

# PATIENT PROTECTION AND AFFORDABLE CARE ACT (AFFORDABLE CARE ACT)

## SUMMARY OF INDIAN HEALTH PROVISIONS

### Indian Provisions in P. L. 111-148 (Non-IHCIA Titles Only)

Following table provides the INDIAN SPECIFIC PROVISIONS of the Patient Protection and Affordable Care Act (Affordable Care Act), P. L. 111-148.

<b>TITLE 1 – QUALITY, AFFORDABLE HEALTH CARE FOR ALL AMERICANS</b>		
<b>Subtitle D – Part II – Consumer Choices &amp; Insurance Competition Through Health Benefit Exchanges</b>		
Section	Title	Summary
1311(c)(6)(d)	Affordable Choices of Health Benefit Plans – Enrollment Periods	Requires the HHS Secretary to require an Exchange to provide for special monthly enrollment periods for Indians.
<b>Subtitle E – Affordable Coverage Choices for All Americans</b>		
<b>Part I – Premium Tax Credits and Cost-Sharing Reductions</b>		
<b>Subpart A – Premium Tax Credits and Cost-Sharing Reductions</b>		
Section	Title	Summary
1402(d)(1)	Reduced Cost-Sharing for Individuals Enrolling in Qualified Health Plans: Special Rules for Indians	Any individual Indian enrolled in any qualified health plan through the Exchange whose household income is less than 300% of the federal poverty line (FPL) shall be treated as an eligible insured. Eliminates all cost-sharing for Indians under 300% of the federal poverty level enrolled in any individual market insurance plan offered through the Exchange.

1402(d)(2)	Special Rules for Indians, items or services furnished through Indian Health Providers	If an Indian beneficiary enrolled in a qualified health plan is furnished an item or a service directly by IHS, an Indian Tribe, Tribal Organization, or Urban Indian Organization or through referral under contract health services, no cost-sharing under the plan shall be imposed under the plan for such item or service, and the issuer of the plan may not reduce the payment to any such entity for services or items.
1402(d)(3)	Special rules for Indians-(3)Payment	HHS shall pay to a qualified health plan the amount necessary to reflect the increase in actuarial value of the plan as a result of subsection 1402(d).
<b>Subpart B – Eligibility Determinations</b>		
<b>Section</b>	<b>Title</b>	<b>Summary</b>
1411(b)(5)(A)	Procedures for Determining Eligibility for Exchange Participation, Premium Tax Credits and Reduced Cost-Sharing, and Individual Responsibility Exemptions	An individual seeking an exemption from the individual mandate due to their status as an Indian must provide such information as the Secretary prescribes to qualify for the exemption.
<b>Subtitle F – Shared Responsibility for Health Care Part I</b>		
<b>Section</b>	<b>Title</b>	<b>Summary</b>
1501 adds Section 5000A(e)(3)	Requirement to Maintain Minimum Essential Coverage	Exempts members of Indian tribes from the shared responsibility payment, or penalty, for failure to comply with the requirement to maintain minimum essential coverage.

## TITLE II – ROLE OF PUBLIC PROGRAMS

### Subtitle K – Protections for American Indians and Alaska Natives

Section	Title	Summary
2901(a)	No-Cost Sharing for Indians With Income At or Below 300% of FPL Enrolled in Coverage Through a State Exchange	Prohibits cost sharing for Indians below 300% of the FPL enrolled in any qualified health plan in the individual market through an Exchange.
2901(b)	Payer of Last Resort	I/T/U providers are the payers of last resort for services provided to Indians by I/T/U for services provided through such programs.
2901(c)	Facilitating Enrollment of Indians under the Express Lane Option	Facilities operated by the Indian Health Service (IHS) and Indian, Tribal, and Urban Indian facilities (I/T/Us) would be added to the list of agencies that could serve as an “Express Lane agency” under sec. 1902(e)(13) of the Social Security Act.
2902	Elimination of Sunset for Reimbursement for all Medicare Part B Services Furnished by Certain Indian Hospitals and Clinics	Makes permanent reimbursement for all Medicare Part B services furnished by Indian Health Service hospitals & clinics.

### Subtitle L – Maternal and Child Health Services

Section	Title	Summary
2951	Maternal, Infant, and Childhood Home Visiting Programs	Provides funding to States, tribes, and territories to develop and implement one or more evidence-based Maternal, Infant, and Early Childhood Visitation model(s). Sets asides 3% of funding for I/T/Us, tribal entities preferred.
2953	Personal Responsibility Education	Creates grant programs to educate adolescents on abstinence and contraception. Includes a 5% set aside (out of \$65 million per year) for grants to Indian Tribes and Tribal Organizations.

**TITLE III – IMPROVING THE QUALITY AND EFFECIENCY OF HEALTH CARE**

**Subtitle A – Transforming the Health Care Delivery System**

**Part II – National Strategy To Improve Health Care Quality  
Data Collection, Public Reporting**

<b>Section</b>	<b>Title</b>	<b>Summary</b>
3015	Collection and Analysis of Data For Quality and Resource Use Measures	Authorizes the Secretary to award grants or contracts to eligible entities to support efforts to collect and aggregate quality and resource measures. IHS and tribal health programs are eligible entities.

