportation is not available.

Revises epidemiology center requirements. Requires the Secretary to establish an epidemiology center in each service area. Authorizes the Secretary to make grants to Indian Tribes, Tribal Organizations, Indian Organizations, and eligible intertribal consortia to conduct epidemiological studies of Indian communities. Requires: (1) the Secretary to grant epidemiology centers operated by a grantee access to use of the data, data sets, monitoring systems, delivery systems, and other protected health information in the Secretary's possession; and (2) such use of data to be for research and for

preventing and controlling disease, injury, or disability for purposes of the Health Insurance Portability and Accountability Act of 1996. Repeals requirements that the Secretary: (1) develop sets of data and formats for the uniform collecting and reporting of information; and (2) establish a system for monitoring progress toward health objectives.

Revises requirements for comprehensive school health education programs and the Indian Youth Program. Includes urban Indian youth as beneficiaries of the latter.

Extends a specified disease prevention, control, and elimination program from tuberculosis to other communicable and infectious diseases.

Makes permanent a demonstration project for home- and community-based care, including hospice care, assisted living services, and long-term care services. Revises requirements for the program. Repeals the prohibition against the use of funds for cash payments, room and board, construction, and nursing facility services.

Eliminates the Office of Indian Women's Health Care. Requires the Secretary, acting through IHS, Indian Tribes, Tribal Organizations, and UIOs, to monitor and improve the quality of health care for Indian women of all ages through the planning and delivery of IHS programs.

Revises requirements for the nuclear resource development health hazards study and health plan development program. Extends such program to ongoing monitoring of environmental health hazards generally, including petroleum contamination and contamination of water sources and of the food chain, as well as nuclear resource development.

Extends through FY2016 the designation of Arizona as a contract health service delivery area.

Designates North Dakota and South Dakota as contract health service delivery areas.

Converts the current California contract health services demonstration program into a permanent program. Allows the excluded counties to become part of the contract service area if funding is specifically provided by IHS for contract health services in those counties.

Repeals a specified limitation on the provision of funds for health care programs and facilities operated by Indian Tribes and Tribal Organizations.

Exempts from state licensing requirements any health care professionals employed by a THP to perform services described in its contract or compact under the ISDEAA.

Requires IHS to pay a valid claim (currently, a completed claim) within 30 days after completion of the claim. Denies recourse by a service provider against a patient for contract health care services if the claim has been deemed accepted by IHS.

Authorizes the Secretary to establish within IHS an Office of Indian Men's Health to coordinate and promote the health status of Indian men.

Extends the authorization of appropriations for health services to Indians through FY2017.

Revises requirements regarding health facilities.

Requires any Indian health facility to meet the construction standards of any accrediting body (not only those of the Joint Commission on Accreditation of Health Care Organizations) recognized by the Secretary for programs under title XVIII

(Medicare), title XIX (Medicaid), and title XXI (State Children's Health Insurance Program) (SCHIP) of the Social Security Act.

Requires the Secretary, acting through IHS, to maintain a health care facility priority system, which shall: (1) be developed in consultation with Indian Tribes and Tribal Organizations; (2) give Indian Tribes' needs the highest priority; and (3) provide an opportunity for the nomination of planning, design, and construction projects by IHS, Indian Tribes, and Tribal Organizations for consideration under the priority system at least once every three years. Requires the Secretary to submit to Congress a report that describes the comprehensive, national, ranked list of all health care facilities needs for IHS, Indian Tribes, and Tribal Organizations developed by them for the Facilities Needs Assessment Workgroup and the Facilities Appropriation Advisory Board. Requires the Secretary to cooperate with Indian Tribes and Tribal Organizations, and confer with UIOs, in developing innovative approaches to address the unmet need for construction of health facilities, that may include the establishment of an area distribution fund in which a portion of health facility construction funding could be devoted to all Service Areas.

