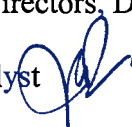


**NORTHWEST  
PORTLAND  
AREA  
INDIAN  
HEALTH  
BOARD**

Burns-Paiute Tribe  
Chehalis Tribe  
Coeur d' Alene Tribe  
Colville Tribe  
Coos, Suislaw &  
Lower Umpqua Tribe  
Coquille Tribe  
Cow Creek Tribe  
Cowlitz Tribe  
Grand Ronde Tribe  
Hoh Tribe  
Jamestown S'Klallam Tribe  
Kalispel Tribe  
Klamath Tribe  
Kootenai Tribe  
Lower Elwha Tribe  
Lummi Tribe  
Makah Tribe  
Muckleshoot Tribe  
Nez Perce Tribe  
Nisqually Tribe  
Nooksack Tribe  
NW Band of Shoshoni Tribe  
Port Gamble S'Klallam Tribe  
Puyallup Tribe  
Quileute Tribe  
Quinault Tribe  
Samish Indian Nation  
Sauk-Suiattle Tribe  
Shoalwater Bay Tribe  
Shoshone-Bannock Tribe  
Siletz Tribe  
Skokomish Tribe  
Snoqualmie Tribe  
Spokane Tribe  
Squaxin Island Tribe  
Stillaguamish Tribe  
Suquamish Tribe  
Swinomish Tribe  
Tulalip Tribe  
Umatilla Tribe  
Upper Skagit Tribe  
Warm Springs Tribe  
Yakama Nation

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**DATE:** January 4, 2010  
**TO:** Tribal Leaders, Health Directors, Delegates  
**FROM:** Jim Roberts, Policy Analyst   
**SUBJECT:** Health Care Reform & Indian Health Care Improvement Act

Attached are recommendations that the Northwest Portland Area Indian Health Board has assisted to develop for conferencing the health reform and IHCI bills recently passed by Congress. The bills are numbered House (H.R. 3962) and Senate (H.R. 3590) health reform bills.

The strategy to conference the IHCI provisions are threefold. First, we recommend adopting the House bill (H.R. 3962) as our baseline bill. Second, we recommend adopting Senate bill language where it is better than the House passed bill. Third, we then cherry pick provisions that were passed in the Senate bill but not contained in the House. The attached tables provide the details of these provisions.

The first table is a quick reference table we've developed for House/Senate conferees and staff. The second table provides additional details on the differences.

If you have questions on any of these provisions, feel free to contact me at (503) 228-4185 or by email at [jroberts@npaihb.org](mailto:jroberts@npaihb.org).

## INDIAN COUNTRY RECOMMENDATIONS REGARDING INDIAN PROVISIONS IN HEALTH CARE REFORM BILLS

This document sets out Indian Country's recommendations regarding the Indian-specific provisions of the House health care reform bill (H.R. 3962) and Senate health care reform bill (H.R. 3590) for inclusion in the final legislation. Both measures demonstrate that Congressional policymakers have been mindful of their responsibilities to include specific language to assure that the unique Indian health system is not adversely affected by – and has full rights of participation in – health care reform programs. Both bills would also finally reauthorize and up-date the Indian Health Care Improvement Act (IHCIA), thereby bringing to fruition a decade-long effort of Indian tribes.

- **CHART: Recommendations regarding Indian-Specific Provisions in H.R. 3962 and H.R. 3590 other than the Indian Health Care Improvement Act Components.**

This chart identifies Indian Country's positions on the provisions of the two bills which specifically address participation by individual Indians and the Indian health care delivery system in health care reform. To the extent the bills offer different approaches for a common objective, the preferred approach is identified.

- **CHART: Recommendations regarding Indian Health Care Improvement Act (IHCIA) Components of H.R. 3962 and H.R. 3590.**

Indian Country is grateful that both the House and Senate measures have praiseworthy IHCIA components and include many of the same high priority provisions. Since the measures are not identical, however, Indian Country offers recommendations for reconciliation.

