

HR 5406

HEALTTH Act

Congress: 114 (2015–2017, Ended)

Chamber: House

Policy Area: Native Americans

Introduced: Jun 8, 2016

Current Status: Reported (Amended) by the Committee on Ways and Means. H. Rept. 114-882, Part I.

Latest Action: Reported (Amended) by the Committee on Ways and Means. H. Rept. 114-882, Part I. (Dec 20, 2016)

Official Text: <https://www.congress.gov/bill/114th-congress/house-bill/5406>

Sponsor

Name: Rep. Noem, Kristi L. [R-SD-At Large]

Party: Republican • **State:** SD • **Chamber:** House

Cosponsors (7 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Ashford, Brad [D-NE-2]	D · NE		Jun 8, 2016
Rep. Cramer, Kevin [R-ND-At Large]	R · ND		Jun 8, 2016
Rep. Fortenberry, Jeff [R-NE-1]	R · NE		Jun 8, 2016
Rep. McCollum, Betty [D-MN-4]	D · MN		Jun 8, 2016
Rep. Smith, Adrian [R-NE-3]	R · NE		Jun 8, 2016
Rep. Cole, Tom [R-OK-4]	R · OK		Jun 14, 2016
Rep. McMorris Rodgers, Cathy [R-WA-5]	R · WA		Dec 8, 2016

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred To	Jun 8, 2016
Natural Resources Committee	House	Hearings By (subcommittee)	Jul 12, 2016
Ways and Means Committee	House	Referred to	Jun 16, 2016

Subjects & Policy Tags

Policy Area:

Native Americans

Related Bills

No related bills are listed.

Helping Ensure Accountability, Leadership, and Trust in Tribal Healthcare Act or the HEALTTH Act

TITLE I -- EXPANDING AUTHORITIES AND IMPROVING ACCESS TO CARE

(Sec. 101) This bill amends the Indian Health Care Improvement Act by requiring the Indian Health Service (IHS) to implement a seven-year pilot program for testing the use of long-term contracts of at least five years for the operation of rural IHS hospitals with governance structures that include tribal input. The IHS must: (1) install a governing board at each participating hospital for overseeing the local operation of the hospital, and (2) consult with the primary Indian tribes served by the hospital when installing the boards. The boards must be comprised of representatives from the IHS, the hospital, primary Indian tribes served by the hospital, and experts in health care administration and delivery.

Hospitals may modify or terminate existing contracts so that they can enter into long-term contracts under the pilot program.

The IHS must report on the program results for each year of the pilot program.

(Sec. 102) The bill expands the IHS' hiring authority by allowing it to offer more benefits to recruit employees.

(Sec. 103) The bill allows the IHS to remove or demote an employee for performance or misconduct.

(Sec. 104) The IHS must: (1) establish standards to measure the timeliness of health care services in IHS facilities, and (2) develop a process for those facilities to report data to the IHS with respect to those standards.

TITLE II--INDIAN HEALTH SERVICE RECRUITMENT AND WORKFORCE

(Sec. 201) The bill amends the Internal Revenue Code by excluding from gross income payments under the IHS loan repayment program.

(Sec. 202) The bill expands the repayment program by allowing loan repayment awards for: (1) health care management, health care administration, or hospital administration professions; and (2) individuals who work part time if they serve for at least four years.

(Sec. 203) The IHS must implement mandatory training programs for cultural competency for individuals who work at IHS facilities and whose employment requires regular direct patient access.

(Sec. 204) The IHS must offer relocation reimbursement to employees who relocate to serve in a different capacity or position if the position is: (1) in a rural area or medically underserved area and has not been filled by a full-time noncontractor for at least six months, or (2) for hospital management or administration.

(Sec. 205) The bill allows the IHS to waive the requirements of Indian preference laws for positions at an IHS facility if it has a vacancy rate of at least 20%. The IHS may also waive those laws in the case of an applicant who is a former IHS employee or formal tribal employee and who was removed from employment or demoted for misconduct in the last five years.

(Sec. 206) The IHS must centralize its credentials system for licensed health professionals who seek to volunteer at IHS facilities.

TITLE III--PURCHASED/REFERRED CARE PROGRAM REFORMS

(Sec. 301) The bill establishes requirements for capping payments to certain non-IHS or non-tribal health care providers and suppliers.

(Sec. 302) The IHS must implement within three years a new revised distribution formula for the Purchased/Referred Care program, which was formerly referred to as the contract health services program.

(Sec. 303) The IHS must also implement a system to prioritize any backlog of unpaid balances under the program for each IHS area.

(Sec. 304) The Government Accountability Office must report on issues related to the financial stability of IHS' hospitals and facilities that have experienced sanction or threat of sanction by the Centers for Medicare & Medicaid Services.

Actions Timeline

- **Dec 20, 2016:** Reported (Amended) by the Committee on Ways and Means. H. Rept. 114-882, Part I.
- **Sep 21, 2016:** Committee Consideration and Mark-up Session Held.
- **Sep 21, 2016:** Ordered to be Reported (Amended) by Voice Vote.
- **Jul 12, 2016:** Subcommittee Hearings Held.
- **Jun 16, 2016:** Referred to the Subcommittee on Health.
- **Jun 13, 2016:** Referred to the Subcommittee on Indian, Insular and Alaska Native Affairs.
- **Jun 8, 2016:** Introduced in House
- **Jun 8, 2016:** 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.