Revises requirements on safe water and sanitary waste disposal facilities, now called sanitation facilities. Requires the Secretary to provide priority funding for emergency repairs and operation and maintenance for sanitation facilities to avoid imminent health threats (currently, hazards) or to protect the investment in the health benefits gained through sanitation facilities. Prohibits the use of IHS funding for new homes constructed using Department of Housing and Urban Development (HUD) funds. Authorizes the Secretary to accept funds from any source for placement into contracts or compacts under the ISDEAA for sanitation facilities and services.

Authorizes the Secretary to use sanitation facilities appropriations to: (1) fund tribal loans for new sanitation facility projects; or (2) meet matching or cost participation requirements under other federal and nonfederal programs for such new projects. Directs the Secretary to establish standards applicable to the planning, design, and construction of sanitation facilities. Authorizes the Secretary to accept payment for goods and services furnished by IHS from public authorities, nonprofit organizations or agencies, or Indian Tribes.

Declares that an Indian tribe has primary responsibility for establishing and collecting user fees. Authorizes the Secretary to assist, on a short-term basis, an Indian Tribe, Tribal Organization, or Indian community when a tribally operated sanitation facility is threatened with imminent failure.

Revises requirements for determining sanitation deficiency levels.

Revises pay rate and specified wage requirements with respect to preference for Indians and Indian firms in the construction of tribally related health and sanitation facilities.

Revises requirements for expenditure of non-IHS funds for renovation to include major expansion as an authorized use. Requires the Indian Tribe or Tribal Organization to provide to the Secretary certain information regarding staffing, equipment, and other costs associated with the expansion. Requires the methodology for determining priorities to be developed and updated through regulations.

Revises requirements for the grant program for the construction, expansion, and modernization of small ambulatory care facilities.

Revises requirements for alternative Indian health care delivery demonstration project requirements by: (1) permitting the use of IHS funds to match other funds; and (2) requiring the Secretary to give priority to demonstration projects located in specified Service Units.



Authorizes federal agencies in addition to the Bureau of Indian Affairs (BIA) to transfer to IHS and the Secretary to accept land and improvements for the provision of health care services.

Revises requirements for leases, contracts, and other agreements between the Secretary and Indian Tribes to add Tribal Organizations as eligible lessors.

Directs the Secretary to study and report to specified congressional committees on 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 THP to lease permanent structures for the purpose of providing health care services without obtaining advance approval in appropriations Acts.

Renames certain joint venture demonstration projects as "the Indian Health Service/Tribal Facilities Joint Venture Program." Makes Tribal Organizations eligible for participation. Requires the Secretary to develop project need criteria through the negotiated rulemaking process. Requires negotiation for continued operation of a facility at the end of the initial 10-year no-cost lease period. Authorizes recovery in a proportional amount from the United States if IHS ceases to use the facility within the 10-year lease period. Includes staff quarters in the definition of health facility for purposes of such Program requirements.

Revises requirements concerning priority in the location of IHS facilities on Indian lands. Grants top priority to Indian land owned by one or more Indian Tribes. Includes among such lands: (1) all lands in Alaska owned by any Alaska Native village or any village or regional corporation under the Alaska Native Claims Settlement Act; or (2) any land allotted to any Alaska Native.

Requires the Secretary to identify in the report to Congress accompanying the President's budget the backlog of maintenance and repair work required at both IHS and tribal health care facilities.

Authorizes a THP which operates a hospital or other health facility and associated, federally owned quarters pursuant to a contract or compact under the ISDEAA to: (1) establish the rental rates charged to the occupants of such quarters; and (2) collect rents directly from federal employees who occupy such quarters.

Exempts Indian Tribes and Tribal Organizations from the requirements of the Buy American Act.

Authorizes the Secretary to: (1) accept from any source, including federal and state agencies, funds available for the construction of health care facilities for Indians and place such funds into a contract or compact under the ISDEAA; and (2) enter into interagency agreements for the planning, design, and construction of health care facilities.

Authorizes appropriations through FY2017 for Indian health facilities.

