



Summary of the Indian Health Care Improvement Act and Indian Specific Provisions in the Patient Protection and Affordable Care Act

On March 23, 2010, President Obama signed into law the *Patient Protection and Affordable Care Act* (PPACA) (PL 111-148) which included the permanent reauthorization of the Indian Health Care Improvement Act (IHCIA). This purpose of this document is to help you review the new IHCIA provisions (*See Part I – pp. 1-12*) and the Indian specific provisions in the PPACA (*See Part II – pp. 13-19*).

I. Indian Health Care Improvement Act (IHCIA)

Section 10221 of the PPACA incorporates and enacts the Senate IHCIA bill titled the *Indian Health Care Improvement Reauthorization and Extension Act of 2009* (S.1790) as reported by the Senate Committee on Indian Affairs in December 2009. All of the IHCIA provisions listed below are either new authorities (as indicated by *) or provisions that have been revised by S.1790.

S.1790 Section	New	IHCIA Section	IHCIA Short Title	Description of Provision
101		825	Authorization of Appropriations	Permanently reauthorizes the IHCIA.
102		2	Findings	Adds a new finding regarding the Federal government's duty to provide health care to Indian people.
103		3	National Declaration of Indian Health Policy	Sets out a new Congressional intent for IHCIA.
Title 1: Indian Health Manpower				
134(c)		106	Continuing Education Allowances	Deletes the set aside of \$1 million for postdoctoral training and adds language which extends the current continuing education allowances to all health professionals serving in Indian health programs.
111		119	Community Health Aide Program	Continues the authority for operation of the community health aide program in Alaska. Directs that a study be conducted on the dental health aide therapist services provided by the community health aide program to ensure that the quality of care provided through those services are adequate. Authorizes the Secretary to establish a national community health aide program under this provision, which shall not include dental health aide therapist. * Sec. 10221(b) of PPACA amends this provision by allowing a tribe or tribal organization to elect the use of dental health aide therapist where such services are authorized under state law.



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S.1790 Section	New	IHCIA Section	IHCIA Short Title	Description of Provision
112	*	123	Health Professional Chronic Shortage Demonstration Programs	Through demonstration programs, allows Indian health programs to offer practical experience to medical students. Provides training and support for alternative provider types, such as community health representatives and community health aides.
113	*	124	Exemption from Payment of Certain Fees	Extends the exemption from Federal agency licensing fees available to the Public Health Service Commission Corps to employees of tribal health programs and urban Indian organizations.
Title II: Health Services				
121		201	Indian Health Care Improvement Act	Permits allocations of funds directly or under ISDEAA to eliminate inequities in funding for both direct care and contract health service programs. Report: A report is required to be submitted to Congress 3 years after enactment which addresses the current health status and resource deficiency for each Service unit.
122		202	Catastrophic Health Emergency Act	Revises regulation terms of the CHEF threshold level to the 2000 level of \$19,000 with increases for subsequent years.
123		204	Diabetes Prevention, Treatment and Control	Requires effective ongoing monitoring of disease indicators. Permits funding of dialysis programs. Changes the model diabetes projects into permanent programs to be continued along with any new programs developed. Allows for diabetes control officers in each Area Office.
124	*	205	Other Authority For Provision of Services	Strikes out original language for Hospice Care Feasibility Study. Permits funding for assisted living service, home and community based service, hospice care, long term care and convenient care services. Also, permits the sharing of facilities and staff between IHS and tribally-operated long-term care programs.
125		206	Reimbursement from Certain Third Parties of Costs of Health Services	Allows Tribes and Tribal Organizations who operate their own programs the right to recover costs from third parties (such as insurance company, HMO, employee health plan) who do not reimburse for services provided.
126		207	Crediting of Reimbursements	IHS may not offset or limit any amount obligated to any service unit, tribe, tribal organization or urban Indian organization because of receipt of reimbursements under Medicare, Medicaid or SCHIP and other provisions of law.



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127		209	Behavioral Health Training and Community Education Programs	Requires to conduct a study and compile a list of certain types of staff positions
128		212	Coverage of Screening Mammography	In addition to mammography, IHS has authority to provide other cancer screenings.
129		213	Patient Travel Costs	Continues the authority for funds to be used for travel costs of patients receiving health care services provided either directly by IHS, under contract health care, or through a contract or compact. In addition, this section permits of funding for 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.
130		214	Epidemiology Centers	Continues authority for operation and funding of tribal epidemiology centers and gives the centers status as public health authorities for purposes of the Health Insurance Portability and Accountability Act of 1996 in order for them to access data needed to perform their mission.
131		216	Indian Youth Grant Program	Provides a technical change to a cross reference to the Indian Youth Program in the new Title VII.
132		217	American Indians into Psychology Program	Revises the number of colleges or universities that may receive grants under this program from at least 3 to no more than 9 and permits a maximum grant amount of \$300,000 for a total of \$2.7 million for FY 2010 and each fiscal year after that.
133		218	Prevention, Control, and Elimination of Communicable and Infectious Diseases	Amends current law by (1) expanding the definition of communicable diseases from tuberculosis to other communicable and infectious diseases; (2) encouraging, rather than requiring, that entities funded under this section coordinate with the Centers for Disease Control and state and local health agencies; and (3) eliminating provisions of current law which would reduce the grant amount for expenses incurred by the federal government or for supplies or equipment furnished to the grant recipient.



