The Indian Health Care Improvement Reauthorization and Extension Act
S. 1790 as Reported and included in H.R. 3590
Implementation Progress – April 5, 2012

Section	Description of Section	Summary	Progress
Title I – Indian Health Care Improvement Act Reauthorization and Amendments			
[Sec. 101] Reauthorization (25 U.S.C. § 1680o)	Authorization of Appropriations – authorized to be appropriated such sums as may be necessary to carry out this Act for fiscal year 2010 and each fiscal year hereafter.	The Indian Health Care Improvement Act is now permanent and does not require periodic reauthorizations. The authority does not have a sunset timeline, but can and may be amended from time to time.	• Authorization to appropriate funds for Indian health is operative.
[Sec. 102] Findings (25 U.S.C. §§ 1601, 1602)	Findings – Amends Sec. 2 of the Indian Health Care Improvement Act: "(2) a major national goal of the United States is to provide the resources, processes, and structure that will enable Indian tribes and tribal members to obtain the quantity and quality of health care services and opportunities that will eradicate the health disparities between Indians and the general population of the United States."	States a major national goal is to provide the resources, processes, and structure to eradicate health disparities between American Indians and Alaska Natives and the general population.	• Statute reports findings.
[Sec. 103] Declarations (25 U.S.C. § 1602)	Declaration of National Indian Health Policy. "Congress declares that it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations….."	States that national policy is to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy; to raise the health status of Indians and urban Indians to at least the Healthy People 2010 goals; to ensure maximum Indian participation in the direction of health care services; increase the proportion of health professions degrees awarded to Indians so that the proportion of Indians in health professions in each service area is raised to at least the level of that of the general population; ensures the government-to-government relationship; and require meaningful and active consultation with Indian tribes/tribal organizations; conferring with urban Indian organizations; and provide funding to Tribal operated programs not less than provided to programs operated directly by the Service.	• The policy declaration is operative.

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[Sec. 104] Definitions (25 U.S.C. § 1603)	Includes new and applicable definitions of the terms in the Act.	Expands some definitions in current law and includes definitions for new terms used in the Act.	• Definitions are operative. • Applicable references in IHS policy manuals are being updated.
Title I - Subtitle A – Indian Health Manpower			
[Sec. 111] Community Health Aide Program (25 U.S.C. § 1616l)	Amends Sec. 119 in current law to continue 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 is 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 H.R. 3590 authorizes the use of dental health aid therapist where such services are authorized under State law.	Authorizes the Secretary to establish a national community health aid program as long as the Secretary does not reduce the amounts of funding providing for the Alaska Community Health Aid Program, and shall exclude dental health aid therapist services from services covered under program, except in those states that authorize such dental health aid therapists.	• Community Health Aid Programs in Alaska are operative. • New Community Health Aid Programs is authorized in other states, but funds have not been appropriated. • Tribes or tribal organizations, that contract or compact with the IHS, may implement a Community Health Aid Program within available resources. • A review of the Kellogg Foundation evaluation of the potential for a dental health aid program is in progress.
[Sec. 112] Health professional chronic shortage demonstration program (25 U.S.C. § 1616p)	Amends Title I of current law by adding a new sec. 123 to authorize Indian health demonstration programs to offer practical experience to medical students and other health professionals and to provide training and support for alternative provider types, such as community health representatives and community health aides. An advisory board comprised of representatives of tribal governments, Indian health boards, and Indian communities will provide guidance to the demonstrations programs established under this authority.	Authorizes the Secretary to fund demonstration programs for Indian health programs to address chronic shortages of health professionals.	• IHS' existing recruitment programs promote availability of interns, post-doctoral students, and residents in communities with shortages of health care professionals. • New demonstration programs to address chronic shortages of health care professionals are authorized, but funds have not been appropriated.

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[Sec. 113] Exemption From Payment of Certain Fees (25 U.S.C. § 1616q)	Amends current law by adding a new Sec. 124 that 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.	Extends exemption from payment of licensing fees imposed by Federal agencies to employees of tribal health programs and urban Indian organizations, an exemption available to the Public Health Service Commission Corps.	• The exemption from certain licensing fees is operative. • Applicable references in IHS policy manuals are being updated. • A 7/22/2010 Dear Tribal Leader Letter indicated that the DEA has notified their field offices and the IHS that it will no longer charge Tribal providers for DEA licensing fees referenced in this section.
Title I - Subtitle B – Health Services			
[Sec. 121] Indian Health Care Improvement Fund (25 U.S.C. § 1621)	Amends Sec.201 of current law to authorize use of funds for Clinical care, including inpatient care, outpatient care (including audiology, clinical eye, and vision care), secondary and tertiary care, and newly authorized long-term care. For Injury prevention, adds: "including data collection and evaluation, demonstration projects, training, and capacity building" Updates to include tribal organization, where tribes are mentioned. Expands the type of information that should be included in the health status and resource deficiency report, including in addition to the number of Indians using the Service resources, and to the extent available to each Service unit, Indian tribe or tribal organization, information on the waiting lists and number of Indians turned away for services due to lack of resources.	Authorizes additional uses and services paid by the "Fund and expands the requirements for information to be included in the report due 3 years after enactment. Sec. 201 (c) (2) requires Tribal Consultation on apportionment of funds.	• Authorization to use appropriations for comprehensive clinical care services is operative. • A 12/30/2010 Dear Tribal Leader Letter initiated consultation on whether or not to change the allocation formula. • After considering input, on 11/25/2011 IHS decided to retain the existing allocation formula, adopt certain technical data improvements, and defer expanding the formula to include newly authorized services. • The health status and resource deficiency report is in progress.

