



## **Summary of Indian Health Care Improvement Act Provisions Passed in the *Patient Protection and Affordable Care Act* (P.L. 111-148)**

### Background

In the late hours of Sunday, March 21, the House of Representatives voted to approve a sweeping health bill the Senate had passed just before Christmas. The historic national health care legislation includes the reauthorization of the Indian Health Care Improvement Act (S. 1790), which was signed into law by President Barack Obama on March 23, 2010.

The *Patient Protection and Affordable Care Act* (P.L. 111-148) is expected to provide health coverage to approximately 32 million Americans who currently do not have any. It aims to reform the health insurance system in a number of ways, including banning pre-existing condition exemptions, capping out-of-pocket expenses, increasing competition and providing increased government oversight.

The IHCIA provisions (Part III, Section 10221) will improve the Indian health care system in several ways. The legislation sets to improve workforce development and recruitment of health professionals in Indian country. It also provides new authorities to fund facilities construction as well as maintenance and improvement funds to address priority facility needs. It will create opportunities to improve access and financing of health care services for Indians. For example, the law now allows IHS to carry out long term care related services and be reimbursed for them, such as home and community based services. The bill makes a marked improvement at modernizing the delivery of health services provided by IHS. A summary of the IHCIA provisions are as follows:

### **MAJOR PROVISIONS IN THE IHCIA REAUTHORIZATION:**

S. 1790 is a cut/bite bill format that amends current law (P.L. 94-437); it does not include the complete language of each provision as previous IHCIA bills did. This summary provides a general overview of each of the IHCIA titles now amended by S. 1790.

### **Title I: Reauthorization of the Indian Health Care Improvement Act**

The IHCIA is more responsive to current "real world" Tribal Health Program needs; to enhance opportunities for attracting greater revenue into the Indian health system; and to facilitate greater exercise of Indian self-determination rights in health care program decision-making and regulations.

- Sec. 101. Reauthorization.
- Sec. 102. Findings.
- Sec. 103. Declaration of national Indian health policy.
- Sec. 104. Definitions.

Section 101. Reauthorization: Permanently reauthorizes the Indian Health Care Improvement Act.

Section 102. Findings: Provides a description of the Federal Government's trust responsibility to provide health care to AI/AN including major goal of United States is to provide needed resources and eradicate health disparities.

Section 103. Declaration: Declares that the national Indian health policy is to assure the highest possible health status for AI/ANs.

Section 104. Definitions: Provides necessary and applicable definitions of key terms used in the bill.

## **Subtitle A—Indian Health Manpower**

This Title focuses on programs and incentives designed to increase the availability of Indian health professionals and other health care providers to IHS and tribal programs. The objectives of this Title were to refashion existing programs to better enable Indian health programs to attract and retain professionals in all health care disciplines, and to encourage more Indian people to enter the health care field. Key provisions of this title include:

- Sec. 111. Community Health Aide Program.
- Sec. 112. Health professional chronic shortage demonstration programs.
- Sec. 113. Exemption from payment of certain fees.
- Sec. 106. Continuing education allowances.

Section 111. Community Health Aide Program. Authorizes the Secretary to establish a national community health aide program. Community health aides are non-physician practitioners that deliver basic health care. A community health aide program has been in place in Alaska for decades. The program has been successful, and this section would extend the program to the lower 48 states.

Section 112. Health professional chronic shortage demonstration program. Allows Indian health programs to offer practical experience to medical students. Provides training and support for alternative provider types, such as community health representatives, community health aides, and behavioral health aides.

Section 113. Exemption from payment of certain fees. Extends the exemption from licensing fees available to the Public Health Service Commission Corps to employees of tribal health programs and urban Indian organizations.

Section 106. Continuing education allowances. Provide programs or allowances to transition in to an Indian Health Program, including licensing, board or certification examination and technical assistance, in fulfilling service obligations, and health professionals employed in an Indian Health Program by allowing them to take leave of their duty stations for a period of time each year for professional consultation and refresher training courses. Removes \$1 million set-aside for post-doctorial training.

## **Subtitle B—Health Services**

This Title collects provisions that address the delivery of health care services -- such as diabetes programs and epidemiology centers -- and the distribution of funds to IHS and tribal programs through the Indian Health Care Improvement Fund (IHCIF) and the Catastrophic Health Emergency Fund (CHEF). The objectives for this Title focused on expanding health care program options for the IHS and Tribes.