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134	*	221	Licensing	Strikes out language for Demonstration of Electronic Claims Processing. New provision exempts a licensed health care professional who is employed by a tribally operated health program from state licensing requirements if the professional is licensed in any state, as is the case with IHS health care professionals.
135		222	Liability for Payment	A patient who receives authorized contract health care services will not be held liable for any charges or costs associated with those authorized services. Following receipt of proper notice or an accepted claim, the contract care services provider shall have not further recourse against the patient who received the health care.
136		223	Offices of Indian Men’s Health and Indian Woman’s Health	Establishes within the IHS an Office of Indian Men’s Health to complement the Office of Indian Women’s Health that exists in current law.
137	*	226	Contract Health Administration and Disbursement Formula	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.
Title III: Health Facilities				
141		301	Consultation; Construction and Renovation of Facilities Reports	Maintains current law and adds the requirement for the development of a health care facility priority system developed through consultation, which prioritizes certain facilities. Also, the Secretary, with input from tribes and tribal organizations, is required to provide initial and annual comprehensive reports on facilities needs.
142	*	301(g)	Priority of Certain Projects Protected	Identifies the same list of projects as added by amended language of Sec. 141 of S.1790.
143		307	Indian Health Care Delivery Demonstration Project	Authorizes the development of new health programs offering care outside of regular clinic operational hours and/or in alternative settings.
144	*	309	Tribal Management of Federally Owned Quarters	Allows tribes and tribal organizations that operate a health facility and Federally-owned quarters associated with such facility under the Indian Self-Determination and Education Assistance Act to set rental rates and collect rents from occupants of the quarters.



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145	*	311	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.
146	*	312	Indian Country Modular Component Facilities Demonstration Program	Requires IHS to establish a demonstration program for construction of health care facilities using modular component construction.
147	*	313	Mobile Health Stations Demonstration Program	Requires IHS to establish a demonstration program for consortium of two or more service units to access funding to purchase a mobile health station to provide specialty health care services such as dentistry, mammography and dialysis.
Title IV: Access to Health Services				
151		401	Treatment of Payments under Social Security Act Health Benefits Programs	Updates current law regarding collection of reimbursements from Medicare, Medicaid and CHIP by Indian health facilities, and revises the procedures, which allow a tribally-operated program to directly collect such reimbursements for the services it provides.
152		402	Purchasing Health Care Coverage	Allows tribes and tribal organizations to purchase health benefits coverage for IHS beneficiaries.
153		404	Grants to and Contracts with the Service, Indian Tribes, Tribal Organization, and Urban Indian Organizations to Facilitate Outreach, Enrollment, and Coverage of Indians Under Social Security Act Health Benefit Program and Other Health Benefits Programs	Updates current law authority for IHS to issue grants or contracts to tribes, tribal organizations and urban Indian organizations to conduct outreach to enroll eligible Indians in Social Security Act health benefit programs including through electronic methods or telecommunication networks.
154		405	Sharing Arrangements With Federal Agencies	Authorizes 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.



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155	*	407	Eligible Indian Veteran Services	Establishes procedures to facilitate the provision of health services to eligible Indian veterans by the IHS and Department of Veterans Affairs.
156	*	408	Nondiscrimination under Federal Health Care Programs in Qualification for Reimbursement for Services	Provides that IHS, tribal and urban Indian organization programs shall be eligible for participation in any Federal health care program to the same extent as any other provider, if the Indian program meets the generally applicable State or other requirements for participation.
157	*	409	Access to Federal Insurance	Allows an Indian tribe or tribal organization carrying out a program under the Indian Self-Determination and Education Assistance Act and an urban Indian organization carrying out a program under Title V of IHCIA to purchase coverage for its employees from the Federal Employees Health Benefits Program.
158	*	410	General Exceptions	Provides that special purpose insurance products (such as those that provide compensation to a victim of a disease) are not subject to IHCIA Title IV provisions, so that a policy holder may receive any applicable cash benefits directly for time off-work, transportation, etc.
159	*	411	Navajo Nation Medicaid Agency Feasibility Study	Directs the Secretary to conduct a study to determine the feasibility of treating the Navajo Nation as a state for purposes of Title XIX of the Social Security Act to provide services to Indians living within the boundaries of the Navajo Nation.
Title V: Health Services for Urban Indians				
163		502	Contracts with, and Grants to Urban Indian Organizations	Describes how the contracts work with urban Indian organizations and what may be contracted and language clarifies certain requirements.
161		509	Facilities Renovation	Allows IHS to provide grants to urban Indian organizations for facilities construction, renovation, or expansion of facilities if such activities are undertaken in order to obtain accreditation (JACHO/AAAHC).
162		512	Treatment of Certain Demonstrations Projects	Maintains the two Oklahoma programs as Title V programs not liable to section 638 of ISDEAA. This is a codification of an appropriations rider first enacted in the FY1999 Interior appropriations bill.