Division D of H.R. 3962 revises and restates the entire IHCIA and makes that law permanent. The Senate bill, on the other hand, incorporates S. 1790, a bill favorably reported by the Committee on Indian Affairs, which makes significant amendments to the IHCIA (including a permanent authorization) but does not revise the entire law. H.R. 3590 also amends S. 1790, as reported.

Because the House bill is the more comprehensive measure, to simplify the reconciliation process, **Indian Country recommends that the provisions in H.R. 3962, Division D, be selected, except as indicated on the attached chart which identifies the provisions of S. 1790 that are preferred.** We suggest using the House bill's IHCIA section numbers, but the House text should be replaced with the Senate text where the latter language is preferred. New Senate provisions which do not have a House counterpart should be numbered appropriately for the IHCIA title in which they are recommended for insertion.

*Inquiries regarding these documents may be directed to:*

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Washington, D.C. 20003  
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December 23, 2009

**Indian Health Care Improvement Act Components in Health Care Reform Bills:  
Indian Country Recommendations for Election of Certain Provision in Senate bill (S. 1790 as incorporated into H.R. 3590)**

*Note: Unless otherwise indicated, the language of H.R. 3962, Division D is recommended.*

| <b>H.R. 3962, Division D, IHCIA<br/>section to be replaced</b> | <b>Section Title</b>  | <b>S. 1790 text recommended for use instead</b>   |
|--|---|---|
| §3   | Declaration of National Indian Health Policy                                | Sec. 103 amending IHCIA §3  |
| §121   | Community Health Aide Program   | Sec. 111 amending IHCIA §119, with revisions in Reid<br>Manager's Amendment to H.R. 3590                |
| §124   | National Health Service Corps   | Sec. 193 amending IHCIA §812  |
| §203   | Diabetes Prevention, Treatment, and Control                                 | Sec. 123 amending IHCIA §204  |
| §213<br>and<br>§225  | Office of Indian Women's Health<br>and<br>Office of Indian Men's Health     | Sec. 136 amending IHCIA §223 to establish Office of Indian<br>Men's Health and<br>Indian Women's Health |
| §215   | Arizona as Contract Health Service Delivery Area                            | Sec. 192(1) amending IHCIA §808   |
| §216   | North Dakota and South Dakota as Contract Health<br>Service Delivery Area   | Sec. 192(2) adding a new IHCIA §808A  |
| §221   | Licensing   | Sec. 134(a) revising IHCIA §221   |
| §301   | Health Care Facility Priority System  | Sec. 141 and Sec. 142 amending IHCIA §301   |
| §306   | Indian Health Care Delivery Demonstration Projects                          | Sec. 143 amending IHCIA §307  |
| no comparable provision;<br>add to Title III                   | Indian Country Modular Component Facilities<br>Demonstration Program        | Sec. 146 adding a new section at the end of IHCIA Title III   |
| no comparable provision;<br>add to Title III                   | Mobile Health Stations Demonstration Program                                | Sec. 147 adding a new section at the end of IHCIA Title III   |
| §401   | Treatment of Payments under Social Security Act<br>Health Benefits Programs | Sec. 151 amending IHCIA §401  |
| §403   | Reimbursements from Certain Third Parties of Cost<br>of Health Services     | Sec. 125 amending IHCIA §206  |