- Sec. 121. Indian Health Care Improvement Fund.
- Sec. 122. Catastrophic Health Emergency Fund.
- Sec. 123. Diabetes prevention, treatment, and control.
- Sec. 124. Other authority for provision of services; shared services for long-term care.
- Sec. 125. Reimbursement from certain third parties of costs of health services.
- Sec. 126. Crediting of reimbursements.
- Sec. 127. Behavioral health training and community education programs.
- Sec. 128. Cancer screenings.
- Sec. 129. Patient travel costs.
- Sec. 130. Epidemiology centers.
- Sec. 131. Indian youth grant program.

*Sec. 132. American Indians Into Psychology Program.*

Sec. 133. Prevention, control, and elimination of communicable and infectious diseases.

Sec. 134. Methods to increase clinician recruitment and retention issues.

*Sec. 135. Liability for payment.*

Sec. 136. Offices of Indian Men's Health and Indian Women's Health.

*Sec. 137. Contract health service administration and disbursement formula.*

**Section 121. Indian Health Care Improvement Fund.** Authorizes funding for the purposes of eliminating the deficiencies in health status and resources for tribes to eliminate service backlogs, meet the needs in health care services, eliminating the inequities in funding for direct care and contract health service programs, and augmenting the ability of the Indian Health Service to meet its various responsibilities. The section maintains current law and adds provisions clarifying that the Secretary may expend funds either directly or through contracts or compacts under the Indian Self-Determination and Education Assistance Act, as well as provisions requiring IHS to file report to Congress regarding health status and resource deficiencies.

**Section 122. Catastrophic Health Emergency Fund.** Establishes the Catastrophic Health Emergency Fund (CHEF), which is to be administered by the Secretary through the headquarters of the Indian Health Service in order to meet the extraordinary medical costs associated with the treatment of victims of disasters or catastrophic illnesses in the Contract Health Service program.

**Section 123. Diabetes Prevention, Treatment, and Control.** Requires Secretary to determine the incidence of diabetes and its complications among Indians and the measures needed to prevent, treat and control this disease. Maintains current law with key changes making Tribal Organizations as eligible participants, effective ongoing monitoring of disease indicators, a requirement that screening shall be to the extent medically indicated and with informed consent, and funding for dialysis programs.

**Section 124. Other authority for provision of services; shared services for long-term care;** Authorizes long-term care including shared services among clinicians within a hospital, clinic and nursing home settings. Also, provides authorization for home health care, assisted living, and community-based care.

**Section 125. Reimbursement from Certain Third Parties of Costs of Health Services:** Under current law, tribally operated facilities are unable to recover the cost of care provided to beneficiaries injured by a third party. IHS operated facilities are able to recover costs from liable third parties. This provision would extend the ability to recover costs from third parties to tribally operated facilities.

**Section 126. Crediting of Reimbursements:** This provision mandates that reimbursements received through third-party collections must be spent on other health care services and credited to Service Unit, Operating Unit, or UIHP that provided the service. It prohibits the use of reimbursement funds for any non-health related service or activity.

**Section 127. Behavioral Health Training and Community Education Programs:** Extends the training and community education programs and study authorized in current law for mental health to all behavioral health services.

**Section 128. Cancer Screenings.** Amends current law, which referred to limited screening of mammography, to include "other cancer screenings."

**Section 129. Patient Travel Costs.** Provide for the travel costs of patients and their qualified escorts, associated with receiving health care services. A definition of "qualified escort" for purposes of accompanying a patient who is traveling to receive health care services is provided. Maintains current law and adds language which allows the use of qualified escorts and transportation by private vehicle (where no other transportation is available), specially equipped vehicle, ambulance or by other means required when air or motor vehicle transport is not available.

Section 130. Epidemiology Centers: Requires that IHS funded tribal epidemiology centers be treated as public health authorities for purposes of the Health Insurance Portability and Accountability Act of 1996. This provision would allow tribal epidemiology centers to access federal and state data sets for research purposes.

Section 131. Indian Youth Grant Program. Provides a technical change to a cross reference to the Indian Youth Program in the new Title VII.

Section 132. American Indians Into Psychology Program. This section establishes the number of colleges or universities that may receive grants under this program. It requires that at least 3 to no more than 9 colleges and universities may receive grants for the purpose of developing and maintaining Indian psychology career recruitment programs as a means of encouraging Indians to enter the behavioral health field. Also establishes a maximum grant amount of \$300,000 for a total of \$2.7 million for FY 2010 and each fiscal year after that.

