HR 1328

Indian Health Care Improvement Act Amendments of 2007

Congress: 110 (2007–2009, Ended)
Chamber: House
Policy Area: Native Americans
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Sponsor

Name: Rep. Pallone, Frank, Jr. [D-NJ-6]
Party: Democratic • **State:** NJ • **Chamber:** House

Cosponsors (58 total)

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Del. Bordallo, Madeleine Z. [D-GU-At Large]	D · GU		Mar 6, 2007
Del. Christensen, Donna M. [D-VI-At Large]	D · VI		Mar 6, 2007
Del. Faleomavaega, Eni F. H. [D-AS-At Large]	D · AS		Mar 6, 2007
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Rep. Walden, Greg [R-OR-2]	R · OR		Mar 27, 2007
Rep. Berman, Howard L. [D-CA-28]	D · CA		Apr 20, 2007
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Rep. Lofgren, Zoe [D-CA-16]	D · CA		Apr 20, 2007
Rep. Sánchez, Linda T. [D-CA-39]	D · CA		Apr 20, 2007
Rep. Capps, Lois [D-CA-23]	D · CA		Apr 23, 2007

Cosponsor	Party / State	Role	Date Joined
Rep. Wilson, Heather [R-NM-1]	R · NM		May 3, 2007
Rep. McCotter, Thaddeus G. [R-MI-11]	R · MI		Jun 5, 2007
Rep. Mitchell, Harry E. [D-AZ-5]	D · AZ		Jun 5, 2007
Rep. Hinojosa, Ruben [D-TX-15]	D · TX		Jul 10, 2007
Rep. Michaud, Michael H. [D-ME-2]	D · ME		Jul 10, 2007
Rep. Gordon, Bart [D-TN-6]	D · TN		Jul 31, 2007
Rep. DeGette, Diana [D-CO-1]	D · CO		Sep 14, 2007
Rep. Capuano, Michael E. [D-MA-8]	D · MA		Sep 24, 2007
Rep. Carson, Julia [D-IN-7]	D · IN		Sep 24, 2007
Rep. Blumenauer, Earl [D-OR-3]	D · OR		Oct 2, 2007
Rep. Matheson, Jim [D-UT-2]	D · UT		Oct 24, 2007
Rep. Peterson, Collin C. [D-MN-7]	D · MN		Nov 15, 2007
Rep. Baldwin, Tammy [D-WI-2]	D · WI		Feb 7, 2008
Rep. Walz, Timothy J. [D-MN-1]	D · MN		Feb 12, 2008
Rep. Pearce, Stevan [R-NM-2]	R · NM		Feb 27, 2008
Rep. Meeks, Gregory W. [D-NY-6]	D · NY		Apr 29, 2008
Rep. Salazar, John T. [D-CO-3]	D · CO		May 20, 2008

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Reported by	Nov 7, 2007
Natural Resources Committee	House	Reported By	Apr 4, 2008
Ways and Means Committee	House	Referred to	Mar 14, 2007

Subjects & Policy Tags

Policy Area:

Native Americans

Related Bills

Bill	Relationship	Last Action
110 S 1200	Related bill	**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.

Summary (as of Apr 4, 2008)

Indian Health Care Improvement Act Amendments of 2007 - (Sec. 2) Requires the Secretary of Health and Human Services to study and report on the system of third-party payment collections for items and services furnished through the Indian Health Service (IHS).

Title I: Amendments to Indian Laws - (Sec. 101) Amends the Indian Health Care Improvement Act (the Act) to declare a new national Indian health policy in order 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; and (2) allow Indians, to the greatest extent possible, to set their own health care priorities and establish goals that reflect their unmet needs.

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. 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 Indian's health care needs 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 nonfederal 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 the Indian health service extern program requirements. Extends the extern program to a Tribal Health Program or an Urban Indian Organization (on a discretionary basis) or other HHS agencies (as available). Allows a high school extern program.

Revises requirements for programs for continuing education allowances. Authorizes the Secretary to provide programs or allowances to: (1) transition into an Indian Health Program, including licensing, board or certification examination and technical assistance, in fulfilling service obligations, and (2) enable health professionals employed in an Indian Health Program to take leave of their duty stations for a period of time each year for professional consultation and refresher training. Repeals the set-aside for postdoctoral training. Allows extension of continuing education allowances to health professionals employed in an Indian Health Program or an Urban Indian Organization.