Revises requirements for access to health services. Prohibits from consideration in determining appropriations for health care and services to Indians any Medicare, Medicaid, or SCHIP payments (reimbursements) received by an IHP or a UIO. Requires the Secretary to ensure that each Service Unit of IHS receives 100% (currently, at least 80%) of the amount to which the facilities are entitled. Requires: (1) amounts to first be used to make improvements in IHS's programs that may be necessary to achieve or maintain compliance with the applicable conditions and requirements of titles XVIII (Medicare) and XIX (Medicaid) of the SSA; and (2) amounts so received that are in excess of the amount necessary to achieve or maintain such conditions and requirements to be used for reducing the health resource deficiencies.

Revises requirements for the direct billing program.

Revises requirements for grants to and contracts with IHS, Indian Tribes, Tribal Organizations, and UIOs to assist individual Indians to enroll for Medicare, Medicaid, or SCHIP benefits.

Revises requirements for reimbursement from certain third parties of costs of health services. Grants the United States, an Indian Tribe, or Tribal Organization, including a UIO, the right to seek recovery from third parties. Requires all reasonable efforts to provide notice to the individual to whom health services were provided, either before or during the pendency of an action. Gives specified Indian Tribes or Tribal Organizations the right to recover from the tortfeasor the reasonable value of the health services furnished, paid for, or to be paid for in accordance with the Federal Medical Care Recovery Act to the same extent and under the same circumstances as the United States may recover under that Act. Provides that such rights are independent of the rights of the injured or diseased person served by the Indian Tribe or Tribal Organization. Denies the United States the right of recovery against a tribal self-insured plan without written authorization from the tribe. Prohibits denial of a claim for benefits based on the format in which the claim is submitted, if the format complies with certain requirements.

Authorizes Indian Tribes, Tribal Organizations, and UIOs to use certain funds to purchase health care coverage.

Revises requirements with respect to sharing arrangements with federal agencies. Authorizes the Secretary to enter agreements for sharing of medical facilities with the Departments of Veterans Affairs (VA) and Defense (DOD), requiring VA or DOD reimbursement where services are provided through IHS, an Indian Tribe, or a Tribal Organization to beneficiaries eligible for services from either Department.

Requires the Secretary to provide for veteran-related expenses incurred by eligible Indian veterans and to establish guidelines about the method of payments to the Secretary of Veteran Affairs.

Makes IHPs and health care programs operated by UIOs the payor of last resort for services provided to eligible persons.

Requires nondiscrimination with regard to service provider qualifications for reimbursement of services by qualified providers.

Directs the Secretary to study and report to Congress on the feasibility of treating the Navajo Nation as a state for Medicaid purposes, with an entity having the same authority and performing the same functions as a single-state Medicaid agency responsible for administration of a plan to provide services to Indians living within the boundaries of the Nation.

Provides that the requirements of title IV (Access to Health Services) of IHCA do not apply to any excepted benefits described in the Public Health Service Act relating to supplemental insurance products.

Authorizes appropriations through FY2017 for Indian access to health services.

Revises requirements for health services for Urban Indians.

Revises requirements for evaluations and renewal standards for contracts and grants. Authorizes the Secretary to evaluate each UIO through acceptance of evidence of its accreditation in lieu of an annual onsite evaluation.

Revises requirements for other contracts with and grants to UIOs. Allows a single advance payment by the Secretary to a UIO unless it is determined that the organization is not capable of administering such payments, in which case the

payments may be made: (1) in semiannual or quarterly payments; or (2) by way of reimbursement.

Revises reports and records requirements. Extends the reporting period from quarterly to semi-annual. Requires a report to include a minimum set of data, using uniformly defined elements. Requires the Secretary, acting through IHS and working with a national membership-based consortium of UIOs, to report to Congress on: (1) the health status of Urban Indians; (2) services provided to Indians; and (3) areas of unmet needs in the delivery of health services to Urban Indians, including unmet health care facilities' needs. Modifies the cost of annual audits to allow as a cost of any contract or grant the cost of an independent financial audit (currently, a private audit) conducted by a certified public accountant or a certified public accounting firm qualified to conduct federal compliance audits.

Revises requirements for facilities renovation grants. Allows the use of grants for the lease, purchase, construction, or expansion as well as renovation of facilities (currently, only for minor renovations).