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[Sec. 122] Catastrophic Health Emergency Fund (CHEF) (25 U.S.C. § 1621a)	Amends Sec. 202 of current law by updating the CHEF threshold cost at the 2000 level of $19,000. Maintains requirements in current law to promulgate regulations consistent with the provisions of the CHEF to establish a definition of disasters and catastrophic illnesses for which the cost of the treatment provided under contract would qualify for payment under CHEF; provide that a Service Unit shall not be eligible for reimbursement for the cost of treatment from CHEF until its cost of treating any victim of such catastrophic illness or disaster has reached a certain threshold cost which the Secretary shall establish at the 2000 level of $19,000; and for any subsequent year, not less than the threshold cost of the previous year increased by the percentage increase in medical care expenditure category of the consumer price index for all urban consumers; establish a procedure for the reimbursement of the portion of the costs that exceeds such threshold cost incurred by the Service units or whenever otherwise authorized by the Service, non-Service facilities or providers.	Maintains the requirement in current law to promulgate regulations to implement the requirements of CHEF.	• CHEF provisions were explained in a 2/9/2011 Dear Tribal Leader Letter. • The IHS and Tribal workgroup on improving Contract Health Services (CHS) recommended to set the CHEF threshold at $19,000 for that current fiscal year and indexed to medical inflation annually in subsequent years thereafter. Further rulemaking is necessary.
[Sec. 123] Diabetes Prevention, Treatment and Control (25 U.S.C. § 1621c)	Amends Sec. 204 of current law to revise the wording of the section, and to clarify that diabetes screening will be done with informed consent. Adds the Medical Vanguard program to diabetes projects the Secretary shall continue to maintain, along with the model diabetes projects in existence on the date of enactment of the Act. Also, the Secretary is authorized to provide through the Service, Indian tribes, and tribal organizations, dialysis programs. To the extent funding is available; the Secretary is directed to consult with Indian tribes and tribal organizations regarding programs for the prevention, treatment, and control of diabetes. Authorizes the Secretary to establish and maintain in each area office a position of diabetes control officer. Further, provides that any activity carried out by the diabetes control officer carried out under an ISDEAA contract/compact shall not be divisible.	Clarifies and expands authorities/requirements for diabetes programs.	• Model diabetes projects existing on date of enactment continue to be maintained. • Dialysis programs are authorized, but funds have not been appropriated. • Tribes or tribal organizations, that contract or compact with the IHS, may implement dialysis programs within available resources. • Diabetes control officer duties are carried out in each IHS Area. Consultation is coordinated through the Tribal Leaders Diabetes Committee.

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[Sec. 124] Other authority for provision of services (25 U.S.C. § 1621d)	Amends Sec. 205 of current law to authorize 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. Also, authorizes "Convenient Care Services" through the Service, Indian tribes, and tribal organizations. Also, repeals Sec. 821 of current law which authorized home/community based demonstration projects; and amends Sec. 822 in current law to authorize the provision of long-term care services (including health care services associated with long-term care) provided in a facility to Indians. Further, authorizes sharing of staff or other services or a tribal health program and a long-term care facility owned/operated directly or through a contract/compact under the ISDEAA. Provides for the content of the agreements to provide long-term services.	Provides authority for new programs in Indian communities.	• Long term care and assisted living services are authorized, but funds have not been appropriated. • Tribes or tribal organizations, that contract or compact with the IHS, may implement these provisions within available resources. • A Dear Tribal Leader Letter on 1-6-2012 initiated consultation on recommendations developed at the national Indian Country Long Term Care conference. • IHS, CMS, and AoA signed an MOU to sponsor technical assistance. • Development of a best-practices website is in progress.
[Sec. 125] Reimbursement from Certain Third Parties of Costs of Health Services (25 U.S.C. § 1621e)	Sec. 125 amends Sec. 206 of current law to extend to tribally operated facilities the ability to recover costs from third parties, an authority that is available to facilities operated by the Service.	Authorizes recovery of reasonable charges billed for health services provided by IHS, tribal, and urban Indian operated entities.	• This provision was explained in a 7/22/2010 Dear Tribal Leader Letter and in the 8/26/2010 Dear Urban Indian Program Director letter.
[Sec. 126] Crediting of Reimbursements (25 U.S.C. § 1621f)	Amends Sec. 207 of current law to clarify crediting reimbursements for services provided by 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.	Identifies specific laws that authorize reimbursements for services provided by a service unit, the IHS or tribal or urban Indian organizations.	• Directive crediting reimbursements to the collecting service units is operative. A Special General Memorandum clarified internal IHS procedures. Applicable references in IHS policy manuals are being updated. • Crediting of reimbursements was explained in a 7/22/2010 Dear Tribal Leader Letter and in the 8/26/2010 Dear Urban Indian Program Director letter.

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[Sec. 127] Behavioral Health Training and Community Education Programs (25 U.S.C. § 1621h(d))	Amends Sec. 209 in current law with technical updates to a provision on the training and community Education programs. Requires that IHS, in conjunction with DOI, and in consultation with Indian tribes/tribal organizations to conduct a study to examine staff positions that should include/ should require behavioral health and training. Further, requires that IHS No later than 90 days after the date of enactment, the Secretary shall develop a plan whereby the Service will increase the health care staff by at least 500 positions within 5 years after the date of enactment, with at least 200 of such positions devoted to child, adolescent, and family services.	Updates provision in current law.	• A new hiring plan was completed in June 2010, including plans for consultation. It was described in the 7/22/2010 Dear Tribal Leader Letter and updated in a 5/5/2011 Dear Tribal Leader Letter. • The IHS, BIA, and BIE have identified the scope of positions whose qualifications should include behavioral health skills, qualifications and training criteria. • IHS will initiate consultation on the new hiring plan. • Funds have not been appropriated to implement the hiring plan and comprehensive behavioral health training programs.
[Sec. 128] Cancer Screenings (25 U.S.C. § 1621k)	Amends Sec. 212 in current law by inserting "and other cancer screenings" before the end of the period at the end.	Expands the variety of authorized cancer screenings to other types of cancer screenings.	• Expanded cancer screening provisions are operative. Applicable references in IHS policy manuals are being updated. • IHS is collaborating with CDC to engage Tribes in CDC's grant programs on breast, cervical and colorectal cancer and tobacco screening programs.
[Sec. 129] Patient Travel Costs (25 U.S.C. § 1621l)	Amends Sec. 213 in current law by authorizing use of funds 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 clarifies newly authorized categories of travel costs such as 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.	Expands authorities for payment of certain patient travel costs that a patient may need when being transported for health care services.	• Authorization permitting expanded categories of patient travel is operative. Payment for additional travel costs is subject to availability of funds at each local program. • This provision was explained in a 7/22/2010 Dear Tribal Leader Letter. • Guidance clarifying expanded categories of allowable travel costs was issued and applicable references in IHS policy manuals are being updated.
[Sec. 130] Epidemiology Centers (25 U.S.C. § 1621m)	Amends Sec. 214 in current law to continue 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, which may allow them to access certain	Designates epidemiology centers with the status of public health authorities for purposes of the Health Insurance Portability and Accountability Act of 1996.	• The provision deeming Epidemiology centers as public health authorities is operative. Applicable references in IHS policy manuals are being updated. • New cooperative agreements were awarded to 12 centers for a 5 year cycle.