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163	*	514	Conferring with Urban Indian Organizations	Requires IHS to confer with urban Indian organizations in carrying out certain provisions of this Act.
164	*	515	Expanded Program Authority For Urban Indian Organizations	Authorizes IHS to establish behavioral health or mental health training, drug abuse prevention programs, and communicable disease prevention programs for urban Indian organizations.
165	*	516	Community Health Representatives	Authorizes the establishment of a Community Health Representative (CHR) program for urban Indian organizations to train and employ Indians to provide health care services.
166	*	517	Use of Federal Government Facilities and Sources of Supply	Allows urban Indian organizations to access the Fed supply list and request the use of federal facilities. There is priority for Tribes, but only if the Tribes request the same facility or item prior to the facility or item being dispersed to the requesting urban Indian organization.
166	*	518	Health Information Technology	Allows IHS to make grants and contracts with urban Indian organizations to develop HIT systems and provide technical assistance for the same.
Title VI: Organizational Improvements				
171		601	Establishment of the Indian Health Service as an Agency of the Public Health Service	This section amends current law to enhance the duties, responsibilities, and authorities of the IHS Director, including the responsibility to facilitate advocacy and promote consultation on matters relating to Indian health within HHS.
172	*	603	Office of Direct Service Tribes	Relocates the IHS Office of Direct Service Tribes from the program level to the immediate office of the Director for IHS.
173	*	604	Nevada Area Office	Directs the Secretary to submit a plan to Congress to create a Nevada IHS Area Office, separating Indian health programs in the state of Nevada from the Phoenix Area of IHS.



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Section 181. IHCIA Title VII - Behavioral Health Programs is rewritten to encompass the broader focus of behavioral health as compared with current law's more narrow focus on substance abuse.				
Subtitle A —General Programs				
	*	701	Definition	Provides necessary and applicable definitions.
	*	702	Behavioral Health Prevention and Treatment Services	Describes the specific authorizations for a comprehensive behavioral health prevention and treatment care to include community-based care, detoxification, hospitalization, intensive out-patient treatment, residential treatment, transitional living, emergency shelter, case management, and diagnostic services.
	*	703	Memoranda of Agreement with the Department of Interior	Directs the IHS to enter into a memorandum of agreement (MOA) with the Secretary of the Interior to develop a comprehensive strategy for addressing Indian alcohol and substance abuse and mental health issues.
	*	704	Comprehensive Behavioral Health Prevention and Treatment Program	Directs the IHS to establish comprehensive behavioral health, prevention and treatment programs for Indians.
	*	705	Mental Health Technician Program	Authorizes the establishment of a mental health technician program within IHS to train Indians as mental health technicians to provide basic community-based mental health care.
	*	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.
	*	707	Indian Women Treatment Programs	Authorizes IHS grants to Indian health programs to develop and implement comprehensive behavioral health programs that specifically address the cultural, historical, social and child care needs of Indian women.
	*	708	Indian Youth Program	Authorizes the establishment of a program for acute detoxification and treatment for Indian youth, including behavioral health services and family involvement.
	*	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.



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	*	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.
	*	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.
	*	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.
	*	713	Child Sexual Abuse Prevention and Treatment Programs	Authorizes the establishment of a culturally appropriate program, in each IHS area, to treat victims of child abuse, other members of the household or family of the victims.
	*	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 abuse, and other members of the household or family of such victims.
	*	715	Behavioral Health Research	Authorizes IHS to make grants to Indian and non-Indian entities to perform research on Indian behavioral health issues, including the causes of Indian youth suicide.
Subtitle B—Indian Youth Suicide Prevention				
	*	721	Findings and Purpose	Sets out Congressional findings on the high prevalence of suicide among Indian youth and establishes a framework for addressing this critical situation.
	*	722	Definitions	Includes necessary and applicable definitions, including telemental health.
	*	723	Indian Youth Telemental Health Demonstration Project	Authorizes the 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 organizations.