Authorizes the Secretary, acting through IHS, to study the feasibility of establishing a loan fund to provide UIOs with direct loans or guarantees for loans for health care facility construction.

Changes the IHS Branch of Urban Health Programs into an IHS Division of Urban Indian Health.

Authorizes the Secretary, acting through IHS, to make grants to UIOs for the provision in Urban Centers of health-related services in prevention, treatment, or rehabilitation of, or school- and community-based education regarding, fetal alcohol spectrum disorders.

Makes permanent the Tulsa Clinic and Oklahoma City demonstration projects, continuing their treatment as Service Units and Operating Units in the allocation of resources and coordination of care. Subjects such projects to the requirements and definitions of a UIO.

Sets September 30, 2010, as the final effective date of any grants to or contracts with UIOs for the administration of Urban Indian alcohol programs transferred to IHS from the National Institute on Alcoholism and Alcohol Abuse.

Requires the Secretary to ensure that IHS confers or conferences with UIOs.

Requires the Secretary, acting through IHS, to fund the construction and operation of at least one residential treatment center in each eligible Service Area that meets certain criteria to demonstrate the provision of alcohol and substance abuse treatment services to Urban Indian youth in a culturally competent residential setting.

Authorizes the Secretary to make grants to UIOs for the prevention and treatment of, and control of the complications resulting from, diabetes among Urban Indians.

Permits the Secretary, acting through IHS, to enter into contracts with, and make grants to, UIOs for the employment of Indians as health service providers through the Community Health Representation Program.

Authorizes appropriations through FY2017 for health services for urban Indians.

Revises requirements for automated management information systems. Authorizes the Secretary, acting through the Director, to enter into contracts, agreements, or joint ventures with other federal agencies, states, and private and nonprofit organizations for the purpose of enhancing information technology in IHPs and facilities.

Authorizes appropriations through FY2017 with respect to organizational improvements.

Subsumes substance abuse and mental health programs into behavioral health programs.

Directs the Secretary, acting through IHS, to: (1) encourage Indian Tribes and Tribal Organizations to develop tribal plans and to participate in developing areawide plans for Indian Behavioral Health Services; (2) coordinate with existing national clearinghouses and information centers to include plans and reports on their outcomes; and (3) provide technical assistance for plan preparation and development of standards of care.

Requires updates of memoranda of agreement with respect to behavioral health services.

Revises requirements for a comprehensive behavioral health prevention and treatment program.

Requires the Secretary, acting through IHS, to ensure that the mental health technician program involves the use and promotion of the Traditional Health Care Practices of the Indian Tribes to be served.

Revises requirements for the Indian women treatment program.

Renames the Indian Health Service youth program as the "Indian Youth Program." Authorizes the Secretary, acting through IHS, to provide for intermediate adolescent behavioral health services which include sober or transitional housing. Requires the Secretary to collect the data for an Indian youth mental health report.

Authorizes the Secretary to carry out a demonstration project to test the use of telemental health services in suicide prevention, intervention, and treatment of Indian youth. Authorizes appropriations for FY2008-FY2011.

Revises requirements for facilities assessment. Authorizes the Secretary, acting through IHS, Indian Tribes, and Tribal Organizations, to provide in each IHS area at least one inpatient mental health care facility, or the equivalent, for Indians with behavioral health problems. Considers California to be two Area Offices for such purposes.

Revises requirements for training and community education, including instruction with respect to child sexual abuse.

Revises requirements for innovative community-based behavioral health services to Indians, including regarding grants for projects by Tribal Organizations.

Revises requirements for fetal alcohol spectrum disorder programs. Directs the Secretary, acting through IHS, Indian Tribes, Tribal Organizations, and UIOs, to develop and provide services for early childhood intervention projects and supportive services. Includes the National Institute for Child Health and Human Development and the Centers for Disease Control and Prevention in the Fetal Alcohol Spectrum Disorder Task Force.

Combines certain demonstration projects regarding child sex abuse into permanent programs for victims of sexual abuse who are Indian children or children in an Indian household.

