

**INDIAN HEALTH CARE IMPROVEMENT ACT
GAO STUDIES ON CONTRACT HEALTH SERVICES**

DISTRIBUTION and ADMINISTRATION SECTION 137/226, PG 74	USE, EFFICIENCY AND EQUITIES SECTION 199/830, PG 255	NOTES
<p>“(a) SUBMISSION OF REPORT.—As soon as practicable after the date of enactment of the Indian Health Care Improvement Reauthorization and Extension Act of 2009, the Comptroller General of the United States shall submit to the Secretary, the Committee on Indian Affairs of the Senate, and the Committee on Natural Resources of the House of Representatives, and make available to each Indian tribe, a report describing the results of the study of the Comptroller General regarding the funding of the contract health service program (including historic funding levels and a recommendation of the funding level needed for the program) and the administration of the contract health service program (including the distribution of funds pursuant to the program), as requested by Congress in March 2009, or pursuant to section 830.</p>	<p>“(b) PAYMENTS FOR CONTRACT HEALTH SERVICES.—</p> <p>“(1) IN GENERAL.—The Comptroller General shall conduct a study on the use of health care furnished by health care providers under the contract health services program funded by the Service and operated by the Service, an Indian tribe, or a tribal organization.</p> <p>“(3) REPORT.—Not later than 18 months after the date of enactment of the Indian Health Care Improvement Reauthorization and Extension Act of 2009, the Comptroller General shall submit to Congress a report on the study conducted under paragraph (1), together with recommendations regarding—</p> <p>“(A) the appropriate level of Federal funding that should be established for health care under the contract health services program described in paragraph (1);</p> <p>“(B) how to most efficiently</p>	<p>These provisions relate to the purpose and timing of the GAO reports</p> <p>Section 137: funding (historic and appropriate levels) and administration (incl. distribution formula)</p> <p>Due as soon as practicable after enactment.</p> <p>Section 830: use, appropriate funding level, how to most efficiently use CHS funding, identify inequities, recommendations to address inequities</p> <p>Due not later than 18 months after enactment.</p>

	use that funding; and “(C) the identification of any inequities in the current distribution formula or inequitable results for any Indian tribe under the funding level, and any recommendations for addressing any inequities or inequitable results identified.	
“(b) CONSULTATION WITH TRIBES. —On receipt of the report under subsection (a), the Secretary shall consult with Indian tribes regarding the contract health service program, including the distribution of funds pursuant to the program—	“(4) CONSULTATION. — In conducting the study under paragraph (1) and preparing the report under paragraph (3), the Comptroller General shall consult with the Service, Indian tribes, and tribal organizations.’’.	Section 137: Secy consult after the GAO report to determine if further action is needed (<i>see (b)(1)-(4)</i>) Section 830: GAO consult in preparing report (<i>see (2)(A)-(E) for study areas</i>)
“(b)(1) to determine whether the current distribution formula would require modification if the contract health service program were funded at the level recommended by the Comptroller General;		
“(b)(2) to identify any inequities in the current distribution formula under the current funding level or inequitable results for any Indian tribe under the funding level recommended by the Comptroller General;	“(3)(C) the identification of any inequities in the current distribution formula or inequitable results for any Indian tribe under the funding level, and any recommendations for addressing any inequities or inequitable results identified.	Inequities identification a part of both evaluations

<p>“(b)(3) to identify any areas of program administration that may result in the inefficient or ineffective management of the program; and</p>	<p>“(2)(D) the administration of the contract health service program, including the distribution of funds to Indian health programs pursuant to the program; and</p>	<p>Program administration a part of both evaluations</p>
<p>“(b)(4) to identify any other issues and recommendations to improve the administration of the contract health services program and correct any unfair results or funding disparities identified under paragraph (2).</p>	<p>“(2) ANALYSIS.—The study conducted under paragraph (1) shall include an analysis of—</p> <p>“(A) the amounts reimbursed under the contract health services program described in paragraph (1) for health care furnished by entities, individual providers, and suppliers, including a comparison of reimbursement for that health care through other public programs and in the private sector;</p> <p>“(B) barriers to accessing care under such contract health services program, including barriers relating to travel distances, cultural differences, and public and private sector reluctance to furnish care to patients under the program;</p> <p>“(C) the adequacy of existing Federal funding for health care under the contract health services program;</p> <p>“(E) any other items determined appropriate by the Comptroller General.</p>	<p>Section 137: catch-all section for Secy and tribes’ consultation regarding administration and funding disparities</p> <p>Section 830: GAO study areas and catch-all</p>

<p>“(c) SUBSEQUENT ACTION BY SECRETARY.—If, after consultation with Indian tribes under subsection (b), the Secretary determines that any issue described in subsection (b)(2) exists, the Secretary may initiate procedures under subchapter III of chapter 5 of title 5, United States Code, to negotiate or promulgate regulations to establish a disbursement formula for the contract health service program funding.’’.</p>		