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	*	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.
	*	725	Use of Predoctoral Psychology and Psychiatry Interns	Encourages Indian tribes, tribal organizations and other mental health care providers to utilize pre-doctoral psychology and psychiatry interns.
	*	726	Indian Youth Life Skills Development Demonstration Program	Authorizes a demonstration grant program through the Substance Abuse and Mental Health Services Administration to provide grants to tribes and tribal organizations to provide culturally compatible, school-based suicide prevention curriculum to strengthen Native American teen “life skills.”
Title VIII: Miscellaneous				
191	*	805	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.
124	*	822	Shared Services for Long Term Care	Replaces previous Sec 821 and provides authorization for hospice care, assisted living, long-term care and home-and community-based care provided directly by IHS or tribes and tribal organizations.
192		808	Arizona as Contract Health Service Delivery Area	Continues current law authority to make Arizona a permanent contract health service delivery area.
192	*	808A	North Dakota and South Dakota as Contract Health Service Delivery Area	Establishes a single contract health services delivery area consisting of the states of North Dakota and South Dakota for the purposes of providing contract health care services to members of Indian tribes located in those states.
192		809	Eligibility of California Indian	Updates the current law provision for services to California Indians.
193		812	National Health Service Corps	Facilitates access to National Health Service Corps personnel by Indian health programs.



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S.1790 Section	New	IHCIA Section	IHCIA Short Title	Description of Provision
194		813	Health Services For Ineligible Persons	Provides that IHS-operated and tribally-operated programs may provide health care services to non-IHS eligible beneficiaries so long as there is no diminution in services to IHS eligible beneficiaries, and makes non-beneficiaries liable for payment for such services. Clarifies that such services are subject to terms and conditions of ISDEAA contracts and compacts.
195	*	826	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.
196	*	827	Prescription Drug Monitoring	HHS Secretary, in coordination with the Secretary of Interior and the Attorney General, will develop a prescription drug monitoring program across the entire Indian health system.
197	*	828	Tribal Health Program Option for Cost Sharing	Provides that nothing in this Act limits the ability of tribal health programs operated pursuant to the Title V of the ISDEAA to charge an Indian for services provided by the tribal health program. Further, nothing in this Act authorizes the Service to charge an Indian for service or to require any tribal health program to change an Indian for services.
198	*	829	Disease and Injury Prevention Report	Provides that no later than 18 months after date of enactment of this Act, the Secretary shall 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.
199	*	830	Other GAO Reports	The Comptroller General of the United States is directed to conduct a study, and 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.



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199A	*	831	Traditional Health Care Practices	Provides that although the Secretary may promote traditional health care practices, consistent with the Service standards for health care, the United States is not liable for any provisions of traditional health care practices pursuant to this Act that results in damage, injury, or death to the patient.
199B	*	832	Director of HIV/AIDS Prevention and Treatment	Creates a permanent office dedicated to HIV/AIDS prevention & treatment.
202			Reauthorization of Native Hawaiian Health Care Program	Reauthorizes Native Hawaiian Health Care Act until 2019.



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II. Non-IHCIA Indian Specific Provisions in the Patient Protection and Affordable Care Act

The chart highlights the Indian specific provisions of the Patient Protection and Affordable Care bill (H.R. 3590) and only includes provisions that directly reference Indian patients or Indian health providers. This chart does not include the general provisions that will impact all health providers and systems including the Indian health care system and I/T/U providers (i.e., regulation of health insurance, closing the donut hole, etc.). NIHB will be working and releasing materials summarizing this information in the future.

H.R. 3590 Section	Short Title	Description of the Provision
Health Exchanges		
1311(c)(6)(D)	Affordable Choices of Health Benefit Plans: Enrollment Periods	Authorizes the Secretary of Health and Human Services (HHS) to require the Exchange to provide for special monthly enrollment periods for Indians -thus giving Indians more time to enroll in insurance plans offered through the Exchange.
Cost Sharing Reduction		
1402(d)(1)	Reduced Cost-Sharing for Individuals Enrolling in Qualified Health Plans: Special Rules for Indians – Indians Under 300% of Poverty	Any individual Indian enrolled in any qualified health plan in the individual market through the Exchange whose household income is less than 300% of the federal poverty line (FPL) shall be treated as an eligible insured and the issuer of the plan shall eliminate any cost sharing.
1402(d)(2)	– Items or services furnished through Indian Health Providers	If an Indian beneficiary who is enrolled in health insurance plan through the Exchange and is furnished an item or a service directly by IHS, an Indian Tribe, Tribal Organization, or Urban Indian Organization or through referral under contract health services, no cost-sharing shall be imposed under the plan for such item or service, and the issuer of the plan may not reduce the payment to any such entity for service or items.
1402(d)(3)	– Payment	HHS will make up the difference to issuer of the plan the amount necessary to reflect the increase in actuarial value of the plan.
1411(b)(5)(A)	Procedures for Determining Eligibility for Exchange Participation, Premium Tax Credits and Reduced Cost-Sharing, and Individual Responsibility Exemptions	The penalty tax for failure to comply with the individual mandate cannot be assessed against an Indian member of federally recognized Indian tribe. This section requires the HHS Secretary to set the requirements for what information needs to be provided by an individual Indians.