Replaces requirements for mental health research with requirements for behavioral health research.

Authorizes the Secretary to establish in each Service Area programs involving the prevention and treatment of: (1) Indian victims of domestic violence or sexual abuse; and (2) perpetrators of domestic violence or sexual abuse who are Indian or members of an Indian household. Sets forth provisions concerning the use of funding for such victims, victim services, and victim advocate training programs.

Requires the Director's approval of any request or subpoena for a sexual assault nurse examiner employed by IHS to provide testimony in a deposition, trial, or other similar proceeding regarding information obtained in carrying out the official duties of the nurse examiner.

Requires the Director, in coordination with the Director of the Office on Violence Against Women of the Department of Justice (DOJ), in consultation with Indian Tribes and Tribal Organizations, and in conference with UIOs, to develop standardized sexual assault policies and protocol for IHS facilities.

Extends the authorization of appropriations through FY2017 for behavioral health programs.

Revises reporting requirements and requirements governing regulations to implement IHCA. Requires the Secretary, in consultation with Indian Tribes and Tribal Organizations and in conference with UIOs, to submit to Congress a plan explaining the manner and schedule by which the Secretary will implement the provisions of this Act by title and section.

Prohibits IHS funds or facilities from being used to provide any abortions or to provide or pay for any administrative cost of health benefits coverage that includes coverage of an abortion, except in cases of rape, incest, or where the woman's life is in danger.

Prohibits the use of any funds under IHCA to carry out any anti-firearm program, gun buy-back program, or program to discourage or stigmatize the private ownership of firearms for collecting, hunting, or self-defense purposes.

Revises requirements governing the eligibility of California Indians for health services.

Revises requirements governing health services for ineligible persons.

Requires the Secretary, acting through IHS, to provide services and benefits for Indians in Montana in a manner consistent with the decision of the U.S. Court of Appeals for the Ninth Circuit in *McNabb for McNabb v. Bowen*.

Treats Indian Tribes or Tribal Organizations carrying out a contract or compact pursuant to the ISDEAA as not an employer for certain purposes.

Establishes the National Bipartisan Indian Health Care Commission to study and make legislative recommendations to Congress regarding the delivery of federal health care services to Indians. Authorizes appropriations.

Provides that medical quality assurance records created by or for any IHP or a health program of a UIO as part of a medical quality assurance program are confidential and privileged. Prohibits such records from being: (1) disclosed to any person or entity; or (2) subject to discovery or admitted into evidence in any judicial or administrative proceeding. Prohibits a person who reviews or creates such records from being permitted or required to testify in any judicial or administrative proceeding with respect to such records or with respect to any finding, recommendation, evaluation, opinion, or action taken in connection with such records. Sets forth exceptions to such requirement to allow specified disclosure and testimony.

Encourages state, local, and Indian tribal law enforcement agencies to enter into memoranda of agreement for purposes of streamlining law enforcement activities and maximizing the use of limited resources to: (1) improve law enforcement services provided to Indian tribal communities; and (2) increase the effectiveness of measures to address problems relating to methamphetamine use in Indian Country.

Declares that this Act does not: (1) limit the ability of a THP to charge an Indian for services provided by such program;

and (2) authorize IHS to charge Indians for services or to require such program to charge Indians for services.

Requires the Attorney General to ensure that an Indian victim of sexual violence is tested within a specified time frame for the human immunodeficiency virus (HIV) and for such other sexually transmitted diseases as may be requested by the victim.

Requires the Secretary, acting through epidemiology centers, to solicit from independent organizations bids to conduct a study to determine causes for the high prevalence of tobacco use among Indians.

Requires the Comptroller General of the United States to study, evaluate the effectiveness of, and report on the coordination of health care services provided to Indians: (1) through Medicare, Medicaid, or SCHIP; (2) by IHS; or (3) using funds provided by state, local governments, or Indian Tribes.

(Sec. 102) Revises federal law authorizing sanitation facilities for the Soboba Band of Mission Indians.