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	data needed to perform their mission.		• Designation of tribal epidemiology centers as public health authorities was explained in a 12/7/2010 Dear Tribal Leader Letter.
[Sec. 131] Indian Youth Grant Program (25 U.S.C. § 1621o)	Amends Sec. 216 (b) (2) in current law to re-designate the section number.	Technical change to change section number.	• US Code reference was updated.
[Sec. 132] American Indians Into Psychology Program (25 U.S.C. § 1621p)	Amends Sec. 217 in current law to require the Secretary, through the Service, to makes grants of not more than $300,000 to each of 9 colleges and universities for purposes of developing/ maintaining Indian psychology career recruitment programs to encourage Indians to enter the behavioral field. The programs shall be located at various locations throughout the country to maximize their availability to Indian students and new programs shall be established in different locations from time to time. Provides for a specific section (b) for the Quentin N. Burdick Program Grant.	Increases the number of college and universities eligible for grants to administer the American Indians Into Psychology program and increases the amount each college is authorized to receive to make the program accessible to more Indian students who wish to enter the behavioral health field.	• Authorization of new IHS grants to colleges and universities to promote psychology careers for Indians were explained in 12/7/2010 Dear Tribal Leader Letter. • Three grants are currently funded. Funding for additional grants has not been appropriated.
[Sec. 133] Prevention, Control, and Elimination of Communicable and Infectious Diseases (25 U.S.C. § 1621q)	Amends Sec. 218 in 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) requires biennially report on the progress made towards the prevention, control, and elimination of communicable/infectious diseases made among Indians and urban Indians.	Authorizes grants and demonstration projects by IHS to tribes after consultation with CDC to prevent, control, and eliminate communicable/infectious diseases.	• The 12/7/2010 Dear Tribal Leader Letter explained provisions for grants and demonstration projects for communicable and infectious diseases. • IHS works with CDC in engaging Tribes in CDC's grant programs for communicable and infectious disease prevention. • Funds for new grants and demonstration projects by IHS have not been appropriated.
[Sec. 134] Methods to increase clinician recruitment and retention issues (25 U.S.C. § 1621t)	Amends Sec. 221 of current law to exempt a health care professional employed by a tribally operated health program performing the services described in the contract or compact from state licensing requirements if the professional is licensed in any state, as is the case with IHS health care professionals. Amends Sec. 106 of current law by authorizing the Secretary to provide allowances for	Stipulates health care professionals employed by tribally operated health programs will be eligible for state licensure exemptions for performing services described in the contract or compact.	• State licensing exemptions for health care professionals employed by tribally operated programs for services provided as defined in statute are operative. • These provisions were explained in a 12/7/2010 Dear Tribal Leader Letter. • New education allowances and stipends for professional development are authorized,

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	professional development or establish programs for this purpose to encourage scholarship and stipend recipients under sections 104, 105, 115 and health professionals, Including community health representatives, CHRs and EMT, to join or continue in an Indian health program and to provide services in rural /remote areas in which a significant portion of Indians reside.		but funds have not been appropriated.
[Sec. 135] Liability for Payment (25 U.S.C. § 1621u)	Amends Sec. 222 of current law by adding a section (c) titled "No Recourse" that clarifies a contract care provider has no further recourse against the patient where the provider has received notice that any patient who receives contract health care authorized by the Service is not liable for payment of any costs or charges, or if the claim has been deemed accepted where the Service fails to respond to a notification of a claim in accordance with Sec. 220 (a) of current law, which requires the Service to respond to a notification of a claim by a provider of contract health services with either an individual purchase order or a denial of the claim within 5 working days after the receipt of such notification.	Stipulates contract health providers do not have recourse against patients where the claim has been accepted by the Service under a variety of claim acceptance procedures.	• Protections for patients from unauthorized claims are operative. Applicable references in IHS policy manuals are being updated. • These provisions were explained in a 7/22/2010 Dear Tribal Leader Letter. • A standard notification letter is available for Contract Health Service programs to distribute to contract health care providers.
[Sec. 136] Office of Indian Men's and Indian Women's Health (25 U.S.C. § 1621v)	Authorizes the Secretary to establish within the IHS an Office of Indian Men's Health to complement the Office of Indian Women's Health that exists in current law. Report to Congress no later than 2 years after date of enactment of this Act to include: any activity carried out by the director as of the date on which the report is prepared; and any finding of the director with respect to the health of Indian men.	Authorizes establishment of an office to focus on Indian men's health and maintains current law on the office of Indian women's health.	• Functions of an Office of Indian Men's Health and Office of Indian Women's Health are carried out thru the Office of Clinical and Preventive Health until additional appropriations are available to expand IHS' organizational structure. • Preparation of the Men's Health report is in progress.
[Sec. 137] Contract Health Service Administration & Disbursement Formula (25 U.S.C. § 1621y)	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. After the report is submitted to the Secretary, the Secretary shall consult with tribes regarding the CHS program to consider what		• The GAO published a report on September 23, 2011, titled, "*INDIAN HEALTH SERVICE, Increased Oversight Needed to Ensure Accuracy of Data Used for Estimating Contract Health Service Need*". • Actions to implement recommendations in the GAO report have been taken.

