

**Data Sharing
from
IHCIA and PAACA**

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Epidemiology Centers

- **SEC. 130. EPIDEMIOLOGY CENTERS.**
- Section 214 of the Indian Health Care Improvement Act (25 U.S.C. 1621m) is amended to read as follows:
- **“SEC. 214. EPIDEMIOLOGY CENTERS.**
- **“(a) ESTABLISHMENT OF CENTERS.—**
- **“(1) IN GENERAL.—**The Secretary shall establish an epidemiology center in each Service area to carry out the functions described in subsection (b).

- “(2) NEW CENTERS.—
- “(A) IN GENERAL.—Subject to subparagraph (B), any new center established after the date of enactment of the Indian Health Care Improvement Reauthorization and Extension Act of 2009 may be operated under a grant authorized by subsection (d).
- “(B) REQUIREMENT.—Funding provided in a grant described in subparagraph (A) shall not be divisible.

- “(3) FUNDS NOT DIVISIBLE.—An epidemiology center established under this subsection shall be subject to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), but the funds for the center shall not be divisible

- “(b) FUNCTIONS OF CENTERS.—In consultation with and on the request of Indian tribes, tribal organizations, and urban Indian organizations, each Service area epidemiology center established under this section shall, with respect to the applicable Service area—
- “(1) collect data relating to, and monitor progress made toward meeting, each of the health status objectives of the Service, the Indian tribes, tribal organizations, and urban Indian organizations in the Service area;
- “(2) evaluate existing delivery systems, data systems, and other systems that impact the improvement of Indian health;

- “(3) assist Indian tribes, tribal organizations, and urban Indian organizations in identifying highest-priority health status objectives and the services needed to achieve those objectives, based on epidemiological data;
- “(4) make recommendations for the targeting of services needed by the populations served;

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- “(1) collect data relating to, and monitor progress made toward meeting, each of the health status objectives of the Service, the Indian tribes, tribal organizations, and urban Indian organizations in the Service area;
- “(2) evaluate existing delivery systems, data systems, and other systems that impact the improvement of Indian health;

- “(5) make recommendations to improve health care delivery systems for Indians and urban Indians;
- “(6) provide requested technical assistance to Indian tribes, tribal organizations, and urban Indian organizations in the development of local health service priorities and incidence and prevalence rates of disease and other illness in the community; and
- “(7) provide disease surveillance and assist Indian tribes, tribal organizations, and urban Indian communities to promote public health.

- “(c) TECHNICAL ASSISTANCE.—The Director of the Centers for Disease Control and Prevention shall provide technical assistance to the centers in carrying out this section.
- “(d) GRANTS FOR STUDIES.—
- “(1) IN GENERAL.—The Secretary may make grants to Indian tribes, tribal organizations, Indian organizations, and eligible intertribal consortia to conduct epidemiological studies of Indian communities.

- “(2) ELIGIBLE INTERTRIBAL CONSORTIA.—An intertribal consortium or Indian organization shall be eligible to receive a grant under this subsection if the intertribal consortium is—
- “(A) incorporated for the primary purpose of improving Indian health; and
- “(B) representative of the Indian tribes or urban Indian communities residing in the area in which the intertribal consortium is located.

- “(3) APPLICATIONS.—An application for a grant under this subsection shall be submitted in such manner and at such time as the Secretary shall prescribe.
- “(4) REQUIREMENTS.—An applicant for a grant under this subsection shall—
- “(A) demonstrate the technical, administrative, and financial expertise necessary to carry out the functions described in paragraph (5);

- “(B) consult and cooperate with providers of related health and social services in order to avoid duplication of existing services; and
- “(C) demonstrate cooperation from Indian tribes or urban Indian organizations in the area to be served.

- “(5) USE OF FUNDS.—A grant provided under paragraph (1) may be used—
- “(A) to carry out the functions described in subsection (b);
- “(B) to provide information to, and consult with, tribal leaders, urban Indian community leaders, and related health staff regarding health care and health service management issues; and
- “(C) in collaboration with Indian tribes, tribal organizations, and urban Indian organizations, to provide to the Service information regarding ways to improve the health status of Indians.

- “(e) ACCESS TO INFORMATION.—
- “(1) IN GENERAL.—An epidemiology center operated by a grantee pursuant to a grant awarded under subsection (d) shall be treated as a public health authority (as defined in section 164.501 of title 45, Code of Federal Regulations (or a successor regulation)) for purposes of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191; 110 Stat. 1936).
- “(2) ACCESS TO INFORMATION.—The Secretary shall grant to each epidemiology center described in paragraph (1) access to use of the data, data sets, monitoring systems, delivery systems, and other protected health information in the possession of the Secretary.

- “(3) REQUIREMENT.—The activities of an epidemiology center described in paragraph (1) shall be for the purposes of research and for preventing and controlling disease, injury, or disability (as those activities are described in section 164.512 of title 45, Code of Federal Regulations (or a successor regulation)), for purposes of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191; 110 Stat. 1936).” .”

Identification of Payments

- subtitle D—Access to health services
- SEC. 151. TREATMENT OF PAYMENTS UNDER SOCIAL SECURITY ACT HEALTH BENEFITS PROGRAMS.
- Section 401 of the Indian Health Care Improvement Act (25 U.S.C. 1641) is amended to read as follows:

- “(C) IDENTIFICATION OF SOURCE OF PAYMENTS.—Any tribal health program that receives reimbursements or payments under title XVIII, XIX, or XXI of the Social Security Act shall provide to the Service a list of each provider enrollment number (or other identifier) under which such program receives such reimbursements or payments.

- “(B) COORDINATION OF INFORMATION.—The Service shall provide the Administrator of the Centers for Medicare & Medicaid Services with copies of the lists submitted to the Service under paragraph (2)(C), enrollment data regarding patients served by the Service (and by tribal health programs, to the extent such data is available to the Service), and such other information as the Administrator may require for purposes of administering title XVIII, XIX, or XXI of the Social Security Act.

- “(5) TERMINATION FOR FAILURE TO COMPLY WITH REQUIREMENTS.—The Secretary may terminate the participation of a tribal health program or in the direct billing program established under this subsection if the Secretary determines that the program has failed to comply with the requirements of paragraph (2). The Secretary shall provide a tribal health program with notice of a determination that the program has failed to comply with any such requirement and a reasonable opportunity to correct such noncompliance prior to terminating the program's participation in the direct billing program established under this subsection.