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H.R. 3590 Section	Short Title	Description of the Provision
Individual Responsibility		
1501(b)	Requirement to Maintain Minimum Essential Coverage	No penalty for failure to maintain minimum essential coverage can be assessed against a member of an Indian tribe.
Protections for American Indians and Alaska Natives		
2901(a)	No-Cost Sharing for Indians With Income At or Below 300% of FPL Enrolled in Coverage Through a State Exchange	Prohibiting cost sharing for Indians enrolled in any qualified health plan in the individual market through the Exchange. <i>See</i> Sec. 1402(d) above.
2901(b)	Payer of Last Resort	Health programs operated by the IHS, Tribes, Tribal Organizations and Urban Indian Organizations shall be the payer of last resort for services provided to Indians.
2901(c)	Facilitating Enrollment of Indians under the Express Lane Option	IHS, Tribes, Tribal Organizations and Urban Indian Organizations are considered Express Lane Entities, essentially creating <i>presumptive eligibility</i> under Medicaid, Medicare, CHIP for Indians seeking services from Indian providers.
2901(d)	Technical Corrections	Revises the reference to definitions of Indian, Indian tribe, Indian health program, tribal organization and urban Indian organization.
2902	Elimination of Sunset for Reimbursement for all Medicare Part B Services Furnished by Certain Indian Hospitals and Clinics	When Medicare part D passed Indian advocates were able to fix an issue with creditable services definitions that left Indian hospitals unable to bill for Medicare part B provisions. However, this was only a five year provision. This section eliminates that sunset date.
Maternal and Child Health Services		
2951	Maternal, Infant, and Early Childhood Home Visiting Programs	Requires the Secretary to created guidelines for Indian Tribes, Tribal Organizations, or Urban Indian Organizations specific program for early childhood home visitation program and set asides 3% of the annual funding for such programs.
2953	Personal Responsibility Education	Creates grant programs to educate adolescents on abstinence, contraception and adulthood preparation topics. Sets aside 5% for Indian Tribes and Tribal Organizations.
Data		
3015	Collection and Analysis of Data For Quality and Resource Use Measures	Authorizes the HHS Secretary to award grants or contracts to eligible entities to support efforts to collect and aggregate on quality and resource measures. Eligible entities include IHS or Tribe health programs.



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H.R. 3590 Section	Short Title	Description of the Provision
Medicare Part D		
3314	Including Costs Incurred by AIDS Drug Assistance Programs and IHS in Providing Prescription Drugs Towards the Annual Out-of-Pocket Threshold under Part D	Count value of all Rx drugs dispensed by I/T/U pharmacies as "true out-of-pocket" costs incurred by individual Indian enrolled in a Part D drug program
Improving Health Care Quality		
3501	Quality Improvement and Technical Assistance and Implementation	Allows HHS to develop and provide technical assistance awards to eligible entities, including I/T/U providers, to adapt and implement practices identified by the Center for Quality Improvement and Patient Safety. Specific language around cultural competence.
3502	Establishing Community Health Teams to Support Patient-Centered Medical Home	Indian tribes and tribal organizations are eligible entities for a grant program to establish community-based interdisciplinary, interprofessional teams to support primary care practices, including OB-GYN, within hospital service areas served by the eligible entities.
3504	Competitive Grants for Regionalized Systems for Emergency Care Response	Assistant Secretary for Preparedness and Response, shall award 4 or more multiyear contracts or competitive grants to eligible entities to support pilot projects that design, implement, and evaluate innovative models of regionalized, comprehensive, and accountable emergency care and trauma systems. An eligible entity includes an Indian tribe or group of Tribes.
3505	Trauma Care Centers and Services Availability	Authorizes three programs to award grants to qualified IHS, tribal, and urban Indian trauma centers to assist in defraying substantial uncompensated care costs and to further and provide ongoing support of the core missions of such trauma centers.
Prevention of Chronic Disease and Improving Public Health		
4001	National Prevention, Health Promotion and Public Health Council	Assistance Secretary for Indian Affairs will be part of a new National Prevention, Health Promotion and Public Health Council. This Council will establish a process for continual public input from Indian Tribes and tribal organizations.
4003	Clinical and Community Preventative Services Task Force	CDC shall establish the Community Preventive Services Task Force that will review scientific evidence related to the effectiveness, appropriateness, and cost-effectiveness of community preventive interventions and develop recommendations for individuals and organizations delivering population-based services, such as Indian health Service, Tribes, tribal organizations and urban Indian organizations.