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	changes need to be made to the distribution formula. After consultation with tribes, the Secretary may initiate procedures under the negotiated rule-making authority to establish a distribution formula.		
Title I - Subtitle C – Health Facilities			
[Sec. 141] Health Care Facility Priority System (25 U.S.C. § 1631(c))	Amends sec. 301 of current law to direct the Secretary, through IHS, to maintain a health care facilities priority system which shall be developed in consultation with tribes and tribal organizations; with opportunity for nomination to the priority list at least once every three years or other appropriate frequency; the Service/non-Service facilities operated under contracts/compacts pursuant to ISDEAA are fully and equitable integrated into the health care facilities priority system. Includes reporting requirements to Congressional authorizing committees no later than 1 year after the date of enactment of this Act describing the comprehensive, national, ranked list of all health care facilities.	Amends current law by directing the Secretary to maintain a facilities priority system and sets certain requirements for the priority system. Also amends current law to include new report requirements.	• The provision to maintain a health care facility priority system is operative. Applicable references in IHS policy manuals are being updated. • This provision was explained in a 5/5/2011 Dear Tribal Leader Letter. • A report on facility needs, submitted to Congress on 3/23/2011, was developed from information available and previous Tribal consultation input. Funds for a comprehensive new assessment and consultation are authorized, but not appropriated.
[Sec. 142] Priority of Certain Projects Protected (25 U.S.C. § 1631(g))	Sec. 301 in current law is amended to protect certain projects on the priority list on the date of enactment of this Act.	Stipulates the priority status of projects on the facilities construction priority list on the date of enactment (March 23, 2010) is not affected by any changes made to the priority system thereafter.	• The provision regarding projects already on the construction priority list is operative. Applicable references in IHS policy manuals are being updated.
[Sec. 143] Indian Health Care Delivery Demonstration Projects (25 U.S.C. § 1637)	Amends Sec. 307 of current law to authorize the development of new health programs offering care outside of regular clinic operational hours and/or in alternative settings, and to use alternate or innovative methods of delivering health care services to Indians (including primary care services, CHS, or any other program or services authorized by this Act, through convenient care services.	Authorizes the Secretary to carry out or enter into contracts or compacts with Tribes and Tribal Organizations pursuant to ISDEAA to test new models/means of health care delivery. Permits the use of other Federal funds, third party collections, and non-Federal funds to support these programs.	• New demonstration projects for Tribes and tribal organizations to test alternative health care models/means are authorized, but funds have not been appropriated. • Tribes or tribal organizations, that contract or compact with the IHS, may propose alternative health care models/means within available resources.

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[Sec. 144] Tribal Management of Federally Owned Quarters (25 U.S.C. § 1638a)	Amends Title III of the current law to add new authority authorizing 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/collect from occupants of the quarters.	Tribes and Tribal Organizations operating programs under ISDEAA are authorized to manage their own staff quarters including setting and collecting rents from occupants of staff quarters.	• The provisions permitting programs operated under ISDEAA contracts to set rents for staff quarters are operative. Applicable references in IHS policy manuals are being updated and certain technical details are under review.
[Sec. 145] Other - Funding, Equipment and Supplies for Facilities (25 U.S.C. § 1638e)	Amends Title III of the current law to allow 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 or sanitation facilities. Secretary is authorized to accept from any source, including Federal and State agencies, funds, equipment or supplies that are available for the construction or operations of health care or sanitation facilities.	New authority to allow transfer, acceptance of funds, equipment, and supplies for facilities for planning, design, construction, or operation of health care or sanitation facilities. Receipt of funds under this section shall not affect any priority established under Sec. 301.	• Provisions permitting acceptance of funds and equipment are operative. Applicable references in IHS policy manuals are being updated. • No regulations are required. These authorizations are available through FAR, sanitation facilities authorities and through ISDEAA construction contracts on a project by project basis. • Planning, design, construction and operation adhere to industry, Federal/HHS and local standards, codes, ordinances, policies and procedures.
[Sec. 146] Indian Country Modular Component Facilities Demonstration Program (25 U.S.C. § 1638f)	Directs IHS to establish a demonstration program for construction of health care facilities using modular component construction. When funds are appropriated for this program, a report is required on the implementation of the program one year later, then annually afterwards.	Expands authorities for construction of new types of health care facilities.	• Implementation is in progress. • The FY2012 budget request for $1 million to complete a feasibility study on modular construction for health facilities was enacted.
[Sec. 147] Mobile Health Stations Demonstration Program (25 U.S.C. § 1638g)	Directs IHS to establish a demonstration program to provide funding to consortia of two or more service units 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. No later than 1 year after the date of the establishment of the demonstration program, and annually thereafter, a report is required on the implementation of the program and potential benefits of increased use of mobile health	Authorizes program to fund new ways to provide health care to Indian communities.	• New demonstration projects for purchasing mobile health stations for certain specialty health care services are authorized, but funds have not been appropriated • Tribes or tribal organizations, that contract or compact with the IHS, may purchase mobile health stations within available resources.