Section 133. Prevention, Control, and elimination of communicable and infectious diseases. Expands current law to include the prevention, control, and elimination of communicable and infectious diseases, including tuberculosis, hepatitis, HIV, respiratory syncytial virus, hanta virus, sexually transmitted diseases, and H. Pylori. Requires a report be submitted to Congress every two years on progress toward preventing and eliminating communicable and infectious disease.

Section 134. Licensing. Health care professionals employed by a Tribal Health Program shall, if licensed in any State, be exempt from the licensing requirements of the State in which the Tribal Health Program performs the services described in its contract or compact under the Indian Self-Determination and Education Assistance Act.

Section 135. Liability for Payment. Amends current law to strengthen protection against CHS providers to make patients liable for CHS authorized services. A patient who receives contract health care services that are authorized by the Service shall not be liable for the payment of any charges or costs associated with the provision of such services.

Section 136. Offices of Indian Men's Health and Indian Women's Health: Maintains current law requirement for IHS to establish and Office of Women's Health and a new requirement for IHS to establish an Office of Indian Men's Health to complement the Office of Indian Women's Health. Requirement to report to Congress on progress of new authority in two years.

Section 137. Contract health service disbursement formula: Purpose of this section is to establish process to examine the CHS distribution formula. It directs the Comptroller General of the United States as soon as practicable to submit a report describing the funding of the contract health service program (CHS) and the administration of the CHS. Requires the Secretary to consult with Indian tribes regarding CHS to identify inequities in current system, program inefficiencies, and other issues.

## **Subtitle C: Health Facilities**

This title underwent major revision. The major objectives included assuring that Indian health construction and renovation needs are assessed and reported annually; that the priority system for funding new construction projects is revised to better accommodate needs (although projects currently on a priority list are "grandfathered"); and to update the parameters of construction projects. Facilities related provisions from other titles of the Act were moved here. S. 1790 includes several new authorities at Sections 145 and 146 that were not included in previous reauthorization bills.

Sec. 141. Health care facility priority system.

Sec. 142. Priority of certain projects protected.

See. 141. Indian health care delivery demonstration projects.

- Sec. 143. Indian health care delivery demonstration projects.*
- Sec. 142 144. Tribal management of federally owned quarters.*
- Sec. 143 145. Other funding, equipment, and supplies for facilities.*
- Sec. 144 146. Indian country modular component facilities demonstration program.*
- Sec. 145 147. Mobile health stations demonstration program.*

Section 141. Health care facility priority system. This section directs the Secretary to maintain a health care facility priority system which shall be developed in consultation with Indian Tribes and Tribal Organizations and meet other requirements.

Section 142. Priority of certain projects protected. Includes a “grandfather” provision that protects the priority status of health care facilities from being affected by changes to the Priority System being contemplated by the IHS, pursuant to the 1999 Interior Appropriations Conference Report instruction.

Section 143. Indian Health Care Delivery Demonstration Projects: Authorizes the development of new health programs offering care outside of regular clinic operational hours and/or in alternative settings, including through tele-health.

Section 144. Tribal Management of Federally Owned Quarters: Allows tribal programs contracting or compacting under the Indian Self-Determination and Education Assistance Act to set rental rates and collect rents from staff residing in federally owned quarters associated with a facility under contract or compact by a Tribe.

Section 145. Other Funding, Equipment and Supplies for Facilities: Allows for the transfer of funds, equipment or other supplies from any source, including federal or state agencies, to HHS for use in construction or operation of Indian health care facilities.

Section 146. Indian Country Modular Component Facilities Demonstration Program: Authorizes the establishment of a program for Tribes to access facilities construction funds to build facilities using modular component construction.

Section 147. Mobile Health Stations Demonstration Program: Authorizes the establishment of a program for consortia of one or more Tribes within the same IHS Area to access funding to purchase a mobile health station to provide specialty health care services, such as dentistry, mammography and dialysis.

## **Subtitle D—Access to Health Services**

This Title addresses Indian health programs' access to Medicare, Medicaid, and the Children's Health Insurance Program (CHIP); and to other third party collections such as private insurance. The objectives here were to increase I/T/U access to these third party sources of revenue and to eliminate barriers to participation in these programs. Medicare and Medicaid collections are vital sources of revenue for Indian health programs; they now represent approximately 25 – 50 percent of all funding that flows into the system.