| H.R. 3962, Division D, IHCIA section to be replaced     | Section Title  | S. 1790 text recommended for use instead   |
|---|--|--|
| no comparable provision;<br>add to Title IV             | Nondiscrimination under Federal Health Care Programs in Qualifications for Reimbursements for Services | Sec. 156 adding a new section to IHCIA Title IV  |
| no comparable provision;<br>add to Title VI             | Office of Direct Service Tribes  | Sec. 172 adding a new section to IHCIA Title VI  |
| \$716(5)  | Definition of "Fetal Alcohol Spectrum Disorders"   | Sec. 181 amending IHCIA title VII, including new definition of "Fetal alcohol spectrum disorders" at IHCIA §701(5)                           |
| \$716(6)  | Definition of "FAS or Fetal Alcohol Syndrome"  | Sec. 181 amending IHCIA title VII, including new definition of "FAS or fetal alcohol syndrome" at IHCIA §701(6)                              |
| \$708   | Indian Youth Telemental Health Demonstration Project   | Sec. 181 amending IHCIA title VII, to add new IHCIA §723 as part of new subtitle B – Indian Youth Suicide Prevention ( <i>see next row</i> ) |
| no comparable provisions;<br>add to Title VII           | Title VII, Subtitle B – Indian Youth Suicide Prevention  | Sec. 181 adding new subtitle B – Indian Youth Suicide Prevention consisting of §§ 721-726  |
| \$805   | Eligibility of California Indians  | Sec. 192(3) amending IHCIA §809  |
| \$806   | Health Services for Ineligible Persons   | Sec. 194 amending IHCIA §813   |
| no comparable provision;<br>add to Title VIII           | Annual Budget Submission   | Sec. 195 adding new section to IHCIA Title VIII  |
| no comparable provision;<br>add to Title VIII           | Disease and Injury Prevention Report   | Sec. 198 adding new section to IHCIA Title VIII  |
| no comparable provision;<br>add to title VIII           | Director of HIV/AIDS Prevention and Treatment  | Sec. 199B adding new section to IHCIA Title VIII   |
| no comparable provision<br>( <i>not part of IHCIA</i> ) | Reauthorization of Native Hawaiian Health Care Programs  | Sec. 202 of S. 1790<br>( <i>not part of IHCIA</i> )  |

**Review of Key Indian Specific Provisions in Health Care Reform Bills and Indian Country's Recommendations for Health Care Reform  
as of December 23, 2009**

| House Bill, H.R. 3962 |  | Senate Bill, H.R. 3590 |  | Action Requested  |
|-----------------------|--|------------------------|--|---|
| Section               | Provision  | Section                | Provision  |   |
| 100(6)                | <b>Definitions:</b> Employment based health plan includes tribal governmental plans.   |                        |  | Retain  |
| 100(16)               | <b>Definitions:</b> Indian.  |                        |  | Retain  |
| 100(17)               | <b>Definitions:</b> Indian health care provider.   |                        |  | Retain  |
| 243                   | <b>Consultation and Coordination</b> requires the new health choices commissioner to consult with many entities, including Indian tribes and tribal organizations, in carrying out the duties as the head of the health choices commission   |                        |  | <b>Include House</b>  |
|                       |  | 1311(c)(5)(d)          | <b>Affordable Choices Of Health Benefit Plans – Enrollment periods:</b> Sec. 1311 authorizes the Secretary to require an exchange to provide for special monthly enrollment periods for Indians.   | <b>Include Senate</b>   |
|                       |  | 1402(d)(1)             | <b>Reduced Cost-Sharing For Individuals Enrolling In Qualified Health Plans: (d) Special Rules for Indians – (1) Indians Under 300 percent of Poverty.</b> — an individual Indian enrolled in any qualified health plan through an exchange whose household income is less than 300% of the poverty line shall be treated as an eligible insured; and the issuer of the plan shall eliminate any cost-sharing .  | <b>Include Senate</b>   |
| 304(b)(9)             | <b>Contracts for the offering of Exchange-participating health benefits plans - Special rules with respect to Indian enrollees and Indian health care providers.</b> — Requires entities who seek to participate in exchange to demonstrate to the satisfaction of the Commissioner that it has contracted with a sufficient number of Indian health care providers.   |                        |  | <b>Include House</b>  |
| 304(c)(5)             | <b>Special Rule Related to Cost-Sharing and Indian Health Care Providers.</b> - if an individual who is an Indian is enrolled in a health plan and such individual receives a covered item or service from an Indian health care provider the cost-sharing for such item or service shall be equal to the amount of cost-sharing that would be imposed if such item or service - (a) had been furnished by another provider in the plan's provider network; or(b) in the case that the plan has no such network, was furnished by a non-Indian provider. | 1402(d)(2)             | <b>Reduced Cost-Sharing For Individuals Enrolling In Qualified Health Plans: (d) Special Rules for Indians— (2) Items or services furnished through Indian health providers.</b> —if an Indian enrolled in a qualified health plan is furnished an item or service directly by the Indian health service, an Indian tribe, tribal organization, or urban Indian organization or through referral under contract health services no cost-sharing under the plan shall be imposed under the plan for such item or service; and the issuer of the plan shall not reduce the payment to any such entity for such item or service | <b>Include Senate</b><br>because Senate requires no cost sharing provision. |
|                       |  | 1402(d)(3)             | <b>Reduced Cost-Sharing For Individuals Enrolling In Qualified Health Plans: (d) Special Rules for Indians— (3) Payment.</b> —The secretary shall pay to the issuer of a qualified health plan the amount necessary to reflect the increase in actuarial value of the plan required.   | <b>Include Senate</b>   |