**Subtitle D – Medicare Part D Improvements for Prescription Drug Plans and MA-PD Plans**

<b>Section</b>	<b>Title</b>	<b>Summary</b>
3314	Including Costs Incurred by AIDS Drug Assistance Programs and IHS in Providing Prescription Drugs Towards the Annual Out-of-Pocket Threshold under Part D.	Amends the Social Security Act to allow IHS, Indian tribe or tribal organization, and urban Indian program spending to count toward the Medicare Part D out of pocket threshold, or coverage gap.

**Subtitle F – Health Care Quality Improvements**

<b>Section</b>	<b>Title</b>	<b>Summary</b>
3501	Quality Improvement and Technical Assistance and Implementation	Grants funded under the program authorized in this section will identify, develop, evaluate, disseminate, and provide training in innovative methodologies and strategies for quality improvement practices in the delivery of health care services. Eligible entities include Federal Indian Health Service programs, health programs operated by tribes, and tribal organizations, Provision includes specific language around cultural competence.

3502	Establishing Community Health Teams to Support Patient-Centered Medical Home	Indian tribes and tribal organizations (per IHCIA Sec. 4) are eligible entities for a grant program to establish community-based interdisciplinary, inter-professional teams to support primary care practices, including OB-GYN, within hospital service areas.
3504	Design & Implementation of Regionalized Systems for Emergency Care	Authorizes Secretary to award competitive grants for pilot projects for innovative models of regionalized & comprehensive emergency care and trauma systems. Indian tribes (per IHCIA Sec. 4) or multi-tribal govt. partnerships are eligible entities.
3505	Trauma Care Centers and Services Availability	Authorizes three program awards to qualified IHS, tribal, and urban Indian trauma centers to assist in defraying substantial uncompensated care costs and to further the core missions of such trauma centers.

**TITLE IV – PREVENTION OF CHRONIC DISEASE AND IMPROVING PUBLIC HEALTH**

**Subtitle A – Modernizing Disease Prevention and Public Health Systems**

<b>Section</b>	<b>Title</b>	<b>Summary</b>
4001	National Prevention, Health Promotion and Public Health Council	Assistant Secretary for Indian Affairs will be part of the council and the council will establish a process for continual public input from Indian tribes & tribal organizations.
4003	Clinical & Community Preventive Services - Community Preventative Services Task Force	Directs the Community Preventive Services Task Force to review scientific evidence on effectiveness, appropriateness, & cost-effectiveness of clinical prev. services, and develop recommendations for delivery of population-based prevention intervention services by wide range of programs including government public health agencies (IHS), Indian tribes, tribal organizations & urban Indian organizations.
4004	Education and Outreach Campaign Regarding Preventative Benefits	Includes Indian health programs as providers to which health promotion and disease prevention information consistent with national priorities should be distributed for dissemination for a prevention and health promotion outreach and education campaign.

**Subtitle B – Increasing Access to Clinical Preventive Services**

<b>Section</b>	<b>Title</b>	<b>Summary</b>
4102	Oral Healthcare Prevention activities	Four parts. Part 1) requires the Secretary to ensure that AI/ANs are targeted in activities for oral health care prevention education campaign. Part 2) makes I/T/Us eligible for grants for dental programs. Part 3) requires grants be award to I/T/U providers—but does not set the number of grantees. Part 4) Indian tribes and tribal organizations (per IHCIA sec. 4) along with states are eligible entities for the new CDC Oral Health Care Infrastructure Cooperative Agreements.

**Subtitle C – Creating Healthier Communities**

<b>Section</b>	<b>Title</b>	<b>Summary</b>
4201	Community Transformation Grants	Authorizes CDC competitive grant awards for implementation, evaluation & dissemination of evidence-based community preventive health activities to reduce chronic disease rates, address health disparities, and develop a stronger evidence-base of effective prevention programming. Indian tribes are eligible entities.
4202	Aging Healthy; Living Well; Evaluation of Community-based Prevention and Wellness Programs for Medicare Beneficiaries	Authorizes CDC grant awards to carry out 5-year pilot programs to provide public health community interventions, screenings, & where necessary clinical referrals for individuals who are between 55 and 64 years of age. Indian tribes are eligible entities with states.

**Subtitle D – Support for Prevention and Public Health Innovation**

<b>Section</b>	<b>Title</b>	<b>Summary</b>
4302 adds section 3101	Understanding Health Disparities: Data Collection, Analysis, and Quality	Makes data analyses of federally conducted or supported health care or publicly health program or activity available to IHS and epidemiology centers funded under the IHCIA.
4304	Epidemiology-Laboratory Capacity Grants	Authorizes the establishment of a CDC grant program to assist public health agencies in improving surveillance for, and response to, infectious diseases and other conditions of public health importance by epidemiology capacity, enhancing lab practices, improving IT systems, and implementing control strategies. Tribal health departments are eligible entities.