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	stations to provide specialty health care services in Indian communities.		
Subtitle D: Access to Health Services (Medicare/Medicaid/Children's Health Insurance Program)			
[Sec. 151] Treatment of payments under the Social Security Act health benefits programs (25 U.S.C. § 1641)	Amends sec. 401 in current law regarding collection of reimbursements from Medicare, Medicaid and the Children's Health Insurance Program (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.		• Implementation in progress. • This provision was explained and progress was described in a 7/22/2010 Dear Tribal Leader.
[Sec. 152] Purchasing Health Care Coverage: Beneficiaries (25 U.S.C. § 1642)	Authorizes tribes, tribal organizations, and urban Indian organizations to purchase health benefits coverage for their beneficiaries.	New authority for tribes, tribal organizations, and urban Indian organizations to purchase health insurance coverage for IHS beneficiaries.	• These authorities are operative for Tribes, tribal organizations, and urban Indian organizations that contract or compact with the IHS within available resources. • Applicable references in IHS policy manuals are being updated.
[Sec. 153] Grants to Facilitate Outreach (25 U.S.C. § 1644)	Amends sec. 404 in 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.		• New grants or contracts for additional outreach and enrollment programs are authorized, but funds have not been appropriated.
[Sec. 154] Sharing Arrangements with Federal Agencies (25 U.S.C. § 1645)	Amends sec. 405 in current law, which 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. Requires consultation with Indian tribes.		• Implementation of these provisions is in progress. • A 3/5/2012 Dear Tribal Leader Letter initiated consultation on a draft agreement between the VA and IHS regarding reimbursable services provided by IHS and tribal health facilities to eligible AIAN veterans.
[Sec. 155] Eligible Indian Veteran Services (25 U.S.C. § 1647)	Directs the Secretary to provide veteran-related expenses incurred by eligible Indian veterans at a facility of the Service pursuant to a local memorandum of understanding with the Department of Veterans Affairs.	Refers to funding of veteran-related expenses and payments to the Secretary of VA by the Secretary of HHS; requires implementation of the 2003 MOU through a local MOU between the Secretary (or designee, including the director of any area office of the service) and the Secretary of Veterans Affairs (or a designee). The Secretary shall provide for veteran-related	• Implementation of these provisions is in progress. • The 12/7/2010 Dear Tribal Leader Letter describes a plan for these agencies to jointly consult with Tribes on the MOU. Consultation input is under review.

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		expenses incurred by eligible Indian veterans pursuant to a local memorandum of understanding with the Department of Veterans Affairs. The Secretary shall also establish guidelines as the Secretary determines to be appropriate regarding the method of payments to the Secretary of Veterans Affairs.	
[Sec. 156] Nondiscrimination under Federal Health Care Programs In Qualifications For Reimbursement For Services (25 U.S.C. § 1647(a))	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.		• Participation provisions in this section are operative. This provision was explained in a 7/22/2010 Dear Tribal Leader Letter. • Applicable references in IHS policy manuals are being updated.
[Sec. 157] Access to Federal Insurance (25 U.S.C. § 1647(b))	Authorizes 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 IHCIA to purchase coverage for its employees from the Federal Employees Health Benefits and Federal Employees' Group Life Insurance Programs.		• Implementation is in progress. • This provision is implemented by the Office of Personnel Management. OPM anticipates that purchased insurance will have a first date of effective coverage on 5/1/2012. For more information go to http://www.opm.gov/tribalprograms.
[Sec. 158] General Exceptions (25 U.S.C. § 1647(c))	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.		• Provisions in this section are operative. Applicable references in IHS policy manuals are being updated.
[Sec. 159] Navajo Nation Medicaid Agency Feasibility Study (25 U.S.C. § 1647(d))	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 Indians living within the boundaries of the Navajo Nation. No later than 3 years after the date of enactment, the Secretary shall submit to the relevant committees of jurisdiction a report on the results of the study required under this section, including a summary of any consultation that occurred between the Secretary and the Navajo Nation, other tribes, the States of Arizona, New	The Secretary is required to submit a feasibility study to Congress on treatment of the Navajo Nation as a state for the purposes of title XIX of the Social Security Act.	• A feasibility study will be conducted.

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	Mexico, and Utah, counties which include Navajo lands and other interested parties to the study.		
Subtitle E: Health services for urban Indians			
[Sec. 161] Facilities Renovation (25 U.S.C. § 1659)	Amends sec. 509 of current law to add "or construction or expansion of facilities" as an allowable renovation facilities option. Current law authorizes minor renovations to allow urban program recipients to maintain accreditation.	Title V, urban Indian organizations are authorized to receive funding from IHS for minor renovations and to construct or expand urban Indian health facilities.	• This provision was explained in the 8/26/2010 Dear urban Indian program director letter. • A study assessing urban facilities needs was previously authorized and is in progress. • Construction of urban Indian health care facilities is authorized, but funds have not been appropriated.
[Sec. 162] Treatment of Certain Demonstration Projects (25 U.S.C. § 1660b)	Amends Sec. 512 of current law to make permanent the Tulsa Clinic and the Oklahoma City Clinic demonstrations within the Services direct care program They shall continue to meet the requirements and definitions of an urban Indian organization in this Act and shall not be subject to the provisions of ISDEAA.	These programs will permanently be treated as service units. They cannot be contracted pursuant to the ISDEAA.	• The provision converting 2 demonstrations to permanent status is operative. Applicable references in IHS policy manuals are being updated. • This provision was explained in a 7/22/2010 Dear Tribal Leader Letter and in the 8/26/2010 Dear urban Indian program director letter. • Tribal consultation on conversion to permanent status for Oklahoma City and Tulsa programs was conducted in 2011 in Oklahoma.
[Sec. 163] Requirement to Confer with urban Indian organizations (25 U.S.C. § 1660d)	Directs the Secretary to "confer" to the maximum extent practical with urban Indian organizations in carrying out this Act. "Confer" means to engage in an open and free exchange of information and opinions that leads to trust, understanding, respect, and shared responsibility. Amends Sec. 502 of current law to add a separate section (b) Conditions. Conditions remain the same as in current.	Defines how the Secretary will engage urban Indian organizations in discussions on matters/issues related to the Title V, urban Indian health programs.	• Implementation is in progress. • An 8/26/2010 Dear urban Indian program director letter explained this provision and IHS plans. • A special email (urbanconfer@ihs.gov) to collect input was setup. Applicable references in IHS policy manuals are being updated. • The confer policy for urban Indian organizations is under review.

