

AMENDMENT NO. _____ Calendar No. _____

Purpose: To improve the bill.

IN THE SENATE OF THE UNITED STATES—110th Cong., 2d Sess.

S. 1200

To amend the Indian Health Care Improvement Act to revise and extend that Act.

Referred to the Committee on _____ and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENTS intended to be proposed by Mr. DORGAN (for himself and Ms. MURKOWSKI)

Viz:

1 On page 139, strike lines 5 through 9 and insert the
2 following:

3 “(III) may include such health
4 care facilities, and such renovation or
5 expansion needs of any health care fa-
6 cility, as the Service may identify; and

7 On page 143, strike lines 15 through 17 and insert
8 the following:

1 wellness centers, and staff quarters,
2 and the renovation and expan-

3 On page 145, line 13, insert “and” after the semi-
4 colon.

5 On page 145, line 16, strike “; and” and insert a
6 period.

7 On page 145, strike lines 17 and 18.

8 On page 146, line 9, strike “hostels and”.

9 On page 147, strike lines 15 through 21 and insert
10 the following:

11 “(e) FUNDING CONDITION.—All funds appropriated
12 under the Act of November 2, 1921 (25 U.S.C. 13) (com-
13 monly known as the ‘Snyder Act’), for the planning, de-
14 sign, construction, or renovation of health facilities for the
15 benefit of 1 or more Indian Tribes shall be subject to the
16 provisions of section 102 of the Indian Self-Determination
17 and Education Assistance Act (25 U.S.C. 450f) or sec-
18 tions 504 and 505 of that Act (25 U.S.C. 458aaa–3,
19 458aaa–4).

1 Beginning on page 159, strike line 12 and all that
2 follows through page 161, line 16, and insert the following:

3 **“SEC. 303. PREFERENCE TO INDIANS AND INDIAN FIRMS.**

4 “(a) DISCRETIONARY AUTHORITY; COVERED ACTIVI-
5 TIES.—The Secretary, acting through the Service, may
6 utilize the negotiating authority of section 23 of the Act
7 of June 25, 1910 (25 U.S.C. 47), to give preference to
8 any Indian or any enterprise, partnership, corporation, or
9 other type of business organization owned and controlled
10 by an Indian or Indians including former or currently fed-
11 erally recognized Indian Tribes in the State of New York
12 (hereinafter referred to as an ‘Indian firm’) in the con-
13 struction and renovation of Service facilities pursuant to
14 section 301 and in the construction of safe water and sani-
15 tary waste disposal facilities pursuant to section 302. Such
16 preference may be accorded by the Secretary unless the
17 Secretary finds, pursuant to rules and regulations promul-
18 gated by the Secretary, that the project or function to be
19 contracted for will not be satisfactory or that the project
20 or function cannot be properly completed or maintained
21 under the proposed contract. The Secretary, in arriving
22 at such a finding, shall consider whether the Indian or
23 Indian firm will be deficient with respect to—

24 “(1) ownership and control by Indians;

25 “(2) equipment;

1 “(3) bookkeeping and accounting procedures;

2 “(4) substantive knowledge of the project or
3 function to be contracted for;

4 “(5) adequately trained personnel; or

5 “(6) other necessary components of contract
6 performance.

7 “(b) PAY RATES.—For the purpose of implementing
8 the provisions of this title, the Secretary shall assure that
9 the rates of pay for personnel engaged in the construction
10 or renovation of facilities constructed or renovated in
11 whole or in part by funds made available pursuant to this
12 title are not less than the prevailing local wage rates for
13 similar work as determined in accordance with sections
14 3141 through 3144, 3146, and 3147 of title 40, United
15 States Code.

16 On page 176, strike lines 12 through 15 and insert
17 the following:

18 “(3) staff quarters; and

19 “(4) specialized care facilities, such as behav-
20 ioral health and elder care facilities.

21 On page 196, line 15, insert “, including programs
22 to provide outreach and enrollment through video, elec-
23 tronic delivery methods, or telecommunication devices that

1 allow real-time or time-delayed communication between in-
2 dividual Indians and the benefit program,” after “trust
3 lands”.

4 On page 269, strike line 18 and insert the following:
5 “(d) ALLOCATION OF CERTAIN FUNDS.—Twenty
6 per-

7 On page 336, between lines 2 and 3, insert the fol-
8 lowing:

9 **“SEC. 8 ____ . TRIBAL HEALTH PROGRAM OPTION FOR COST**
10 **SHARING.**

11 “(a) IN GENERAL.—Nothing in this Act limits the
12 ability of a Tribal Health Program operating any health
13 program, service, function, activity, or facility funded, in
14 whole or part, by the Service through, or provided for in,
15 a compact with the Service pursuant to title V of the In-
16 dian Self-Determination and Education Assistance Act
17 (25 U.S.C. 458aaa et seq.) to charge an Indian for serv-
18 ices provided by the Tribal Health Program.

19 “(b) SERVICE.—Nothing in this Act authorizes the
20 Service—

21 “(1) to charge an Indian for services; or

22 “(2) to require any Tribal Health Program to
23 charge an Indian for services.