- Sec. 151. Treatment of payments under Social Security Act health benefits programs.
- Sec. 152. Purchasing health care coverage.
- Sec. 153. Grants to and contracts with the Service, Indian tribes, tribal organizations, and urban Indian organizations to facilitate outreach, enrollment, and coverage of Indians under Social Security Act health benefit programs and other health benefits programs.
- Sec. 154. Sharing arrangements with Federal agencies.
- Sec. 155. Eligible Indian veteran services.
- Sec. 156. Nondiscrimination under Federal health care programs in qualifications for reimbursement for services.
- Sec. 157. Access to Federal insurance.

*Sec. 158. General exceptions.*

*Sec. 159. Navajo Nation Medicaid Agency feasibility study.*

Section 151. Treatment of payments under the Social Security Act health benefits programs: Prescribes how payments received from Social Security Act health benefits programs will be treated by Indian health and urban Indian health programs. Retains authority for Tribal programs to collect directly from Medicare and Medicaid. And now requires IHS to return 100% of collections to the service unit which provided the services.

Section 152. Purchasing health care coverage: Allows tribes and tribal organizations to use federal funds to purchase health benefits coverage for beneficiaries, except for certain funds received as grants for conducting outreach, enrollment, and coverage under the SSA.

Section 153. Grants to and contracts with the Service, Indian tribes, tribal organizations, and urban Indian organizations: Allows grants or contracts to be awarded to tribes, tribal organizations and urban Indian health programs to conduct outreach to enroll Indians in Social Security Act health benefit programs.

Section 154. Sharing arrangements with Federal Agencies: Allows IHS to enter into arrangements with the Department of Veterans Affairs and Department of Defense to share medical facilities and services. These arrangements could include IHS, tribal and tribal organization hospitals and clinics.

Section 155. Eligible Indian Veteran's services: Allows the IHS and Department of Veterans Affairs to collaborate on the provision of health care to eligible Indian veterans.

Section 156. Nondiscrimination under Federal health care programs: Under current law, IHS, tribal and urban Indian hospitals and clinics are not always considered preferred providers under state and third party health plans. This provision would require that IHS, tribal and urban Indian hospitals and clinics be considered preferred providers so long as they meet generally applicable State or other requirements.

Section 157. Access to Federal insurance: Would allow tribal governments, tribal organizations, and urban Indian health programs acting as employers and operating health service programs under the Indian Self-Determination and Education Assistance Act to access the Federal Employees Health Benefits Program for their employees.

Section 158. General Exceptions: Clarifies that the IHS, tribally-operated, and urban Indian health programs are not the pay of last resort with regards to benefit plans that provide cash benefits directly to the policy holder for time off-work, transportation, etc.

Section 159. Navajo Nation Medicaid Agency feasibility study. Requires the Secretary to conduct a study to determine the feasibility of treating the Navajo Nation as a State for Medicaid purposes. Considerations for a report to Congress on the results of the study are described in this section. This section is new and is not contained in current law.

## **Subtitle E—Health Services for Urban Indians**

The objective of this title is to expand the assistance available to Urban Indian Organizations, extend FTCA coverage to these programs, and establish programs for Urban Indians similar to those provided for IHS and tribal programs in other parts of the Act. The revised proposal also reflects the NSC's attempt to resolve the controversy between the Tulsa and Oklahoma City urban programs and Oklahoma Indian Tribes regarding the status of the demonstration programs in those two cities. It would make these demonstration programs permanent, but subject them to the ISDEAA, although the funds would not be divisible.

*Sec. 161. Facilities renovation.*

*Sec. 162. Treatment of certain demonstration projects.*

Sec. 164 163. Requirement to confer with urban Indian organizations.

Sec. 162 164. Expanded program authority for urban Indian organizations.

Sec. 163 165. Community health representatives.

*Sec. 166. Use of Federal Government facilities and sources of supply; health information technology.*

Section 161. Facilities renovation. Allows IHS to provide grants to urban Indian health programs for construction and renovation in order to meet accreditation requirements.

Section 162. Treatment of certain demonstration projects. Makes permanent the Tulsa and Oklahoma City urban demonstration programs as IHS service units and exempts them from the Indian Self-Determination and Education Assistance Act. This codifies appropriations language enacted in the FY 2005 Interior Appropriations bill.

Section 163. Requirement to Confer with Urban Indian Organizations: Requires IHS to confer with urban Indian organizations in carrying out certain provisions of this Act.