Section	Description of Section	Summary	Progress
[Sec. 164] Expanded Program Authority for urban Indian organizations (25 U.S.C. § 1660e)	Authorizes IHS to establish programs, including programs for awarding grants for urban organizations that are identical to any programs established pursuant to sections, 218, 702, and 708(g).	Expands authorities to urban organizations to receive grants for additional health related activities.	• The 8/26/2010 dear urban Indian program director letter describes this provision. • Applicable references in IHS policy manuals are being updated. • New grants to urban Indian organizations are authorized, but funds have not been appropriated.
[Sec. 165] Community Health Representatives (25 U.S.C. § 1660f)	Authorizes the establishment of a Community Health Representative (CHR) program for urban Indian organizations to train and employ Indians to provide health care services.	Urban Organizations now have authority to establish a CHR program.	• The 8/26/2010 Dear urban Indian program director letter describes this provision. • Establishing CHR like programs for urban Indian health organizations is authorized, but funds have not been appropriated.
[Sec. 166] Use of Federal Government Facilities and Sources of Supply; Health Information Technology (25 U.S.C. § 1660g)	Title V of current law is amended by adding a new Sec. 517 that authorizes the Secretary to permit an urban Indian organization that has entered into a contract or grant under this title to use any existing facility under the jurisdiction of the Secretary; all equipment in or pertaining to such existing facility and any other personal property of the Federal Government under the jurisdiction of the Secretary of HHS. Also, authorizes the Secretary to donate personal/real property determined to be in excess to the needs of the Service or the GSA for purpose of carrying out the Title V grant/contract. Adds a new Sec. 518 to Title V authorizing the Secretary to make grants to urban Indian organizations to develop, adopt, and implement health information technology (HIT).	Authorizes access to real and personal property under the jurisdiction of the Secretary of HHS to meet the needs of urban Indian organizations.	• The 8/26/2010 Dear urban Indian program director letter describes these provisions. • Implementation of facility and real property provisions is in progress. • The IHS currently provides some funding for information technology improvements thru urban Indian health 4-in-1 grants. • New IHS grants to develop, adopt, and implement health information technology in urban Indian health programs are authorized, but funds have not been appropriated.
Title I - Subtitle F: Organizational Improvements			
[Sec. 171] Establishment of the Indian Health Service as an Agency of the Public Health Service (25 U.S.C. § 1661)	This section amends sec. 601 of current law to expand responsibilities and authorities of the IHS Director, including the responsibility to facilitate advocacy and promote consultation on matters relating to Indian health within HHS.	Expands the duties of the IHS Director by authorizing the Director to facilitate advocacy for the development of appropriate Indian health policy and to promote consultation on matters related to Indian health.	• Provisions explicitly defining duties of the IHS Director are operative. Applicable references in IHS policy manuals are being updated. • These provisions were explained in a 7/22/2010 Dear Tribal Leader Letter and in the 8/26/2010 Dear urban Indian program director letter.

Section	Description of Section	Summary	Progress
[Sec. 172] Office of Direct Service Tribes (25 U.S.C. § 1663)	A new section 603 establishes within the Office of the Director (IHS) the Office of Direct Service Tribes to provide service-wide leadership, guidance and support for direct service tribes to include strategic planning and support and program evaluation. Provides other direction as to how IHS will work with direct service tribes, including: maximum flexibility to tribal health and related support, serve as a focal point for consultation/participation in the development of health policy.	Establishes office to support direct service tribes.	• The provision establishing a new office is operative. The IHS established the Office of Direct Service and Contracting Tribes within the Office of the Director prior to enactment of this provision.
[Sec. 173] Nevada Area Office (25 U.S.C. § 1663a)	Directs the Secretary within 1 year after enactment of the Act to submit a plan, consistent with IHS's consultation policy, to Congress on how a Nevada IHS Area Office could be established, separating Indian health programs in the state of Nevada from the Phoenix Area of IHS. Failure to submit a plan would result in the withholding operations funding reserved for the Office of the Director, but without adverse impact on the delivery of health care services.	Directs Secretary to submit a plan to Congress on establishment of a Nevada Area Office.	• These provisions were explained in a 5/5/2011 Dear Tribal Leader Letter. • A plan detailing how a Nevada Area IHS Area Office could be established was submitted to Congress on 3/23/2011.
Title I - Subtitle H: Miscellaneous			
[Sec. 191] Confidentiality of Medical Quality Assurance Records; Qualified Immunity for Participants (25 U.S.C. § 1675)	Outlines treatment of medical quality assurance records. Allows for peer reviews to be conducted within Indian health programs without compromising confidentiality of medical records	Provides protections for participants in the peer review process.	• Implementation is in progress.
[Sec. 192] Arizona, North Dakota and South Dakota as CHS Delivery Areas; eligibility of California Indians (25 U.S.C. §§ 1678, 1678a, 1679)	Amends sec. 808 in current authority to: continue the designation of Arizona as a 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 and amends sec. 809 in current law for provision for services to California Indians.	Makes North and South Dakota one CHSDA for purposes of the CHS program.	• Implementation requires consultation. This provision would expand CHS eligibility in certain states if services to existing CHS patients are not diminished. • Establishment of new contract health service delivery areas is authorized, but funds to implement have not been appropriated.

Section	Description of Section	Summary	Progress
[Sec. 193] Methods to Increase Access to Professionals of Certain Corps (25 U.S.C. § 1680b)	Stipulates the Secretary cannot remove a member of the NHSC from an Indian health program or withdraw funding used to support such a member, and at the request of an Indian health program, the services of a member of the NHSC may be limited to the individuals who are eligible for services from that Indian health program.	Amends current law with technical updates.	• Implementation is in progress and in collaboration with HRSA. Applicable references in IHS policy manuals are being updated.
[Sec. 194] Health Services for Ineligible Persons (25 U.S.C. § 1680c)	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. Further, hospital privileges in health facilities operated and maintained by the Service or pursuant to an ISDEAA contract or compact may be extended to 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, for services provided to eligible individuals.		• Tribes and tribal organizations, that contract or compact with the IHS, may implement this provision if services to eligible AIAN are not denied or diminished as a result. • Applicable references in IHS policy manuals are being updated.
[Sec. 195] Annual Budget Submission (25 U.S.C. § 1680p)	Amends sec. 826 in current law by requiring that dollar amounts to cover medical inflation and changes in population be included as a part of the President's IHS budget submission to Congress beginning in fiscal year 2011.		• IHS' Budget justifications have customarily included annual cost increases for inflation and population growth. • This provision was explained in a 5/5/2011 Dear Tribal Leader Letter.
[Sec. 196] Prescription Drug Monitoring (25 U.S.C. § 1680q)	Amends Title VIII of current law to add new requirement, directing 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. Requires report, no later than 18 months after		• Implementation of this provision is in progress.