**Review of Key Indian Specific Provisions in Health Care Reform Bills and Indian Country's Recommendations for Health Care Reform  
as of December 23, 2009**

House Bill, H.R. 3962

Provision

Section

Senate Bill, H.R. 3590

Provision

Action  
Requested

| Section               | Provision   | Section  | Provision   | Action Requested   |
|-----------------------|---|--|---|--|
| 325(b)(2)             | Sec. 325 describes the conditions of participation for health care providers under the public health insurance option <b>Special Rule For IHS Facilities And Providers.</b> —the following entities are exempt from the licensed or certification requirement to participate in the public health insurance option]<br>(A) a facility that is operated by the Indian health service;<br>(B) a facility operated by an Indian tribe or tribal organization under the Indian self-determination act (public law 93-638);<br>(C) a health care professional employed by the Indian health service; or<br>(D) a health care professional—<br>(i) who is employed to provide health care services in a facility operated by an Indian tribe or tribal organization under the Indian self-determination act; and<br>(ii) who is licensed or certified in any state. |  |   | Include House  |
| 342(a)(3)             | <b>Affordable Credit Eligible Individual (3) Special Rule for Indians.</b> —defines the “affordable credit eligible individual” which includes shall not apply to an individual who has coverage that is treated as acceptable coverage for purposes of section 59b(d)(2) of the internal revenue code of 1986 but is not treated as acceptable coverage for purposes of this division.   |  |   | Include House if including House exemption language.   |
| 501(a) – add Sec. 59B | <b>Tax On Individuals Without Acceptable Health Care Coverage: Acceptable Coverage Requirement –</b><br>The requirements of having acceptable coverage are met if such individual is covered by acceptable coverage at all times during such period.<br>“(2) acceptable coverage.—for purposes of this section, the term ‘acceptable coverage’ means any of the following:<br>“(6) members of Indian tribes.— health care services made available through the Indian health service, a tribal organization (as defined in section 4 of the Indian health care improvement act), or an urban Indian organization (as defined in such section) to members of an Indian tribe (as defined in such section).”   | 1411(b)(5)                                     | <b>Procedures For Determining Eligibility For Exchange Participation, Premium Tax Credits And Reduced Cost-Sharing, And Individual Responsibility Exemptions -</b>  | <b>Prefer and include Senate:</b> The Senate language is a straightforward exemption. We anticipate that the House language would create additional burdens in order to certify an individual Indian’s eligibility from the exemption. |
| Sec. 545 – add Sec.   | <b>Exclusion from gross income for medical care provided for Indians.</b>   | 1506 (b) – Add - Sec. 5000A(e)(3)<br>Sec. 9021 | <b>Requirement To Maintain Minimum Essential Coverage (e) Exemptions – (3) Members of Indian Tribes—</b> does not impose a penalty on members of Indian tribes<br><b>Exclusion of health benefits provided by Indian tribal governments</b> | <b>Include House.</b> The language is  |