Section 164. Expand Program Authority for Urban Indian Organizations: Authorizes IHS to establish behavioral health or mental health training, school health education programs, and communicable disease prevention programs.

Section 165. Community Health Representatives: Establishes a Community Health Representative (CHR) program for urban Indian organizations to train and employ Indians to provide health care services.

Section 166. Use of Federal Government facilities and sources of supply; health information technology. Gives urban Indian health programs access to federal facilities and the Federal Supply Schedule for pharmaceuticals. Also authorizes grants to the urban Indian health programs for health information technology.

## **Subtitle F—Organizational Improvements**

Few changes were made to this short Title of the Act through which the position of IHS Director was originally created. While the NSC had hoped that elevation of the Director of the IHS to Assistant Secretary status would be included, Rep. Young decided not to include such a provision in his bill because it is politically controversial in the House. The NSC may ask that it be included in a Senate bill if the revised draft is introduced in that chamber.

Sec. 171. Establishment of the Indian Health Service as an agency of the Public Health Service.

Sec. 172. Office of Direct Service Tribes.

Sec. 173. Nevada area office.

Section 171. Establishment of the Indian Health Service as an Agency of the Public Health Service: This section improves access by the Director to the Secretary of HHS and adds an additional responsibility of the Director to facilitate advocacy and promote consultation on matters relating to Indian health within the overall Department.

Section 172. Office of Direct Service Tribes: Establishes an Office of Direct Service Tribes within the Office of the IHS Director.

Section 173. Nevada Area Office. Directs the Secretary to submit a plan, within one-year of enactment, to Congress to create a Nevada IHS Area Office, separating Indian health programs in the state of Nevada from the Phoenix Area of IHS. Non-compliance jeopardizes funds to the Phoenix Area Office.

## **Subtitle G—Behavioral Health Programs**

The NSC re-named Title VII as "Behavioral Health" (current law topic is "Substance Abuse Programs") to better reflect its objective was to combine in one title all programs dealing with substance abuse, mental health, and social services programs, and to integrate these programs.

Sec. 181. Behavioral health programs. (this Section encompasses many items that include: behavioral health prevention and treatment services; MOA with the Department of Interior related to BIA activities; comprehensive behavioral health prevention and treatment programs; mental health technician program; mental health worker licensing requirements; Indian women and youth treatment programs; inpatient and community-based facilities design, construction, and staffing; Indian Youth Suicide Prevention, and other important behavioral health programs.

### **Subtitle A—General Programs**

- Sec. 701. Definitions.
- Sec. 702. Behavioral health prevention and treatment services.
- Sec. 703. Memoranda of agreement with the Department of Interior.
- Sec. 704. Comprehensive behavioral health prevention and treatment program.
- Sec. 705. Mental health technician program.
- Sec. 706. Licensing requirement for mental health care workers.
- Sec. 707. Indian women treatment programs.
- Sec. 708. Indian youth program.
- Sec. 709. Inpatient and community-based mental health facilities design, construction, and staffing.
- Sec. 710. Training and community education.
- Sec. 711. Behavioral health program.
- Sec. 712. Fetal alcohol spectrum disorders programs.
- ~~Sec. 713. Child sexual abuse and prevention treatment programs.~~
- Sec. 713. Child sexual abuse prevention and treatment programs.*
- Sec. 714. Domestic and sexual violence prevention and treatment.
- Sec. 715. Behavioral health research.

### **Subtitle B—Indian Youth Suicide Prevention**

- Sec. 721. Findings and purpose.
- Sec. 722. Definitions.
- Sec. 723. Indian youth tele-mental health demonstration project.
- Sec. 724. Substance Abuse and Mental Health Services Administration grants.
- Sec. 725. Use of pre-doctoral psychology and psychiatry interns.
- Sec. 726. Indian youth life skills development demonstration program.

Section 701. Definitions: Provides necessary and applicable definitions used in Title VII.

Section 702. Behavioral Health Prevention and Treatment Services: Describes the specific authorizations for a comprehensive continuum of behavioral health care to include community-based care, detoxification, hospitalization, intensive out-patient treatment, residential treatment, transitional living, emergency shelter, case management, and diagnostic services.