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4004	Education and Outreach Campaign Regarding Preventative Benefits	Includes Indian health programs as part of the dissemination of information in a national prevention and health promotion outreach and education campaign.
4102	Oral Healthcare Prevention Activities	Part 1 requires the Secretary to ensure that AI/AN are targeted in activities for oral health care prevention education campaign. Part 2 makes I/T/Us eligible for grants for dental programs. Part 3 requires grants be award to I/T/U providers—but does not set the number of grantees. Part 4 CDC shall enter into cooperative agreements with Indian tribes and tribal organizations regarding oral health.
4108	Incentives for Prevention of Chronic Diseases in Medicaid	Allows a state to enter into arrangements with Indian tribes for a prevention and health promotion outreach and education campaign to raise public awareness of health improvement across the life span.
4201	Community Transformation Grants	Indian Tribes are eligible to apply for grants for implementation, evaluation and dissemination of evidence based prevention activities.
4202	Healthy Aging, Living Well; Evaluation of Community-Based Prevention and Wellness Programs for Medicare Beneficiaries	CDC shall award grants to State, local health departments and Indian tribes to carry out 5-year pilot programs to provide public health community interventions, screenings, and clinical referrals for individuals who are between 55 and 64 years of age.
4302	Understanding Health Disparities: Data Collection, Analysis, and Quality	Makes data collected through the section available to IHS and epidemiology centers funded under the IHCA.
4304	Epidemiology-Laboratory Capacity Grants	Grant program for State, local health departments and tribal jurisdiction in order to assist public health agencies in improving surveillance for, and response to, infectious diseases.
Health Care Workforce		
5101	National Health Care Workforce Commission	Requires consultation with Federal agencies, Congress, and to the extent practicable, to consult with state and local agencies and Indian Tribes, on issues regarding health care workforce.
5204	Public Health Workforce Loan Repayment Program	New loan repayment program to assure adequate supply of Public health professionals to eliminate critical public health workforce shortages such as tribal public health programs.
5205	Allied Health Workforce Recruitment and Retention Programs	Same as above except for allied health workers.
5206	Training for Mid-Career public Health Professionals	Same as above except for mid-career folks.



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H.R. 3590 Section	Short Title	Description of the Provision
5304	Alternative Dental Health Care Providers Demonstration Project	Awards grants to 15 eligible entities to establish program to establish training program to train and employ alternative dental health care providers. Eligible entities include IHS facility or health facility operated by a Tribe, Tribal organization, or urban Indian organization.
5405	Primary Care Extension Program	New program shall provide support to primary care providers to educate providers about preventive medicine, health promotion, chronic disease management, mental and behavioral health services and evidence-based and evidence-informed techniques, to enable providers to incorporate such practices. The Secretary is required to consult with federal agencies including IHS.
5507	Demonstration Projects to Address Health Professions Workforce Needs	Provides grants to an eligible entity to provide eligible individuals participating in the demonstration project with financial aid, child care, case management, and other supportive services. Shall award at least 3 grants to Indian tribe, tribal organization or tribal college or university.
5508	Increased Teaching Capacity— Teaching Health Centers Development Grants	Grant Program to teaching health centers for the purpose of establishing new accredited or expanded primary care residency programs. Entities eligible includes health centers operated by an I/T/U provider.
Patient Centered Outcomes Research		
6301	Patient Centered Outcomes Research	A patient centered outcomes research trust fund is established and financed through Financing for Fund from Fees on Insured and Self-Insured Health Plans. Fees are imposed on specified health insurance policy and paid by issuer. Certain government programs are exempt including any program established by Federal law for providing medical care (other than through insurance policies) to members of Indian tribes.
Medicare, Medicaid, and CHIP Program Integrity		
6402	Enhanced Medicare and Medicaid Program Integrity Provisions	Requires that the Integrated Data Repository of the CMS include claims and payments data from certain programs, including IHS and the Contract Health Services Program. Also requires the Secretary to enter into agreements with certain individuals of agencies, including IHS Director, to share and match data in the record system of the respective agencies with data in the HHS system to identify potential fraud, waste and abuse.



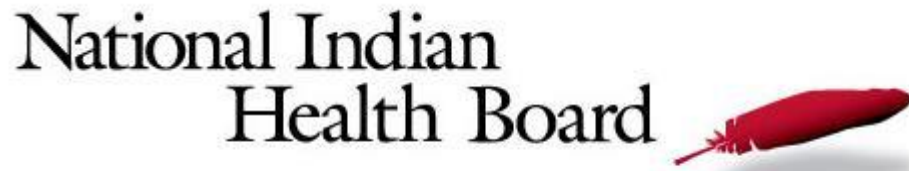
Summary of the Indian Health Care Improvement Act and Indian Specific Provisions in the Patient Protection and Affordable Care Act