**Review of Key Indian Specific Provisions in Health Care Reform Bills and Indian Country's Recommendations for Health Care Reform  
as of December 23, 2009**

| House Bill: H.R. 3962 |  | Senate Bill: H.R. 3590  |  | Action Requested   |
|-----------------------|--|-------------------------|--|--|
| Section               | Provision  | Section                 | Provision  |  |
| 139 (d)               |  |                         |  | substantively the same except for the "(d) - denial of double benefit." The concern is that (d) may have negative implications.  |
| Sec. 1184             | <b>Including Costs Incurred By Aids Drug Assistance Programs And Indian Health Service In Providing Prescription Drugs Toward The Annual Out-Of-Pocket Threshold Under Part D.</b>   | 3314                    | <b>Including Costs Incurred By Aids Drug Assistance Programs And Indian Health Service In Providing Prescription Drugs Toward The Annual Out-Of-Pocket Threshold Under Part D.</b>   | Same language  |
|                       |  | 2901(a)                 | <b>Special Rules Relating to Indians</b><br>(a) No Cost-Sharing For Indians With Income At Or Below 300 Percent Of Poverty Enrolled In Coverage Through A State Exchange.—for provisions prohibiting cost sharing for Indians enrolled in any qualified health plan in the individual market through an exchange, see section 1402(d) of the patient protection and affordable care act. | We support either one.   |
| Div D—<br>Sec. 408    | <b>Under DIV D: Indian Health Care Improvement Act: Payor of last resort.</b>  | 2901(b)                 | <b>Special Rules Relating to Indians</b><br>(b) <b>Payor of Last Resort</b> – codification that health programs operated by the IHS, Tribes, Tribal and Urban Indian organizations for services provided to Indians.   | <b>Keep both.</b> The House provision is added under the IHCA and the senate will codified under the new health care reform bill |
|                       |  | 2901 (c)                | <b>Special Rules Relating to Indians</b><br>(c) <b>Facilitating Enrollment Of Indians Under The Express Lane Option.</b> Indian health service, an Indian tribe, tribal organization, or urban Indian organization are included in express lane options.   | <b>Include Senate</b>  |
|                       |  | 2901(d)                 | <b>Special Rules Relating to Indians</b><br>(d) <b>Technical Corrections:</b> revises the reference to definitions of Indian, Indian tribe, Indian health program; tribal organization; Urban Indian organization.   | <b>Include Senate</b>  |
|                       | <i>Note: The House also supports the removal of the sunset date bill (H.R. 4313). This bill contains the same language as in Sec. 2902</i>   | 2902                    | <b>Elimination of Sunset for Reimbursement for all Medicare Part B Services Furnished by Certain Indian Hospitals And Clinics.</b>   | <b>Include Senate</b>  |
| 1904 adds<br>Sec 440  | <b>Home visitation programs for families with young children and families expecting children</b><br>Requires the Secretary to specify requirements for eligible entities that are Indian tribes (or a consortium of Indian tribes), tribal organizations, or urban Indian organizations to apply for | 2951 – adds<br>Sec. 511 | <b>Maternal, Infant, and Childhood Home Visiting Programs</b><br>Requires the Secretary to specify requirements for eligible entities that are Indian tribes (or a consortium of Indian tribes), tribal organizations, or urban Indian organizations to apply for and conduct an early childhood home visitation program with a  | <b>Include Senate</b> since the Senate bill allocates more funding for this program.   |



**Review of Key Indian Specific Provisions in Health Care Reform Bills and Indian Country's Recommendations for Health Care Reform  
as of December 23, 2009**

