

117TH CONGRESS  
1ST SESSION

# H. R. 4251

To amend the Indian Health Care Improvement Act to authorize a special behavioral health program for Indians, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 30, 2021

Mr. PALLONE (for himself and Mr. RUIZ) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Natural Resources, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend the Indian Health Care Improvement Act to authorize a special behavioral health program for Indians, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Native Behavioral  
5 Health Access Improvement Act of 2021”.

1 **SEC. 2. SPECIAL BEHAVIORAL HEALTH PROGRAM FOR IN-**  
2 **DIANS.**

3 (a) IN GENERAL.—Subtitle A of title VII of the In-  
4 dian Health Care Improvement Act (25 U.S.C. 1665 et  
5 seq.) is amended by adding at the end the following:

6 **“SEC. 716. SPECIAL BEHAVIORAL HEALTH PROGRAM FOR**  
7 **INDIANS.**

8 “(a) DEFINITION OF ELIGIBLE ENTITY.—In this sec-  
9 tion, the term ‘eligible entity’ means—

10 “(1) any health program administered directly  
11 by the Service;

12 “(2) a tribal health program; and

13 “(3) an Urban Indian health program operated  
14 by an Urban Indian organization pursuant to a  
15 grant or contract with the Service under title V.

16 “(b) FORMULA GRANTS.—

17 “(1) IN GENERAL.—The Director of the Service  
18 (referred to in this section as the ‘Director’) shall  
19 award grants to eligible entities, in amounts deter-  
20 mined pursuant to the formula described in para-  
21 graph (2), to be used by the eligible entity to provide  
22 services for the prevention of, treatment of, and re-  
23 covery from mental health and substance use dis-  
24 orders.

25 “(2) FORMULA.—The Director, in consultation  
26 with Indian tribes and Urban Indian organizations,

1 shall develop a formula to determine the amount of  
2 a grant under paragraph (1).

3 “(c) TECHNICAL ASSISTANCE AND PROGRAM EVAL-  
4 UATION.—

5 “(1) IN GENERAL.—The Director shall—

6 “(A) provide technical assistance to appli-  
7 cants and grantees under this section; and

8 “(B) collect and evaluate information on  
9 the program carried out under this section.

10 “(2) CONSULTATION.—The Director shall con-  
11 sult with eligible entities under this section for pur-  
12 poses of developing evaluation measures and data  
13 submission and reporting requirements for purposes  
14 of the collection and evaluation of information under  
15 paragraph (1)(B).

16 “(3) DATA SUBMISSION AND REPORTING.—As a  
17 condition on receipt of a grant under this section, an  
18 applicant shall agree to submit data and reports  
19 consistent with the data submission and reporting  
20 requirements developed under paragraph (2).

21 “(d) FUNDING.—To carry out this section, there is  
22 authorized to be appropriated, and there is appropriated,  
23 out of any money in the Treasury not otherwise appro-  
24 priated, \$200,000,000 for each of fiscal years 2022  
25 through 2026.”.

1 (b) TECHNICAL AMENDMENT.—Section 4(26) of the  
2 Indian Health Care Improvement Act (25 U.S.C.  
3 1603(26)) is amended by striking “(25 U.S.C. 450b)” and  
4 inserting “(25 U.S.C. 5304)”.

5 **SEC. 3. INDIAN DEFINED IN PPACA.**

6 (a) INDIAN DEFINED IN PPACA.—

7 (1) IN GENERAL.—Section 1304 of the Patient  
8 Protection and Affordable Care Act (42 U.S.C.  
9 18024) is amended by adding at the end the fol-  
10 lowing new subsection:

11 “(f) INDIAN.—

12 “(1) IN GENERAL.—In this title, the term ‘In-  
13 dian’ means any individual—

14 “(A) described in paragraph (13) or (28)  
15 of section 4 of the Indian Health Care Improve-  
16 ment Act (25 U.S.C. 1603);

17 “(B) who is eligible for health services pro-  
18 vided by the Indian Health Service under sec-  
19 tion 809 of the Indian Health Care Improve-  
20 ment Act (25 U.S.C. 1679);

21 “(C) who is of Indian descent and belongs  
22 to the Indian community served by the local fa-  
23 cilities and program of the Indian Health Serv-  
24 ice; or

25 “(D) who is described in paragraph (2).

1           “(2) INCLUDED INDIVIDUALS.—For purposes of  
2 this title, the following individuals shall be consid-  
3 ered to be an ‘Indian’:

4           “(A) A member of a Federally recognized  
5 Indian tribe.

6           “(B) A resident of an urban center who  
7 meets one or more of the following four criteria:

8           “(i) Membership in a Tribe, band, or  
9 other organized group of Indians, including  
10 those Tribes, bands, or groups terminated  
11 since 1940 and those recognized by the  
12 State in which they reside, or being a de-  
13 scendant, in the first or second degree, of  
14 any such member.

15           “(ii) Is an Eskimo or Aleut or other  
16 Alaska Native.

17           “(iii) Is considered by the Secretary of  
18 the Interior to be an Indian for any pur-  
19 pose.

20           “(iv) Is determined to be an Indian  
21 under regulations promulgated by the Sec-  
22 retary.

23           “(C) An individual who is considered by  
24 the Secretary of the Interior to be an Indian for  
25 any purpose.

1           “(D) An individual who is considered by  
2 the Secretary to be an Indian for purposes of  
3 eligibility for Indian health care services, includ-  
4 ing as a California Indian, Eskimo, Aleut, or  
5 other Alaska Native.”.

6           (2) CONFORMING AMENDMENTS.—

7           (A) AFFORDABLE CHOICES HEALTH BEN-  
8 EFIT PLANS.—Section 1311(c)(6)(D) of the Pa-  
9 tient Protection and Affordable Care Act (42  
10 U.S.C. 18031(c)(6)(D)) is amended by striking  
11 “section 4 of the Indian Health Care Improve-  
12 ment Act” and inserting “section 1304(f)”.

13           (B) REDUCED COST-SHARING FOR INDI-  
14 VIDUALS ENROLLING IN QUALIFIED HEALTH  
15 PLANS.—Section 1402(d) of the Patient Protec-  
16 tion and Affordable Care Act (42 U.S.C.  
17 18071(d)) is amended—

18           (i) in paragraph (1), in the matter  
19 preceding subparagraph (A), by striking  
20 “section 4(d) of the Indian Self-Deter-  
21 mination and Education Assistance Act  
22 (25 U.S.C. 450b(d))” and inserting “sec-  
23 tion 1304(f)”; and

24           (ii) in paragraph (2), in the matter  
25 preceding subparagraph (A), by striking

1                   “(as so defined)” and inserting “(as de-  
2                   fined in section 1304(f))”.

3                   (3) EFFECTIVE DATE.—The amendments made  
4                   by this subsection shall apply with respect to plan  
5                   years beginning on or after January 1, 2023.

6                   (b) TECHNICAL AMENDMENTS.—Section 4 of the In-  
7                   dian Health Care Improvement Act (25 U.S.C. 1603) is  
8                   amended—

9                   (1) in paragraph (13), by striking “as defined  
10                  in subsection (d) hereof” and inserting “as defined  
11                  in paragraph (14)”;

12                  (2) in paragraph (28)—

13                         (A) by striking “as defined in subsection  
14                         (g) hereof” and inserting “as defined in para-  
15                         graph (27)”;

16                         (B) by striking “subsection (c)(1) through  
17                         (4)” and inserting “subparagraphs (A) through  
18                         (D) of paragraph (13)”.

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