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Sent: Wednesday, March 24, 2010 11:53 AM

Subject: FW: Message from the Director - IHCIA summary

Here are some provisions in the IHCIA that were passed with the Senate health reform bill yesterday. Please note that the IHCIA is an "authorizing bill" which means that it authorizes Congress to fund many of the programs listed, but funding isn't automatically available. Some items in this bill will need additional funding from Congress to be implemented. We will be reviewing the bill to see what we are required to implement now and in the near future, and what needs additional funding.

THE INDIAN HEALTH CARE IMPROVEMENT REAUTHORIZATION AND EXTENSION ACT AS INCLUDED IN HR 3590

- **Permanently reauthorizes** the Indian Health Care Improvement Act.
- **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 aid therapist services provided by the community health aid program to ensure that the quality of care provided through those services are adequate. Authorizes the Secretary to establish a national community health aid program under this provision. In establishing a national program, the Secretary shall not reduce the amounts provided for the Alaska Community Health Aid Program, and shall exclude dental health aid therapists services covered under the program. An amendment in the H.R. 3590 would allow the use of dental health aid therapist where such services are authorized under State law.
- **Health professional chronic shortage demonstration program.** Allows Indian health programs to offer practical experience to medical students. Provides training and support for alternative provider types, such as community health representatives and community health aides.
- **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.
- **Other authority for provision of services; Shared Services for Long-term Care:** Authorizes the sharing of facilities and staff between IHS and tribally-operated long-term care programs. Also, provides authorization for hospice care, assisted living, long-term care and home- and community-based care.
- **Reimbursement from Certain Third Parties of Costs of Health Services:** Under current law, tribally operated facilities are unable to recover the cost of care provided to beneficiaries injured by a third party. IHS operated facilities are able to recover costs from liable third parties. This provision would revise current law to extend the ability to recover costs from third parties to tribally operated facilities.
- **Crediting of Reimbursements:** Revises the current law provision for crediting reimbursements for services provided by a service units, the IHS, or a tribal or urban Indian organization program and identifies the Federal laws which authorize such reimbursements. Provides that the Service may not offset or limit any amount obligated to any Service Unit or entity receiving funding from the Service because of the receipt of reimbursements.
- **Behavioral Health Training and Community Education Programs:** Extends the training and community education programs and study authorized in current law for mental health to all behavioral health services.

- **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 authorizes funds 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.
- **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.
- **Prevention, Control, and Elimination of Communicable and Infectious Diseases:** Amends current law by (1) expanding the 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.
- **Methods to increase clinician recruitment and retention:** Exempts a health care professional 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.
- **Office of Indian Men's and Indian Women'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.
- **Contract Health Service Administration & Disbursement formula:** Directs the Comptroller General of the United States as soon as practical to submit a report describing the funding of the contract health service program (CHS), including historical funding levels and a recommendation of the funding level for the program and the administration of the CHS program.
- **Indian Health Care Delivery Demonstration Projects:** Authorizes the development of new health programs offering care outside of regular clinic operational hours and/or in alternative settings.
- **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.
- **Section Other - Funding, Equipment and Supplies for Facilities:** Allows for the transfer of funds, equipment or other supplies from any source, including federal or state agencies, to HHS for use in construction or operation of Indian health care facilities.
- **Section 144. Indian Country Modular Component Facilities Demonstration Program:** Directs IHS to establish a demonstration program for construction of health care facilities using modular component construction.
- **Section 145. Mobile Health Stations Demonstration Program:** Requires IHS to establish a demonstration program for consortia 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. The Secretary is directed to establish at least 3 mobile health station demonstration projects.