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

Revises Indian Health Service Loan Repayment Program requirements. Requires the Secretary of Health and Human Services 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 (LRRF) requirements. Includes among Fund sources any collections from contract breaches for the scholarships or loan repayment programs and interest. Allows Tribal Health

Programs also to use payments received from the LRRF to provide scholarships.

Revises requirements for recruitment activities to allow travel reimbursement of health professionals seeking positions with Indian Health Programs or Urban Indian Organizations.

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

Renames the nursing grant program 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 health training programs of community colleges requirements to require grant-receiving community colleges to: (1) have a relationship with a hospital rather than mere access; and (2) agree to provide for Indian preference for program 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 Indian Health or Urban Indian Organization programs. Permits the Secretary to provide such bonuses to professionals who have completed: (1) two (currently, three) years of employment with an Indian Health Program or Urban Indian Organization; 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 Indian Health Program or Urban Indian Organization. Allows education leading to any advanced degrees or certifications in nursing or public health (currently, a Master's degree). Allows obligated service in an Urban Indian Organization.

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 the IHS, to establish a neutral panel to study the dental health aide therapist services under such program.

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

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

Prohibits the Secretary from removing a National Health Service Corps member from an Indian Health Program or an Urban Indian Organization. Exempts National Health Service (NHS) Corps scholars qualifying for the Commissioned Corps in the U.S. Public Health Service from the full-time equivalent limitations of the NHS Corps and the IHS when serving as a commissioned corps officer in a Tribal Health Program or an Urban Indian Organization.

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 Indian health programs, instead of only the IHS. Requires the Secretary to coordinate, to the maximum extent practicable, resources and activities to address relevant Indian Health Program 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 Tribal Health Programs 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 costs 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, Urban Indian Organizations, and

eligible intertribal consortia to conduct epidemiological studies of Indian communities. Declares that an epidemiology center operated by a grantee shall be treated as a public health authority 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, including 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, and long-term care. Revises requirements for the program. Authorizes the Secretary to establish standards for a service, provided that they are not more stringent than those required by the state in which the service is provided. 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 the IHS, Indian Tribes, Tribal Organizations, and Urban Indian Organizations, 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 source and of the food chain, as well as nuclear resource development. Requires the Intergovernmental Task Force to include as members the Secretary of Health and Human Services and the Director of the Indian Health Service or their designees.

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 Tribal Health Program to perform services described in its contract or compact under the ISDEAA.

Requires the 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 the 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 the 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 the Service, 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 the Service, Indian Tribes, and Tribal Organizations developed by them for the Facilities Needs Assessment Workgroup and the Facilities Appropriation Advisory Board.

Revises requirements on safe water and sanitary waste disposal facilities, now simply 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 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 the Service 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 of such funds. 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 projects requirements by, among other

changes: (1) permitting the use of IHS funds to match other funds; (2) requiring the Secretary to promulgate regulations, not later than one year after this Act's enactment, for the review and approval of applications for such projects; and (3) requiring the Secretary to give priority to demonstration projects located in specified Service Units.

Authorizes all other federal agencies, in addition to the Bureau of Indian Affairs (BIA), to transfer, at no cost, land and improvements to IHS for the provision of health care services. Authorizes the Secretary to accept such land and improvements for such purposes.

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 Tribal Health Program to lease permanent structures for the purpose of providing health care services without obtaining advanced approval in appropriations Acts.

Renames certain joint venture demonstration projects 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 the 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 Joint Venture Program requirements.

Revises requirements on priority in location of IHS facilities on Indian lands. Grants top priority to Indian land owned by one or more Indian tribes. Includes among such lands all lands in Alaska owned by any Alaska Native village, or village or regional corporation under the Alaska Native Claims Settlement Act, or 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 Tribal Health Program 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 Indian Health Program or by an Urban Indian Organization. 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 the Service'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 Urban Indian Organizations 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 an Urban Indian Organization, 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 Urban Indian Organizations 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 of Defense (DOD), requiring VA or DOD reimbursement where services are provided through the IHS, an Indian Tribe, or a Tribal Organization, to beneficiaries eligible for services from either Department.

Makes Indian Health Programs and health care programs operated by Urban Indian Organizations 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 the Act 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 Urban Indian Organization through acceptance of evidence of its accreditation in lieu of an annual onsite evaluation.

Revises requirements for other contracts with and grants to Urban Indian Organizations. Allows a single advance payment by the Secretary to an Urban Indian Organization 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, extending 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 the Service, 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. Modifies the cost of annual audits to specify independent financial audits (currently, private audits) 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 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 the IHS, to study the feasibility of establishing a loan fund to provide Urban Indian Organizations 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.