H.R. 3590 Section	Short Title	Description of the Provision
Elder Justice Act		
6703	Elder Justice - Block Grants to States: Social Services: Elder Justice	Adds definitions eligible entities which includes Indian Tribe (as defined in ISDEAA and includes any Pueblo and Rancheria) and tribal organization.
Revenue Provisions		
9021	Exclusion of Health Benefits Provided by Indian Tribal Governments	If an individual Tribe buys health insurance to its members or sets up an HMO those benefits cannot be deemed income by the IHS for tax purposes or for eligibility into any SSA program.
Support for Pregnant and Parenting Teens and Women		
10211-10212	Pregnancy Assistance Fund	The Secretary, in collaboration and coordination with the Secretary of Education, shall establish a Pregnancy Assistance Fund for the purpose of awarding competitive grants to States to assist pregnant and parenting teens and women. The definition of States includes any Indian Tribe or reservation.
10221	Indian Health Care Improvement Act	Adds the Senate bill reported by the Senate Committee on Indian Affairs in December 2009. This bill is amended by 1) revising Sec. 119 to allow the election of tribe or tribal organization to elect the use of dental health aides or midlevel service providers where permitted by State law; 2) striking Sec. 125 (relating to the treatment of scholarships for certain purposes); 3) adding language to Sec. 806 that limits the use of appropriation “pursuant to other Federal laws on the use of Federal funds appropriated to the Service shall apply with respect to the performance or coverage of abortions”; and 4) deletes section 201 (Medicare Expansion) of S. 1790.
Center for Medicare and Medicaid Innovation		
10306	Improvements Under the Center for Medicare and Medicaid Innovation	Under Sec. 3021 of PPACA, CMS is required to establish the Center for Medicare and Medicaid Innovation (in this section referred to as the ‘CMI’) to test innovative payment and service delivery models to reduce program expenditures. This section adds another model based on the use of telehealth services in entities located in medically underserved areas and facilities of the IHS (I/T/U) in treating behavioral health issues.
10323	Medicare Coverage for Individuals Exposed to Environmental Health Hazards	Establishes grant program to screen at-risk individuals (as defined in subsection (c)(1)) for environmental health conditions and dissemination of education materials regarding environmental health conditions. A facility of the IHS is considered an eligible entity.



Summary of the Indian Health Care Improvement Act and Indian Specific Provisions in the Patient Protection and Affordable Care Act

H.R. 3590 Section	Short Title	Description of the Provision
Amendments to the Public Health Service Act, the Social Security Act, And Title V of this Act		
10501	Interagency Task Force to Assess and Improve Access to Health Care in the State of Alaska	Creates the Interagency Task Force to Assess and Improve Access to Health Care in the State of Alaska. The task force includes IHS.
10501	National Diabetes Prevention Program	Creates National Diabetes Prevention Program that targets at adults at high risk for diabetes in order to eliminate the preventable burden of diabetes. Tribal organization is an eligible entity under grant.
10501	Preventive Medicine and Public Health Training Grant Program	Award grants to, or enter into contracts with, eligible entities to provide training to graduate medical residents in preventive medicine specialties. A Tribal health department is eligible for grants.



Unimplemented provisions of the Indian Healthcare Improvement Act

I. INDIAN HEALTH MANPOWER		67% of provisions not yet fully implemented
Sec. 119. Community Health Aide Program	Authorizes the Secretary to establish a national Community Health Aide Program (CHAP).	Sufficient funds not yet appropriated.
Sec. 123. Health Professional Chronic Shortage Demonstration Project	Authorizes demonstration programs for Indian health programs to address chronic health professional shortages.	Sufficient funds not yet appropriated.
II. HEALTH SERVICES		47% of provisions not yet fully implemented
Sec. 106. Continuing Education Allowances	Authorizes new education allowances and stipends for professional development.	Sufficient funds not yet appropriated.
Sec. 201. Indian Health Care Improvement Fund	Authorizes expenditure of funds to address health status and resource deficiencies, in consultation with tribes.	After consultation, IHS decided to make no change in use of funds at this time.
Sec. 204. Diabetes Prevention, Treatment, and Control	Authorizes dialysis programs.	Sufficient funds not yet appropriated.
Sec. 205. Other Authority for Provision of Services	Authorizes new programs including hospice care, long-term care, and home- and community-based care.	Sufficient funds not yet appropriated for long term care programs.
Sec. 209. Behavioral Health Training and Community Education Programs	Requires IHS and DOI to identify staff positions whose qualifications should include behavioral health training and to provide such training or funds to complete such training.	Identification of positions has occurred, but IHS and DOI have lacked funds to provide required training.
Sec. 217. American Indians into Psychology Program.	Increases institutions to be awarded grants.	Sufficient funding not yet appropriated for additional grants.
Sec. 218. Prevention, Control, and Elimination of Communicable and Infectious Diseases	Authorizes new grants and demonstration projects.	Sufficient funds not yet appropriated.

*Analysis based largely on IHS IHS's most recent report, from April 2014, regarding implementation of S. 1790. Some provisions may have been funded and implemented since that time.