(Sec. 103) Amends the ISDEAA to direct the Secretary to establish the Native American Health and Wellness Foundation to conduct activities to further the health and wellness activities and opportunities of Native Americans. Authorizes appropriations.

(Sec. 104) Amends IHCA and SSA to make technical modifications to specified terms.

(Sec. 105) Requires the Comptroller General of the United States to conduct studies of: (1) the utilization of health care furnished by health care providers under the contract health services program funded by IHS and operated by IHS, an Indian Tribe, or a Tribal Organization, including recommendations on the appropriate level of, and most efficient way to utilize, federal funding for health care under such program; (2) membership criteria for federally recognized Indian tribes; and (3) the tribal justice systems of Indian tribes located in North Dakota and South Dakota.

**Title II: Improvement of Indian Health Care Provided Under the Social Security Act** - (Sec. 201) Amends title XIX (Medicaid) and XXI (SCHIP) of the SSA to conform to this Act.

(Sec. 202) Requires the Secretary to encourage states to take steps to provide for enrollment on or near the reservation.

(Sec. 203) Provides for increased outreach to, and enrollment of, Indians in SCHIP and Medicaid. Excludes specified outreach activities from the 10% cap on certain SCHIP payments.

(Sec. 204) Prohibits the imposition of enrollment fees, premiums, deductions, copayments, cost sharing, or similar charges on an Indian who is furnished an item or service directly by IHS, an Indian Tribe, a Tribal Organization, or a UIO or by a health care provider through referral under the contract health service. Sets forth exemptions.

Directs states to disregard specified Indian property for purposes of determining an individual's eligibility for Medicaid.

Continues to protect specified Indian property from Medicaid estate recovery.

(Sec. 205) Requires nondiscrimination with regard to service providers qualifications for payment for services under federal health care programs.

(Sec. 206) Requires the Secretary to maintain within the Centers for Medicaid and Medicare Services a Tribal Technical Advisory Group.

Requires states to establish a process for consultation with the IHPs or UIOs on matters relating to Medicaid that are likely to have a direct effect on Indians or IHPs.

(Sec. 207) Authorizes the Secretary, in the case of an IHP, to waive sanctions on a health provider if the sanctions would impose a hardship on individuals entitled to benefits under, or enrolled in, a federal health care program. Deems specified transfers between or among IHPs, Indian Tribes, Tribal Organizations, and UIOs to not be treated as remuneration under the SSA.

(Sec. 208) Allows Indians enrolled in a non-Indian Medicaid managed care entity (MCE) that has an IHP participating in the network to choose the IHP as the primary care provider. Sets forth requirements for Indian MCEs and for MCEs with significant Indian enrollees.

Deems an Indian health care provider to satisfy the requirement that it have medical malpractice insurance if it is: (1) a federally-qualified health center that is covered under the Federal Tort Claims Act; (2) providing services pursuant to a contract under the Indian Self-determination and Education Assistance Act; or (3) IHS providing services covered under the Federal Tort Claims Act.

(Sec. 209) Requires the Secretary to report annually on the enrollment and health status of Indians receiving items or services under the health benefit programs.

(Sec. 210) Requires the Secretary to study and report on barriers to interstate coordination of enrollment and coverage under Medicaid and SCHIP of eligible children who frequently change their state of residency or otherwise are temporarily present outside of the state of their residency. Requires such study to include an examination of the enrollment and coverage coordination issues faced by relevant Indian children.

(Sec. 211) Requires the Secretary of HHS to establish a National Child Welfare Resource Center for Tribes that is: (1) specifically and exclusively dedicated to meeting the needs of Indian Tribes and Tribal Organizations through the provision of assistance; and (2) not part of any existing national child welfare resource center.

Requires such Center to provide information, advice, educational materials, and technical assistance to Indian Tribes and Tribal Organizations with respect to the types of services, administrative functions, data collection, program management, and reporting that are provided for under State Plans for Child Welfare Services and State Plans and Foster Care and Adoption Assistance Plans of the Social Security Act. Appropriates to the Secretary of HHS funding for FY2009-FY2013 for such assistance.