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 an Urban Indian Organization.

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

Establishes consultation requirements with Urban Indian Organizations.

Authorizes the Secretary, acting through the IHS, to: (1) fund the construction and operation of at least two residential treatment centers in each state meeting 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 Urban Indian Organizations for the prevention and treatment of, and control of the complications resulting from, diabetes among Urban Indians.

Permits the Secretary, acting through the IHS, to enter into contracts with, and make grants to, Urban Indian Organizations, 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.

Converts the Director of IHS into an Assistant Secretary of Indian Health in the Public Health Service of the HHS.

Revises requirements for automated management information systems. Authorizes the Secretary, acting through the

Assistant Secretary, to enter into contracts, agreements, or joint ventures with other federal agencies, states, private and nonprofit organizations for the purpose of enhancing information technology in Indian health programs 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 the IHS, to: (1) encourage Indian Tribes and Tribal Organizations to develop tribal plans, Urban Indian Organizations to develop local plans, and all such groups 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 the 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 the Indian Youth Program. Authorizes the Secretary, acting through the 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 the 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 disorder programs. Directs the Secretary, acting through the IHS, Indian Tribes, Tribal Organizations, and Urban Indian Organizations, 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 Disorder Task Force.

Combines certain demonstration projects regarding child sex abuse into permanent programs for: (1) victims of sexual abuse who are Indian children or children in an Indian household; and (2) perpetrators of child sex abuse who are Indians or members of an Indian household. Requires the use of funding to develop and provide community education and prevention programs.

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

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

Revises reporting requirements and requirements on regulations, including negotiated rulemaking.

Requires the Secretary to submit to Congress a plan explaining the manner and schedule, by title and section, for implementation of this Act.

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

Revises requirements on health services for ineligible persons.

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

Authorizes the IHS to provide certain services according to eligibility criteria in effect on September 15, 1987, until IHS submits to specified congressional committees a budget request reflecting the increased costs associated with HHS's proposed final rule and the request has been included in an appropriations Act enacted into law.

Establishes the National Bi-Partisan 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 Indian Health Program or a health program of an Urban Indian Organization 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.

Authorizes appropriations through FY2017 to carry out specified miscellaneous requirements.

(Sec. 102) Amends 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. Authorizes appropriations.

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 the IHS, an Indian Tribe, a Tribal Organization, or an Urban Indian Organization or through referral under the contract health service.

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 Technology Advisory Group.

Requires states to establish a process for consultation with the tribal or urban Indian health programs on matters relating to Medicaid that are likely to have a direct effect on Indians or Indian health programs.

(Sec. 207) Authorizes the Secretary, in the case of an Indian health program, 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 Indian health programs, Indian tribes, tribal organizations and urban Indian organizations 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 Indian health program participating in the network, to choose the Indian health program as the primary care provider. Sets forth requirements for MCEs with significant Indian enrollees and for Indian MCEs.

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) the Indian Health Service 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.

Actions Timeline

- **Jun 6, 2008:** Committee on Energy and Commerce discharged.
- **Jun 6, 2008:** Committee on Ways and Means discharged.
- **Jun 6, 2008:** Placed on the Union Calendar, Calendar No. 444.
- **Apr 4, 2008:** Reported (Amended) by the Committee on Natural Resources. H. Rept. 110-564, Part I.
- **Apr 4, 2008:** House Committee on Energy and Commerce Granted an extension for further consideration ending not later than June 6, 2008.
- **Apr 4, 2008:** House Committee on Ways and Means Granted an extension for further consideration ending not later than June 6, 2008.
- **Nov 7, 2007:** Subcommittee Consideration and Mark-up Session Held.
- **Nov 7, 2007:** Forwarded by Subcommittee to Full Committee (Amended) by Voice Vote .
- **Jun 7, 2007:** Subcommittee Hearings Held.
- **Apr 25, 2007:** Committee Consideration and Mark-up Session Held.
- **Apr 25, 2007:** Ordered to be Reported (Amended) by Voice Vote.
- **Mar 14, 2007:** Referred to the Subcommittee on Health.
- **Mar 14, 2007:** Committee Hearings Held.
- **Mar 7, 2007:** Referred to the Subcommittee on Health.
- **Mar 6, 2007:** Introduced in House
- **Mar 6, 2007:** 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.