| Section                 | Provision  | Section                   | Provision  | Action Requested |
|-------------------------|--|---------------------------|--|------------------|
|                         | and conduct an early childhood home visitation program with a grant under this section and sets aside 3 percent of funding of the grant for tribal entities.   | 2953 – adds<br>Sec. 513   | <b>Personal Responsibility Education</b> creates grants program to educate adolescents on both abstinence and contraception and sets aside 5 percent of awarding grants to Indian tribes and tribal organizations in such manner, and subject to such requirements, as the secretary, in consultation with Indian tribes and tribal organizations, determines appropriate. | Include Senate   |
|                         |  | 3015 – adds<br>Sec. 3991I | <b>Data Collection; Public Reporting – Collection and Analysis of Data For Quality and Resource Use Measures -</b><br>Authorizes the Secretary to award grants or contracts to eligible entities to support efforts to collect and aggregate quality and resources use measures. Eligible entities include a Federal Indian health service program or Tribe health program | Include Senate   |
| 2231                    | <b>Public Health Workforce Corps</b> authorizes the public health workforce corps to ensure an adequate supply of public health professional and placing such professionals in state, local and tribal health departments.   |                           |  | Include House    |
| 2232                    | Establishes a <b>public health workforce training and enhancement program</b> consisting of awarding grants and contracts to eligible entities, which includes tribal health departments.  |                           |  | Include House    |
| 2234                    | Prevention medicine and public health training grant program creates a program to award grants to, and enters into contracts with eligible entities to provide training to graduate medical residents in preventive medical specialties. Tribal health departments are included as eligible entities.  |                           |  | Include House    |
| 2271                    | <b>health workforce assessment</b> authorizes the collection of data on health workforce and the secretary to award grant to eligible entities, including tribal governments, to collect this data.  |                           |  | Include House    |
| 2301 – sec.<br>3111     | <b>prevention and wellness trust</b> authorizes the establishment of a prevention and wellness trust and appropriates funds to carry out provisions under the following subtitles under this title iii – prevention and wellness – subtitle c, subtitle d, subtitle e, sec. 3161 (core public health infrastructure for state, local, and tribal health departments., sec. 3162 (core public health infrastructure and activities for cdc) |                           |  | Include House    |
| Sec. 2301-<br>sec. 3142 | Subtitle d, sec. 3142 prevention and wellness research authorizes the secretary to conduct or award grants to  |                           |  | Include House    |



**Review of Key Indian Specific Provisions in Health Care Reform Bills and Indian Country's Recommendations for Health Care Reform  
as of December 23, 2009**

| House Bill: H.R. 3962 |   | Senate Bill: H.R. 3590 |  | Action Requested |
|-----------------------|---|------------------------|--|------------------|
| Section               | Provision   | Section                | Provision  |                  |
|                       | eligible entities to conduct research in priority areas identified by the secretary in the national prevention and wellness strategy under section 3121 or by the task force on community prevention services. Tribal health departments are among the entities eligible for grants.                    |                        |  |                  |
| Sec. 2301-sec. 3151   | Subtitle e, sec. 3151 delivery of community prevention and wellness services directs the secretary, to establish a grant program for the delivery of community prevention and wellness services. Tribal health departments are included in the definition of eligible entities for grants.              |                        |  | Include House    |
| Sec. 2301 – sec. 3161 | Subtitle fm sec. 3161 core public health infrastructure authorizes the secretary, thru the cdc, to establish a core public health infrastructure program and award grants on a competitive basis to state, local or tribal health departments. 30% of funds are allocated for these competitive grants. |                        |  | Include House    |
| Sec. 2301 – sec. 3171 | Sec. 3171 includes a definition of tribal under the title iii prevention and wellness   |                        |  | Include House    |
|                       |   | 3501 – adds Sec. 934   | Within Sec. 3501 Health Care Delivery System Research – Sec. 934 Quality Improvement Technical Assistance And Implementation authorizes Director to provide technical assistance awards to eligible entities, including Indian health organizations, to adapt and implement model and practices identified in research by the Center for Quality Improvement and Patient Safety.   | Include Senate   |
|                       |   | 3502                   | <b>Establishing Community Health Teams To Support The Patient-Centered Medical Home</b> authorizes the Secretary to establish a grant program for eligible entities to establish community-based interdisciplinary, interprofessional teams (referred to in this section as “health teams”) to support primary care practices, including obstetrics and gynecology practices, within the hospital service areas served by the eligible entities. Indian tribe or tribal organizations are included in the definition of eligible entities. | Include Senate   |
|                       |   | 3504 – adds Sec. 1204  | Within sec. 3504 – Design And Implementation Of Regionalized Systems For Emergency Care – sec. 1204 <b>Competitive Grants For Regionalized Systems For Emergency Care Response.</b> The Assistant Secretary for preparedness and response, shall award not fewer than 4 multiyear contracts or competitive grants to eligible entities to  | Include Senate   |