Section 703. Memoranda of Agreement with the Department of Interior: Directs the IHS to enter into a memorandum of agreement (MOA) with the Department of Interior (DOI) with regards to Indian alcohol and substance abuse prevention and treatment. Also, directs that any existing MOAs be reviewed and

updated. Further, any new or updated MOA should include the scope and nature of mental illness among Indians, existing resources and programs available to prevent and treat mental illness, a summary of unmet need, and a strategy for comprehensive coordination of behavioral health services provided by IHS and the Bureau of Indian Affairs (BIA).

**Section 704. Comprehensive Behavioral Health Prevention and Treatment Program:** Allows establishment of systems of care to include prevention through educational intervention, acute care, community-based rehabilitation, community education, specialized residential treatment programs for high risk populations.

**Section 705. Mental Health Technician Program:** Authorizes the establishment of a mental health technician program within IHS that will train Indians as mental health technicians to provide basic community-based mental health care.

**Section 706. Licensing Requirement for Mental Health Care Workers:** Prescribes mandatory licensing requirements for mental health workers and establishes protocols for oversight of mental health trainees.

**Section 707. Indian Women Treatment Programs:** Allows IHS to make grants to Indian health programs to develop and implement a comprehensive behavioral health program that specifically addresses the cultural, historical, social and child care needs of Indian women.

**Section 708. Indian Youth Program:** Authorizes the establishment of a program for acute detoxification and treatment for Indian youths, including behavioral health services and family involvement.

**Section 709. Inpatient and Community-Based Mental Health Facilities Design, Construction and Staffing:** Authorizes the establishment, in each IHS area, of not less than one inpatient mental health care facility, or equivalent, to serve Indians with behavioral health problems.

**Section 710. Training and Community Education:** Instructs the HHS Secretary to work with the Interior Secretary to develop and implement or assist Indian tribes and organizations in establishing a community education and involvement program to educate tribal leaders, judges, law enforcement personnel, and health and education boards about community behavioral health issues.

**Section 711. Behavioral Health Program:** Allows IHS to make grants to Indian health programs to establish innovative community-based behavioral health services to Indians. This will be a competitive grant based program.

**Section 712. Fetal Alcohol Spectrum Disorders Programs:** Authorizes the establishment of a fetal alcohol spectrum disorders program to train providers to identify and treat pregnant women at high risk of birthing a child with fetal alcohol spectrum disorders and children born with alcohol related disorders.

**Section 713. Child Sexual Abuse and Prevention Treatment Programs:** Authorizes the establishment of a culturally appropriate program, in each IHS area, to treat victims of child abuse and perpetrators of abuse in Indian households.

**Section 714. Domestic and Sexual Violence Prevention and Treatment:** Authorizes the establishment of a culturally appropriate program, in each IHS area, to prevent and treat Indian victims of domestic and sexual violence and perpetrators of domestic and sexual violence in Indian households.

**Section 715. Behavioral Health Research:** Allows IHS to make grants to or enter into contracts with Indian health programs to conduct research on the incidence and prevalence of behavioral health problems among Indians served by the Indian health programs, including urban Indian programs.

### ***Subtitle B—Indian Youth Suicide Prevention***

**Section 721. Findings and Purpose:** Includes descriptions of current data, research and ongoing federal youth suicide prevention programs for American Indians and Alaskan Natives, conveying the purpose of this subtitle.

**Section 722. Definitions:** Includes necessary and applicable definitions, including telemental health.

**Section 723. Indian Youth Telemental Health Demonstration Project:** Authorizes the Secretary of the Department of Health and Human Services (HHS), through the Indian Health Service (IHS), to carry out a demonstration project for telemental health services targeted to Indian youth suicide prevention. The demonstration project will award up to five grants, for four years each, to tribes and tribal health organizations.

**Section 724. Substance Abuse and Mental Health Services Administration Grants:** Enhances the provision of mental health care services for Indian youth provided through SAMHSA by removing barriers that currently prevent Indian Tribes and tribal organizations from applying for SAMHSA grants.

**Section 725. Use of Predoctoral Psychology and Psychiatry Interns:** Encourages Indian tribes, tribal organizations and other mental health care providers serving Indian Country to utilize pre-doctoral psychology and psychiatry interns. Indian Country faces extreme shortages of mental health professionals and this provision will help increase the number of patients accessing care and serve as a recruitment tool for psychologists and psychiatrists.

**Section 726. Indian Youth Life Skills Development Demonstration Program:** Authorizes a demonstration grant program through the Substance Abuse and Mental Health Services Administration within the Department of Health and Human Services to provide grants to tribes and tribal organizations to provide culturally compatible, school-based suicide prevention curriculum to strengthen Native American teen “life skills”.