Access to Health Services (Medicare/Medicaid/ Children's Health Insurance Program)

- **Treatment of payments under the 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.
- **Purchasing health care coverage:** Allows tribes and tribal organizations to purchase health benefits coverage for IHS beneficiaries.
- **Grants to and contracts with the Service, Indian tribes, tribal organizations, and urban Indian organizations:** 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.
- **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.
- **Eligible Indian Veteran's services:** Establishes procedures to facilitate the provision of health services to eligible Indian veterans by the IHS and Department of Veterans Affairs.
- **Nondiscrimination under Federal health care programs:** 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.
- **Access to Federal insurance:** Allows a 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 IHCA to purchase coverage for its employees from the Federal Employees Health Benefits Program.
- **General Exceptions:** Provides that special purpose insurance products (such as those that provide compensation to a victim of a disease) are not subject to IHCA Title IV provisions, so that a policy holder may receive any applicable cash benefits directly for time off-work, transportation, etc.
- **Navajo Nation Medicaid Agency Feasibility Study:** Directs the Secretary 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 Indian living within the boundaries of the Navajo Nation.

Health Services for Urban Indians

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

Organizational Improvements

- **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.

- **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.
- **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.

Behavioral Health Programs

- **Behavioral Health Programs:** This bill section rewrites IHCA Title VII to encompass the broader focus of behavioral health as compared with current law's more narrow focus on substance abuse.
- **Section 702. Behavioral Health Prevention and Treatment Services:** Describes the specific authorizations for a comprehensive continuum of behavioral health care to include community-based care, detoxification, hospitalization, intensive out-patient treatment, residential treatment, transitional living, emergency shelter, case management, and diagnostic services.
- **Section 703. Memoranda of Agreement with the Department of Interior:** Directs the IHS to enter into a memorandum of agreement (MOA) with the Secretary of the Interior to develop a comprehensive strategy for addressing Indian alcohol and substance abuse and mental health issues.
- **Comprehensive Behavioral Health Prevention and Treatment Program:** Directs the IHS to establish comprehensive behavioral health, prevention and treatment programs for Indians.
- **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.
- **Licensing Requirement for Mental Health Care Workers:** Prescribes mandatory licensing requirements for mental health workers and establishes protocols for oversight of mental health trainees.
- **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, and social and child care needs of Indian women.
- **Indian Youth Program:** Authorizes the establishment of a program for acute detoxification and treatment for Indian youth, including behavioral health services and family involvement.
- **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.
- **Training and Community Education:** Authorizes the HHS Secretary to work with the Interior Secretary to develop and implement or assist Indian tribes and organizations in establishing a community education to educate political leaders, tribal judges, law enforcement personnel, members of tribal health and education boards, health providers, including traditional practitioners, and other critical members of each tribal community about behavioral health issues.

- **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.
- **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.
- **Child Sexual Abuse and Prevention Treatment Programs:** Authorizes the establishment of a culturally appropriate program, in each IHS area, to treat victims of child abuse, other members of the household or family members of the victims.
- **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.
- **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.

Indian Youth Suicide Prevention

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

Miscellaneous

- **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.
- **Arizona, North Dakota and South Dakota as Contract Health Service Delivery Areas;** eligibility of California Indians. Continues current law authority to make Arizona a permanent contract health

service delivery area; and 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; and updates the current law provision for services to California Indians.

- **Methods to increase access to professionals of certain corps.** Facilitates access to National Health Service Corps personnel by Indian health programs.
- **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 eligible Indians or the provisions of such services to non-IHS eligible beneficiaries does not result in denial of services to eligible Indians, 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. Hospital privileges in health facilities operated and maintained by the Service or pursuant to a ISDEAA contract or compact may be extended to non-Service provide non-Service health care practitioners who provide services to individuals who are not otherwise eligible for health services. Such non-Service health care practitioners may, as part of the privileging process, be designated as employees of the Federal Government for FTCA purposes/coverage.
- **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.
- **Prescription Drug Monitoring:** Directs the Secretary, in coordination with the Secretary of the Interior and the Attorney General to establish a prescription drug monitoring program, to be carried out at health care facilities of the Service, tribal health care facilities and urban Indian health care facilities.
- **Tribal Health Program Option for Cost Sharing:** Provides that nothing in this Act limits the ability of tribal health programs operated pursuant to 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 services or to require any tribal health program to charge and Indian for services.
- **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.
- **Other GAO Reports –Coordination of Services:** 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.
- **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.
- **Director of HIV/AIDS Prevention and Treatment:** The Secretary shall establish within the Service, the position of Director HIV/AIDS Prevention and Treatment.