1 On page 347, after line 24, add the following:

2 **SEC. 104. MODIFICATION OF TERM.**

3 (a) IN GENERAL.—Except as provided in subsection
4 (b), the Indian Health Care Improvement Act (as amend-
5 ed by section 101) and each provision of the Social Secu-
6 rity Act amended by title II are amended (as applicable)—

7 (1) by striking “Urban Indian Organizations”
8 each place it appears and inserting “urban Indian
9 organizations”;

10 (2) by striking “Urban Indian Organization”
11 each place it appears and inserting “urban Indian
12 organization”;

13 (3) by striking “Urban Indians” each place it
14 appears and inserting “urban Indians”;

15 (4) by striking “Urban Indian” each place it
16 appears and inserting “urban Indian”;

17 (5) by striking “Urban Centers” each place it
18 appears and inserting “urban centers”; and

19 (6) by striking “Urban Center” each place it
20 appears and inserting “urban center”.

21 (b) EXCEPTION.—The amendments made by sub-
22 section (a) shall not apply with respect to—

23 (1) the matter preceding paragraph (1) of sec-
24 tion 510 of the Indian Health Care Improvement
25 Act (as amended by section 101); and

1 (2) “Urban Indian” the first place it appears in
2 section 513(a) of the Indian Health Care Improve-
3 ment Act (as amended by section 101).

4 (c) MODIFICATION OF DEFINITION.—Section 4 of the
5 Indian Health Care Improvement Act (as amended by sec-
6 tion 101) is amended by striking paragraph (27) and in-
7 serting the following:

8 “(27) The term ‘urban Indian’ means any indi-
9 vidual who resides in an urban center and who
10 meets 1 or more of the 4 criteria in subparagraphs
11 (A) through (D) of paragraph (12).”.

12 Beginning on page 358, strike line 23 and all that
13 follows through page 360, line 11, and insert the following:

14 (d) SATISFACTION OF MEDICAID DOCUMENTATION
15 REQUIREMENTS.—Section 1903(x)(3)(B) of the Social Se-
16 curity Act (42 U.S.C. 1396b(x)(3)(B)) is amended—

17 (1) by redesignating clause (v) as clause (vii);

18 and

19 (2) by inserting after clause (iv), the following
20 new clauses:

21 “(v) Except as provided in clause (vi), a docu-
22 ment issued by a federally recognized Indian tribe
23 evidencing membership or enrollment in, or affili-

1 ation with, such tribe (such as a tribal enrollment
2 card or certificate of degree of Indian blood).

3 “(vi)(I) With respect to those federally recog-
4 nized Indian tribes located within States having an
5 international border whose membership includes in-
6 dividuals who are not citizens of the United States
7 documentation (including tribal documentation, if
8 appropriate) that the Secretary determines to be sat-
9 isfactory documentary evidence of United States citi-
10 zenship or nationality under the regulations adopted
11 pursuant to subclause (II).

12 “(II) Not later than 90 days after the date of
13 enactment of this subclause, the Secretary, in con-
14 sultation with the tribes referred to in subclause (I),
15 shall promulgate interim final regulations specifying
16 the forms of documentation (including tribal docu-
17 mentation, if appropriate) deemed to be satisfactory
18 evidence of the United States citizenship or nation-
19 ality of a member of any such Indian tribe for pur-
20 poses of satisfying the requirements of this sub-
21 section.

22 “(III) During the period that begins on the
23 date of enactment of this clause and ends on the ef-
24 fective date of the interim final regulations promul-
25 gated under subclause (II), a document issued by a

1 federally recognized Indian tribe referred to in sub-
2 clause (I) evidencing membership or enrollment in,
3 or affiliation with, such tribe (such as a tribal enroll-
4 ment card or certificate of degree of Indian blood)
5 accompanied by a signed attestation that the indi-
6 vidual is a citizen of the United States and a certifi-
7 cation by the appropriate officer or agent of the In-
8 dian tribe that the membership or other records
9 maintained by the Indian tribe indicate that the in-
10 dividual was born in the United States is deemed to
11 be a document described in this subparagraph for
12 purposes of satisfying the requirements of this sub-
13 section.”.

14 On page 360, strike lines 21 and 22.

15 Beginning on page 361, strike line 19 and all that
16 follows through page 362, line 4, and insert the following:

17 “(1) NO COST SHARING FOR INDIANS FUR-
18 NISHED ITEMS OR SERVICES DIRECTLY BY OR
19 THROUGH INDIAN HEALTH PROGRAMS.—

20 “(A) NO ENROLLMENT FEES, PREMIUMS,
21 OR COPAYMENTS.—

22 “(i) IN GENERAL.—No enrollment fee,
23 premium, or similar charge, and no deduc-

1 tion, copayment, cost sharing, or similar
2 charge shall be imposed against an Indian
3 who is furnished an item or service directly
4 by the Indian Health Service, an Indian
5 Tribe, a Tribal Organization, or an urban
6 Indian organization, or by a health care
7 provider through referral under the con-
8 tract health service for which payment may
9 be made under this title.

10 “(ii) EXCEPTION.—Clause (i) shall
11 not apply to an individual only eligible for
12 the programs or services under sections
13 102 and 103 or title V of the Indian
14 Health Care Improvement Act.