Section	Description of Section	Summary	Progress
	enactment of this Act that describes the needs of the Service, tribal health facilities, and urban Indian health care facilities with respect to the prescription drug monitoring program and any relevant statutory or administrative limitations; means to carry out the program with any State prescription drug monitoring program.		
[Sec. 197] Tribal Health Program Option for Cost Sharing (25 U.S.C. § 1680r)	Adds a new sec. 828 to Title VIII of current law which 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 an Indian for services.		• The provision permitting tribal programs to charge for services is operational. Guidance clarifying ISDEAA contract terms was issued. Applicable references in IHS policy manuals are being updated. • The IHS may not charge nor require a tribal program to charge for services to an Indian.
[Sec. 198] Disease and Injury Prevention Report (25 U.S.C. § 1680s)	Amends Title VIII of current law adding a new requirement 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.		• Implementation of this provision is in progress.
[Sec. 199] Other GAO Reports (25 U.S.C. § 1680t)	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 CHIP, IHS, or using funds provided by State or local governments, or Indian tribes.		• This provision is in progress by GAO.

Section	Description of Section	Summary	Progress
[Sec. 199A] Traditional Health Care Practices (25 U.S.C. § 1680u)	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.	Although the Secretary may promote traditional health practices for the purposes of providing health care, health promotion, and disease prevention services, the United States is not liable for any provision of traditional health care practices that results in damage, injury, or death to the patient.	• Provisions related to traditional health care practices without liability are operative. Applicable references in IHS policy manuals are being updated.
[Sec. 199B] Director of HIV/AIDS (25 U.S.C. § 1680v)	The Secretary shall establish within the Service, the position of Director HIV/AIDS Prevention and Treatment. Report required no later than 2 years after the date of enactment of this Act, and not less frequently than every 2 years thereafter, describing each activity carried out and the findings of the Director with respect to HIV/AIDS prevention and treatment activities specific to Indians.	Directs the Secretary to establish the position of Director of HIV/AIDS Prevention and Treatment and includes specific authorities for the Service to address this serious health problem.	• Implementation of this provision is in progress.
Title II - Amendment to Other Acts			
[Sec. 202] Reauthorization of Native Hawaiian Healthcare (42 U.S.C. § 11701 et seq.)	Authorizes a straight reauthorization and extension of Native Hawaiian laws until 2019.		• Not applicable to IHS. Implementation by HRSA.
Title VII - Subtitle A: General Behavioral Health Programs			
[Sec. 701] Definitions (25 U.S.C. § 1667a)	Provides definitions for terms used in this Title.		• The definitions are operative.

Section	Description of Section	Summary	Progress
[Sec. 702] Behavioral Health Prevention and Treatment Services (25 U.S.C. § 1665)	Amends sec. 702 in current law by authorizing 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. The Secretary, acting through the Service, shall coordinate behavioral health planning, to the extent feasible with other Federal agencies and with State agencies to encourage comprehensive behavioral health services for Indians regardless of their place of residence. No later than 1 year after date of enactment of this Act, the Secretary, acting through the Service, shall make an assessment of the need for inpatient mental health care among Indians, and the availability and cost of inpatient mental health facilities to meet such needs, including conversion of existing, underused Service hospital beds into psychiatric units to meet such needs.		• These provisions were explained in a 5/5/2011 Dear Tribal Leader Letter. • The required inpatient mental health needs assessment was completed on March 17, 2011. • Existing behavioral health programs will continue. Providing an expanded continuum of behavioral health services is authorized, but funds have not been appropriated. • Tribes or tribal organizations, that contract or compact with the IHS, may implement the expanded services within available resources.
[Sec. 703] Memoranda of Agreement with the Department of Interior (25 U.S.C. § 1665b)	Amends sec. 703 in current law directing 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 no later than 1 year after the date of enactment of this Act.		• This provision was explained in 3/8/2011 and 5/5/2011 Dear Tribal Leader Letters and also requested consultation and strategies to address alcohol abuse, substance abuse, and mental health issues among AIAN. • The MOA with BIA was signed 3/1/2011.
[Sec. 704] Comprehensive Behavioral Health Prevention and Treatment Program (25 U.S.C. § 1665c)	Amends sec. 704 in current law, which directs the IHS to establish comprehensive behavioral health, prevention and treatment programs for Indians.		• This provision was explained in 3/8/2011 and 5/5/2011 Dear Tribal Leader Letters. Continuation of existing behavioral health programs is operative. • An expansion of behavioral health services is authorized, but funds have not been appropriated. • Tribes or tribal organizations, that contract or compact with the IHS, may implement expanded services within available resources.