**TITLE V – HEALTH CARE WORKFORCE**

**Subtitle A – Purpose and Definitions**

<b>Section</b>	<b>Title</b>	<b>Summary</b>
Sec.5002	Health Work Force – Definitions	Defines ‘allied health professional’ and includes employees of tribal public health agency as eligible to meet the definition.

**Subtitle C – Increasing the Supply of Health Care Workforce**

<b>Section</b>	<b>Title</b>	<b>Summary</b>
5204	Public Health Workforce Loan Repayment Program	Authorizes new loan repayment program to assure adequate supply of PH professionals to eliminate critical public health workforce shortages in Federal, state, local, tribal and other public health agencies. Tribes are eligible as well as UIOs in HPSA areas.
5205	Allied Health Workforce Recruitment and Retention Programs	Amends authorization for a loan repayment program to allied health professionals employed at public health agencies or in settings providing health care to patients, including acute care facilities, ambulatory care facilities, residences, and other settings located in Health Professional Shortage Areas, Medically Underserved Areas, or serving Medically Underserved Populations. Tribes are eligible as well as UIOs in HPSA areas.
5206	Grants for States and local programs	Amends authorization for scholarship programs for mid-career public and allied health professionals employed in public and allied health positions at the Federal, State, tribal, or local level to receive additional training in public or allied health fields. Tribes are eligible as well as UIOs in HPSA areas.

**Subtitle D – Enhancing Health Care Workforce Education and Training**

<b>Section</b>	<b>Title</b>	<b>Summary</b>
5304 adds Sec 340G	Alternative Dental Health Care Providers Demonstration Project	Authorizes grant program for 15 eligible entities to establish demo programs to establish training program to train and employ alternative dental health care providers. Eligible entities include IHS facility or health facility operated by a Tribe,

		Tribal organization, or urban Indian organization.	
<b>Subtitle E – Supporting the Existing Health Care Workforce</b>			
<b>Section</b>	<b>Title</b>	<b>Summary</b>	
5405 adds Section 399W	Primary Care Extension Program	Authorizes program to provide assistance to primary care providers to educate providers about preventive medicine, health promotion, chronic disease management, mental and behavioral health services (including substance abuse prevention and treatment services), and evidence-based and evidence-informed techniques, to enable providers to incorporate such matters into their practice and to improve community health by working with community-based health connectors. The Secretary is required to consult with federal agencies including IHS.	
<b>Subtitle F – Strengthening Primary Care and Other Workforce Improvements</b>			
<b>Section</b>	<b>Title</b>	<b>Summary</b>	
5507	Demonstration Projects to Address Health Professions Workforce Needs	HHS Secretary, in consultation with Secretary of Labor, is to award demonstration project grants designed to give eligible individuals the opportunity to obtain training and education in high demand health care fields. The Secretary must award at least 3 grants to eligible entity that is an Indian tribe, tribal organization or tribal college or university.	
5508	Increased Teaching Capacity—Teaching Health Centers Development Grants	Authorizes grant program for teaching health centers for the purpose of establishing new accredited or expanded primary care residency programs. Entities eligible include health centers operated by an I/T/U provider.	
<b>Subtitle G – Improving Access to Health Care Services</b>			
<b>Section</b>	<b>Title</b>	<b>Summary</b>	
5601	Spending for FQHCs	Authorizes appropriations for grants to Federally Qualified Health Centers.	



**TITLE VI – TRANSPARENCY AND PROGRAM INTEGRITY**

**Subtitle E – Medicare, Medicaid, and CHIP Program Integrity Provisions**

<b>Section</b>	<b>Title</b>	<b>Summary</b>
6402	Enhanced Medicare and Medicaid Program Integrity Provisions	Requires that the Integrated Data Repository of the CMS shall include, at minimum, claims and payments data from certain programs including IHS and the Contract Health Services Program. Also requires the Secretary to enter into agreements with individuals of certain agencies, including the IHS Director, to share and match data in the record system of the respective agencies with data in the HHS system for the purposes of identifying potential fraud, waste, and abuse.

**TITLE IX – REVENUE PROVISIONS**

**Subtitle B – Other Provisions**

<b>Section</b>	<b>Title</b>	<b>Summary</b>
9021	Exclusion of Health Benefits Provided by Indian Tribal Governments	Excludes the values of health benefits provided or purchased by the Indian Health Service, tribes, or tribal organizations from gross income.

**TITLE X – STRENGTHENING QUALITY, AFFORDABLE HEALTH CARE FOR ALL AMERICANS**

**Subtitle B – Provisions Relating to Title II**

**Part II – Support for Pregnant and Parenting Teens and Women**

<b>Sections</b>	<b>Title</b>	<b>Summary</b>
10211 & 10212	Definitions & Pregnancy Assistance Fund Establishment	Amends definition of “State” to include tribes in a provision that authorizes the HHS Secretary to award competitive grants to States (Indian tribe or reservation included in definition of ‘state’) to assist pregnant and parenting teens and women.

Note: This document is intended as an informational summary and reference – please refer to the final law for more information and clarification.