Sec. 223. Offices of Indian Men's Health and Indian Women's Health	Authorizes establishment of office on Indian men's health, maintains authorization of office on Indian women's health.	New offices have not yet been created due to lack of funds.
III. HEALTH FACILITIES	43% of provisions not yet fully implemented	
Sec. 307. Indian Health Care Delivery Demonstration Projects	Authorizes demonstration projects to test new models/means of health care delivery.	Sufficient funds not yet appropriated.
Sec. 312. Indian Country Modular Component Facilities Demonstration Program	Directs the Secretary to establish a demonstration program with no less than 3 grants for modular facilities.	IHS has not yet established the program due to lack of funds.
Sec. 313. Mobile Health Stations Demonstration Program	Directs the Secretary to establish a demonstration program with at least 3 mobile health station projects.	IHS has not yet established the program due to lack of funds.
IV. ACCESS TO HEALTH SERVICES	11% of provisions not yet fully implemented	
Sec. 404. Grants and Contracts to Facilitate Outreach, Enrollment, and Coverage Under Social Security Act and Other Programs	Directs IHS to make grants or enter contracts with tribes and tribal organizations to assist in enrolling Indians in Social Security Act and other health benefit programs	IHS has not yet established the grants due to lack of funds.
V. URBAN INDIANS	67% of provisions not yet fully implemented	
Sec. 509. Facilities Renovation	Authorizes funds for construction or expansion.	Sufficient funds not yet appropriated.
Sec. 515. Expand Program Authority for Urban Indian Organizations	Authorizes programs for urban Indian organizations regarding communicable disease and behavioral health.	Sufficient funds not yet appropriated.
Sec. 516. Community Health Representatives	Authorizes Community Health Representative program to train and employ Indians to provide services.	Sufficient funds not yet appropriated.
Sec. 517-18. Use of Federal Government Facilities and Sources of Supply; Health Information Technology	Authorizes access to federal property to meet needs of urban Indian organizations.	Protocols developed, but property transfer costs require additional funding.
	Authorizes grants to develop, adopt, and implement health information technology.	Sufficient funds not yet appropriated.
VI. ORGANIZATIONAL IMPROVEMENTS	0% of provisions not yet fully implemented	
VII. BEHAVIORAL HEALTH	57% of provisions not yet fully implemented	

Sec. 702. Behavioral Health prevention and Treatment Services	Authorizes programs to create a comprehensive continuum of care.	Sufficient funds not yet appropriated.
Sec. 704. Comprehensive Behavioral Health Prevention and Treatment Program	Authorizes expanded behavioral health prevention and treatment programs, including detoxification, community-based rehabilitation, and other programs.	Sufficient funds not yet appropriated.
Sec. 705. Mental Health Technician Program	Directs IHS to establish a mental health technician program.	IHS has yet not established the program due to lack of funds.
Sec. 707. Indian Women Treatment Programs	Authorizes grants to develop and implement programs specifically addressing the cultural, historical, social, and childcare needs of Indian women.	Sufficient funds not yet appropriated.
Sec. 708. Indian Youth Program	Authorizes expansion of detoxification programs.	Sufficient funds not yet appropriated.
Sec. 709. Inpatient and Community Health Facilities Design, Construction, and Staffing	Authorizes construction and staffing for one inpatient mental health care facility per IHS Area.	Sufficient funds not yet appropriated.
Sec. 710. Training and Community Education	Directs Secretary, in cooperation with Interior, to develop and implement or assist tribes and tribal organizations in developing and implementing community education program for tribal leadership.	Comprehensive community education program has not been implemented due to lack of funds, although IHS and agencies do provide some trainings.
Sec. 711. Behavioral Health Program	Authorizes new competitive grant program for innovative community-based behavioral health programs.	Sufficient funds not yet appropriated.
Sec. 712. Fetal Alcohol Spectrum Disorders	Authorizes new comprehensive training for fetal alcohol spectrum disorders.	Sufficient funds not yet appropriated.
Sec. 713. Child Sexual Abuse and Prevention Treatment Programs	Authorized new regional demonstration projects and treatment programs.	Sufficient funds not yet appropriated.
Sec. 715. Behavioral Health Research	Authorizes grants to research Indian behavioral health issues, including causes of youth suicides	Sufficient funds not yet appropriated.
Sec. 723. Indian Youth Tele-Mental Health Demonstration Project	Authorizes new demonstration projects to develop tele-mental health approaches to youth suicide and other problems.	Sufficient funds not yet appropriated.
VIII. MISCELLANEOUS	9% of provisions not yet fully implemented	

Sec. 808A. North Dakota and South Dakota as Contract Health Service Delivery Areas	Provides that North Dakota and South Dakota shall be designated as a contract health service delivery area.	IHS has not yet implemented citing lack of funds.
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