Section	Description of Section	Summary	Progress
[Sec. 705] Mental Health Technician Program (25 U.S.C. § 1665d)	Amends sec. 705 in current law authorizing the establishment of a mental health technician program within IHS to train Indians as mental health technicians to provide community-based mental health care to include identification, prevention, education, referral, and treatment services. The Secretary shall provide high-standard paraprofessional training in mental health care and shall ensure that the program involves the use/promotion of traditional health care practices of Indian tribes to be served.		• A comprehensive program within IHS for training mental health paraprofessionals is authorized, but funds have not been appropriated.
[Sec. 706] Licensing Requirement for Mental Health Care Workers (25 U.S.C. § 1665e)	Amends sec. 706 in current law that prescribes mandatory licensing requirements for mental health workers for the purpose of providing mental health services to Indians in a clinical setting under this Act and establishes protocols for oversight of mental health trainees.		• Licensing provisions for mental health professions are operative. Existing IHS employment policies address licensing requirements - psychologist, social work, and marriage and family therapist positions require license (in any state). Applicable references in IHS policy manuals are being updated.
[Sec. 707] Indian Women Treatment Programs (25 U.S.C. § 1665f)	Amends sec. 707 in current law authorizing 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.		• IHS grants to Indian health programs to develop additional behavioral health programs for Indian women are authorized, but funds have not been appropriated.
[Sec. 708] Indian Youth Program involvement (25 U.S.C. § 1665g)	Amends sec. 708 in current law authorizing the establishment of a program for acute detoxification and treatment for Indian youth, including behavioral health services and family involvement.		• Expanded programs for acute detoxification are authorized, but funds have not been appropriated. • Currently 11 Youth Regional Treatment Centers (YRTC) have been established. YRTC's currently provide residential substance abuse and other behavioral health interventions to Indian youth. • Funds for design of the Southern California YRTC were included in the enacted FY 2012 budget.

Section	Description of Section	Summary	Progress
[Sec. 709] Inpatient and Community-Based Mental Health Facilities Design, Construction and Staffing (25 U.S.C. § 1665h)	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.		• Construction and staffing for one inpatient mental health care facility per IHS Area is authorized, but funds have not been appropriated. • The 3/17/2011 inpatient mental health needs assessment included an assessment of conversion of existing hospital beds to psychiatric units.
[Sec. 710] Training and Community Education (25 U.S.C. § 1665i)	Amends current law directing the HHS Secretary to work with the Interior Secretary to develop and implement or assist Indian tribes and organizations in establishing a community education program 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.		• Implementation is in progress. • The IHS, BIA, BIE, and SAMHSA provided behavioral health training at summits such as the Suicide Prevention Summits held in 2011. IHS and BIA meet monthly to coordinate. • Comprehensive assistance from IHS to Tribes and tribal organizations to establish cross-cutting programs are authorized, but funds have not been appropriated.
[Sec. 711] Behavioral Health Program (25 U.S.C. § 1665j)	Amends current law to expand a grant program for Indian health programs to establish innovative community-based behavioral health services to Indians. The grant program will be competitive.		• A new competitive grant program to establish innovative community-based behavioral health programs is authorized, but funds have not been appropriated.
[Sec. 712] Fetal Alcohol Spectrum Disorders Programs (25 U.S.C. § 1665k)	Amends current law to authorize 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.	Expands authority in current law for a serious health problem in Indian communities.	• Establishing a new comprehensive training program for providers is authorized, but funds have not been appropriated.
[Sec. 713] Child Sexual Abuse and Prevention Treatment Programs (25 U.S.C. § 1665l)	Amends current law by expanding a regional demonstration project and 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.	Provides new authority for nation-wide prevention and treatment programs for victims of child sexual abuse, and their families.	• Additional policy and training programs are under development with the FBI, US Attorney's Office, BIA law enforcement and social services, Tribal prosecutor, victim services, and State agencies. • New regional demonstration projects and new treatment programs in every service area are authorized, but funds have not been appropriated.

Section	Description of Section	Summary	Progress
[Sec. 714] Domestic and Sexual Violence Prevention and Treatment (25 U.S.C. § 1665m)	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 the victims of domestic violence or sexual violence.	Provides new authority for these specific behavioral health issues.	• Existing IHS programs targeting domestic and sexual violence in each IHS area are continuing. They currently fund 65 projects for domestic violence, sexual assault, and SANE/SAFE/SART activities. • Additional sexual assault policies and protocols were established for IHS and made available to Tribal programs.
[Sec. 715] Behavioral Health Research (25 U.S.C. § 1665n)	Amends current law that 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.		• New IHS grants to perform Indian behavioral health research are authorized, but funds have not been appropriated.
Title VII - Subtitle B: Indian Youth Suicide Prevention			
[Sec. 721] Findings and Purpose (25 U.S.C. § 1667)	Sets out Congressional findings on the high prevalence of suicide among Indian youth and stipulates the purpose of the title is to address this critical situation		• The statute reports findings.
[Sec. 722] Definitions (25 U.S.C. § 1667a)	Includes new and applicable definitions, including telemental health.		• Definitions are operative.
[Sec. 723] Indian Youth Telemental Health Demonstration Project (25 U.S.C. § 1667b)	Authorizes a demonstration project for telemental health services targeted to Indian youth suicide prevention. Up to 5 projects will be awarded grants under the demonstration project, for four years each, to tribes and tribal organizations.	Adds new authority for a grant program for technologically innovative approaches to assess/prevent/treat youth suicide.	• New demonstration projects to develop innovative tele-mental health approaches to youth health problems are authorized, but funds have not been appropriated. • A request to fund these demonstration projects was included in FY 2012 budget request but was not enacted.
[Sec. 724] Substance Abuse and Mental Health Services Administration Grants (25 U.S.C. § 1667c)	Directs the Secretary to carry out measures to facilitate the SAMHSA grant application process for tribes.		• Implementation in progress by SAMHSA.

Section	Description of Section	Summary	Progress
[Sec. 725] Use of Predoctoral Psychology and Psychiatry Interns (25 U.S.C. § 1667d)	Directs the Secretary to encourage Indian tribes, tribal organizations and other mental health care providers serving Indian Country to utilize pre-doctoral psychology and psychiatry interns.		• Authorization for IHS to encourage use of pre-doctoral psychology and psychiatry interns is operational. The IHS promotes availability of interns, post-doctoral students, and residents, to enhance recruitment of mental health professionals in communities with shortages.
[Sec. 726] Indian Youth Life Skills Development Demonstration Program (25 U.S.C. § 1667e)	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 AI/AN teen "life skills".		• A new demonstration grant program is under review by SAMHSA, but funds have not been appropriated.