**Review of Key Indian Specific Provisions in Health Care Reform Bills and Indian Country's Recommendations for Health Care Reform  
as of December 23, 2009**

| House Bill, H.R. 3962         |  | Senate Bill, H.R. 3590 |   | Action Requested  |
|-------------------------------|--|------------------------|---|---|
| Section                       | Provision  | Section                | Provision   |   |
| Sec. 2551 – revises Sec. 1241 | <b>Trauma Care Centers</b> - authorizes the Secretary to establish a trauma center program consisting of awarding grants to further the core missions of existing centers and to provide emergency relief to ensure the continued and future availability of trauma services by trauma centers. The definition of existing centers includes public, private, nonprofit, Indian health service, Indian tribal, and urban Indian trauma centers. | 3505                   | 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(s)   | Include Senate because it requires the establishment of 3 programs for Indian health trauma centers   |
|                               |  | 4001                   | <b>National Prevention, Health Promotion And Public Health Council</b> establishes a National Prevention, Health Promotion and Public Health Council and directs that the Assistant Secretary for Indian Affairs shall be part of the council. The council will establish process for continual public input, including input from state, regional, and local leadership communities and other relevant stakeholders, including Indian tribes and tribal organizations                            | Include Senate  |
|                               |  | 4003 – adds Sec. 339u  | <b>Within Clinical and Community Prevention Services</b> , a <b>Community Preventative Services Task Force</b> is created to develop recommendations for individuals and organizations delivering population-based prevention intervention services, which include Indian tribes and tribal organizations and urban Indian organizations.   | Recommendation – For the Composition of the task force include Indian Tribe and Tribal organizations. |
|                               |  | 4004                   | <b>Sec. 4004 - Education and outreach campaign regarding preventative benefits</b><br>Includes ins as a provider to disseminate information for a prevention and health promotion outreach and education campaign to raise public awareness of health improvement across the life span.   | Include Senate  |
|                               |  | 4102                   | <b>Oral healthcare prevention activities</b><br>Sec. 3991l oral health care prevention activities<br>Requires the secretary to ensure Indian, Alaska natives and Native Hawaiians are be part of targeted activities to specific populations in oral health care prevention education campaign<br><br>Sec. 3991l-1 research based dental caries disease management<br>Makes dental programs of the Indian health service, an Indian tribe, or tribal organization or an urban Indian organization | Include Senate  |



**Review of Key Indian Specific Provisions in Health Care Reform Bills and Indian Country's Recommendations for Health Care Reform as of December 23, 2009**

| Section | House Bill, H.R. 3962<br>Provision | Section | Senate Bill, H.R. 3590<br>Provision   | Action<br>Requested |
|---------|------------------------------------|---------|---|---------------------|
|         |                                    |         | <p>eligible for grants under the section</p> <p>Sec. 3991l-2 authorization of appropriations<br/>                     (b) school based sealant programs.—strikes 317m(c) (1) “may award grants to states and Indian tribes” and inserts “shall award a grant to each of the 50 states and territories and to Indians, Indian tribes, tribal organizations and urban Indian organizations (as such terms are defined in section 4 of the Indian health care improvement act)’.</p> <p>(d) oral health care infrastructure.—the secretary, acting through the director of the centers for disease control and prevention, shall enter into cooperative agreements with state, territorial, and Indian tribes or tribal organizations (as defined) to establish oral health leadership and program guidance, oral health care data collection and interpretation (including determinants of poor oral health among vulnerable populations), a multidimensional delivery system for oral health, and to implement science-based programs (including dental sealants and community water fluoridation) to improve oral health.</p> | Include Senate      |
|         |                                    | 4108    | <p><b>Incentives for prevention of chronic diseases in Medicaid.</b><br/>                     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.</p>  | Include Senate      |
|         |                                    | 4201    | <p><b>Community transformation grants</b>- Indian tribes are eligible to receive grants under this section</p>  | Include Senate      |
|         |                                    | 4202    | <p><b>Healthy aging, living well; evaluation of community based prevention and wellness programs for Medicare beneficiaries.</b><br/>                     Awards grants to states or local health departments and Indian tribes to carry out 5 year pilot programs to provide public health community interventions, screenings, and where necessary, clinical referrals for individuals who are between 55 and 64 years of age.</p>  | Include Senate      |
|         | Adds sec.<br>3101                  |         | <p><b>Data collection, analysis, and quality.</b><br/>                     Makes data collected through the section available to Indian health service and epidemiology centers funded under the Indian health care improvement act</p>   | Include Senate      |