(Sec. 212) Reduces the amount of funding available for FY2013 for the MA (Medicare Advantage) Regional Plan Stabilization Fund.

(Sec. 213) Delays until April 1, 2009, implementation of the interim final rule published on December 4, 2007, about a moratorium on the implementation of changes to case management and targeted case management payment requirements under Medicaid.

Prohibits the Secretary of HHS from taking action, prior to April 1, 2009, to restrict coverage or payment under state medical assistance programs for case management and targeted case management services if such action is more restrictive than the administrative action, policy, or practice that applies to coverage of, or payment for, such services.

Makes any action taken by the Secretary between December 4, 2007, to March 31, 2009, that is based on the interim final rule null and void.

Requires the Centers for Medicare & Medicaid Services to participate in the Federal Payment Levy Program.

(Sec. 214) Increases: (1) civil and criminal penalties for receiving or paying illegal remunerations under a federal health care program; (2) criminal fines for assisting individuals in disposing assets to become eligible for medical assistance under a state plan; (3) criminal fines for making false statements or representations with respect to the condition or operation of institutions; (4) criminal fines for illegal patient admittance and retention practices; and (5) criminal fines for violation of assignment terms.

(Sec. 215) Increases sentences for felonies involving assisting individuals in disposing assets to become eligible for medical assistance under a state plan, receiving or paying illegal remunerations, giving false statements or representations with respect to the condition or operation of institutions, and enabling illegal patient admittance and retention practices.

**Title III: Miscellaneous -** (Sec. 301) Recognizes the relationship Indian Tribes have with the United States.

Honors Native Peoples for their stewardship and protection of land.

Recognizes that there have been years of official depredations, ill-conceived policies, and the breaking of covenants by the federal government regarding Indian Tribes.

Apologizes to all Native Peoples for the many instances of violence, maltreatment, and neglect inflicted on Native Peoples by U.S. citizens.

Urges the President to acknowledge the wrongs of the United States against Indian Tribes.

Encourages state governments to work toward reconciling relationships with Indian Tribes.



## Actions Timeline

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- **Feb 28, 2008:** Received in the House.
- **Feb 28, 2008:** Message on Senate action sent to the House.
- **Feb 28, 2008:** Referred to the Committee on Natural Resources, and in addition to the Committees on Energy and Commerce, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.
- **Feb 26, 2008:** Considered by Senate. (consideration: CR S1150-1158, S1208)
- **Feb 26, 2008:** Passed/agreed to in Senate: Passed Senate with an amendment by Yea-Nay Vote. 83 - 10. Record Vote Number: 32.(text: CR 3/5/2008 S1607-1653)
- **Feb 26, 2008:** Passed Senate with an amendment by Yea-Nay Vote. 83 - 10. Record Vote Number: 32. (text: CR 3/5/2008 S1607-1653)
- **Feb 25, 2008:** Considered by Senate. (consideration: CR S1101-1114)
- **Feb 14, 2008:** Considered by Senate. (consideration: CR S993-1046)
- **Feb 14, 2008:** Cloture motion on the measure presented in Senate. (consideration: CR S1045)
- **Feb 13, 2008:** Considered by Senate. (consideration: CR S957-962)
- **Jan 23, 2008:** Considered by Senate. (consideration: CR S158, S159-163, S167-174, S177-179)
- **Jan 22, 2008:** Measure laid before Senate by unanimous consent. (consideration: CR S26-39, S41-45, S46-48, S52-53, S59-65)
- **Oct 16, 2007:** Committee on Indian Affairs. Reported by Senator Dorgan without amendment. With written report No. 110-197.
- **Oct 16, 2007:** Placed on Senate Legislative Calendar under General Orders. Calendar No. 421.
- **May 10, 2007:** Committee on Indian Affairs. Ordered to be reported without amendment favorably.
- **Apr 24, 2007:** Introduced in Senate
- **Apr 24, 2007:** Sponsor introductory remarks on measure. (CR S4926)
- **Apr 24, 2007:** Read twice and referred to the Committee on Indian Affairs. (text of measure as introduced: CR S4927-4969)