### ***Subtitle H—Miscellaneous***

The key changes in this Title include a call for a Negotiated Rulemaking Committee to prepare regulations and the establishment of a commission to study whether Indian health should be made an entitlement (rather than its current status as a discretionary program in the Federal budget). Many provisions previously located in this Title were transferred to other titles more appropriate for their subject matter. This Title also contains a comprehensive provision for Tribal Health Programs' access to pharmaceutical products from the Department of Veterans Affairs' prime vendor, and one that would protect peer review panel documents from discovery in litigation.

- Sec. 191. Confidentiality of medical quality assurance records; qualified immunity for participants.
- Sec. 192. Arizona, North Dakota, and South Dakota as contract health service delivery areas; eligibility of California Indians.
- Sec. 193. Methods to increase access to professionals of certain corps.
- Sec. 194. Health services for ineligible persons.
- Sec. 195. Annual budget submission.
- Sec. 196. Prescription drug monitoring.
- Sec. 197. Tribal health program option for cost sharing.
- Sec. 198. Disease and injury prevention report.
- Sec. 199. Other GAO reports.
- Sec. 199A. Traditional health care practices.
- Sec. 199B. Director of HIV/AIDS Prevention and Treatment.

Section 191. Confidentiality of Medical Quality Assurance Records; qualified immunity for participants: Allows for peer reviews to be conducted within Indian health programs without compromising confidentiality of medical records.

Section 192. Arizona, North Dakota and South Dakota as Contract Health Service Delivery Areas; eligibility of California Indians. Makes Arizona a permanent contract health service delivery area and combines North Dakota and South Dakota into a single contract health service delivery areas for the purposes of providing contract health care services to members of Indian tribes located in those states. Updates the definition for “California Indians” to determine eligibility for health services from IHS.

Section 193. Methods to increase access to professionals of certain corps. Allows Indian health programs to access services from National Health Service Corps clinicians.

Section 194. Health Services for ineligible persons. Provides tribally-operated programs the discretion to provide health care services to non-IHS eligible beneficiaries pursuant to Self-Determination compacts and contracts so long as it does not compromise care to IHS eligible beneficiaries. Clarifies that such services are subject to terms and conditions of the contracts and compacts.

Section 195. Annual Budget Submission: Requires that dollar amounts to cover medical inflation and population growth be included as a part of the President’s IHS budget submission to Congress beginning in fiscal year 2011.

Sec. 196. Prescription drug monitoring. Requires HHS Secretary to establish a prescription drug monitoring program to be carried out by IHS and Tribal health programs. A report on implementation is to be provided to Congress within 18 months of enactment.

Sec. 197. Tribal health program option for cost sharing. This is a new provision that specifies that nothing in the Act limits the ability of Tribal health programs operating under a Title V of the Indian Self-Determination and Education Assistance Act to charge for services. The provision further states that nothing in the Act gives IHS the authority to charge, or require a Tribes to charge, an Indian for services.

Sec. 198. Disease and injury prevention report. Not later than 18 months, directs the Secretary to submit to the Senate Committee on Indian Affairs, the Committee on Natural Resources, and the Committee on Energy and Commerce a report describing all disease and injury prevention activities conducted by the Service, independently or in conjunction with other Federal departments and agencies and Indian tribes, and the effectiveness of such activities, including the reductions of injury or disease conditions achieved by such activities.

Sec. 199. Other GAO reports. This provision requires completion of two studies by the Comptroller General of the United States. It directs a study to evaluate the effectiveness of coordination of health care services provided to Indians through Medicare, Medicaid, or SCHIP, by the Service or using funds provided by State or local governments, or Indian tribes. Note: this study has already been completed. An additional study requires GAO to study and make recommendations on the CHS program as noted in Section 137.

Sec. 199A. Traditional health care practices. Provides the Secretary authority to promote traditional health care practices, consistent with the Service standards for health care, and that the United States is not liable for FTCA coverage. Traditional health is not a defined term in the Act.

Sec. 199B. Director of HIV/AIDS Prevention and Treatment. This provision directs the IHS to establish a permanent position of Director of HIV/AIDS Prevention & Treatment to be responsible for coordinating HIV/AID prevention and treatment activities in IHS. The Act requires that the Director submit a report to Congress within 2 years on activities.

###