**Review of Key Indian Specific Provisions in Health Care Reform Bills and Indian Country's Recommendations for Health Care Reform  
as of December 23, 2009**

| Section                   | House Bill: H.R. 3962<br>Provision   | Section | Senate Bill: H.R. 3590<br>Provision | Action<br>Requested |
|---------------------------|--|---------|-------------------------------------|---------------------|
| 2402                      | Sec 2402 establishes an assistant secretary for health information within HHS to ensure collection, reporting, publishing on key health indicators; facilitate and coordinate the collection of information among agencies. Tribal epicenters are included in definition of agencies.]<br>“(i) definition.—in this section: “(1) the terms ‘agency’ and ‘agencies’ include an epidemiology center established under section 214 of the Indian health care improvement act.   |         |                                     | Include House       |
| Sec.<br>2511(f)<br>(4)(f) | <b>School based health clinic</b> sec. 251 authorizes the secretary to establish school based health clinic program consisting of awarding to eligible entities to support the operation of school based health clinic. A sponsoring facility will assume all responsibility for the administration of the school based health clinic. A program administered by the Indian health service or the bureau of Indian affairs or operated by an Indian tribe or a tribal organization under the Indian self-determination and education assistance act, a native Hawaiian entity, or an urban Indian program under title v of the Indian health care improvement act. |         |                                     | Include House       |
| 2532(g)(3)                | <b>Infant mortality pilot programs</b> authorizes the HHS secretary to award grants to eligible entities to create, implement, and oversee infant mortality pilot programs. The definition of eligible entity includes tribal health department.] (3) tribal.—the term “tribal” refers to an Indian tribe, a tribal organization, or an urban Indian organization, as such terms are defined in section 4 of the Indian health care improvement act.   |         |                                     | Include House       |
| 2535(c)                   | <b>Community-based overweight and obesity prevention program</b> authorizes the secretary to establish a community based overweight and obesity prevention program consisting of awarding grants and contracts to eligible entities. The definition of eligible entity includes tribal health departments and tribal park and recreation departments.  |         |                                     | Include House       |
| 2538                      | <b>Screening, brief intervention, referral, and treatment for mental health and substance abuse disorders</b> provides the establishment of program (consisting of awarding grants, contract, and cooperative agreements) on mental health and substance abuse screening, brief intervention, referral and recovery services for individuals in primary health care settings. In making such award, the secretary is authorize to  |         |                                     | Include House       |



**Review of Key Indian Specific Provisions in Health Care Reform Bills and Indian Country's Recommendations for Health Care Reform  
as of December 23, 2009**

| House Bill, H.R. 3962<br>Provision |   | Section             | Senate Bill, H.R. 3590<br>Provision  | Action<br>Requested |
|------------------------------------|---|---------------------|--|---------------------|
|                                    | give such preference to certain entities including special needs population such as American Indian or Alaska natives population. |                     |  |                     |
|                                    |   | 5101                | <b>Innovations in the Health Care Workforce</b> - Requires consultation with Federal, state, and local agencies, congress, and to the extent practicable, to consult with Indian tribes  | Include Senate      |
|                                    |   | 5304                | <b>Alternative dental health care providers demonstration project</b> - Makes Indian health service facilities or a tribe or tribal organization (as defined under isdeaa)   | Include Senate      |
|                                    |   | 5507                | <b>Demonstration projects to address health professions workforce needs</b> ; extension of family-to-family health information centers<br>Assures at least 3 grants under this section shall be awarded to an Indian tribe, tribal organization or tribal college or university.       | Include Senate      |
|                                    |   | 5508                | <b>Increasing teaching capacity</b> - Defines inclusion of certain entities including health center operated by the Indian health service, an Indian tribe or tribal organization, or an urban Indian organization (as defined by section 4 of the Indian health care improvement act) | Include Senate      |
|                                    |   | 6402 adds Sec. 1128 | <b>Enhanced Medicare and Medicaid program integrity provisions</b>   | Include Senate      |
|                                    |   | 6073                | Definitions: Indian Tribe.   | Retain              |

