



118TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

To amend the Indian Health Care Improvement Act to improve the recruitment and retention of employees in the Indian Health Service, restore accountability in the Indian Health Service, improve health services, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

Mr. BARRASSO (for himself, Mr. THUNE, Ms. LUMMIS, Mr. DAINES, Mr. HOEVEN, and Mr. ROUNDS) introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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**A BILL**

To amend the Indian Health Care Improvement Act to improve the recruitment and retention of employees in the Indian Health Service, restore accountability in the Indian Health Service, improve health services, 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 “Restoring Account-  
5 ability in the Indian Health Service Act of 2023”.

6 **SEC. 2. TABLE OF CONTENTS.**

7 The table of contents for this Act is as follows:

- Sec. 1. Short title.  
 Sec. 2. Table of contents.

#### TITLE I—INDIAN HEALTH SERVICE IMPROVEMENTS

- Sec. 101. Incentives for recruitment and retention.  
 Sec. 102. Medical credentialing system.  
 Sec. 103. Liability protections for health professional volunteers at Indian Health Service.  
 Sec. 104. Clarification regarding eligibility for Indian Health Service loan repayment program.  
 Sec. 105. Improvements in hiring practices.  
 Sec. 106. Improved authorities of secretary to improve accountability of senior executives and employees of the Indian Health Service.  
 Sec. 107. Tribal culture and history.  
 Sec. 108. Staffing demonstration program.  
 Sec. 109. Rule establishing Tribal consultation policy.  
 Sec. 110. Enhancing quality of care in the Indian Health Service.  
 Sec. 111. Notification of investigation regarding professional conduct; submission of records.  
 Sec. 112. Medical chaperones; Office of Patient Advocacy.  
 Sec. 113. Fitness of health care providers.  
 Sec. 114. Standards to improve timeliness of care.

#### TITLE II—EMPLOYEE PROTECTIONS

- Sec. 201. Employee protections against retaliation.  
 Sec. 202. Right of Federal employees to petition Congress.  
 Sec. 203. Fiscal accountability.

#### TITLE III—REPORTS

- Sec. 301. Definitions.  
 Sec. 302. Reports by the Secretary of Health and Human Services.  
 Sec. 303. Reports by the Comptroller General.  
 Sec. 304. Inspector General reports.  
 Sec. 305. Transparency in CMS surveys.

#### TITLE IV—TECHNICAL AMENDMENTS

- Sec. 401. Technical amendments.

1           **TITLE I—INDIAN HEALTH**  
 2           **SERVICE IMPROVEMENTS**

3 **SEC. 101. INCENTIVES FOR RECRUITMENT AND RETEN-**  
 4           **TION.**

5           Title I of the Indian Health Care Improvement Act  
 6 (25 U.S.C. 1611 et seq.) is amended by adding at the end  
 7 the following:

1 **“SEC. 125. INCENTIVES FOR RECRUITMENT AND RETEN-**  
2 **TION.**

3 “(a) **PARITY IN IHS HEALTH CARE WORKFORCE**  
4 **PERSONNEL AND PAY SYSTEM.**—The Secretary shall es-  
5 tablish a personnel and pay system for physicians, den-  
6 tists, nurses, and other health care professionals employed  
7 by the Service that provides a personnel and pay system  
8 that, to the maximum extent practicable, is comparable  
9 to the pay provided to physicians, dentists, nurses, and  
10 other health care professionals, respectively, under sub-  
11 chapters III and IV of chapter 74 of title 38, United  
12 States Code.

13 “(b) **HOUSING VOUCHERS.**—

14 “(1) **IN GENERAL.**—Subject to paragraph (2),  
15 not later than 1 year after the date of enactment of  
16 the Restoring Accountability in the Indian Health  
17 Service Act of 2023, the Secretary may establish a  
18 program to provide tenant-based rental assistance to  
19 an employee of the Service who—

20 “(A) agrees to serve for not less than 1  
21 year at a Service unit designated by the Admin-  
22 istrator of the Health Resources and Services  
23 Administration as a health professional short-  
24 age area (as defined in section 332(a) of the  
25 Public Health Service Act (42 U.S.C. 254e(a)))  
26 with the greatest staffing need; and



1 **SEC. 102. MEDICAL CREDENTIALING SYSTEM.**

2 Title I of the Indian Health Care Improvement Act  
3 (25 U.S.C. 1611 et seq.) (as amended by section 101) is  
4 amended by adding at the end the following:

5 **“SEC. 126. MEDICAL CREDENTIALING SYSTEM.**

6 “(a) IN GENERAL.—

7 “(1) DEVELOPMENT AND IMPLEMENTATION  
8 TIMELINE.—Not later than 1 year after the date of  
9 enactment of the Restoring Accountability in the In-  
10 dian Health Service Act of 2023, the Secretary, act-  
11 ing through the Service (referred to in this section  
12 as the ‘Secretary’), in accordance with subsection  
13 (b), shall develop and implement a Service-wide cen-  
14 tralized credentialing system (referred to in this sec-  
15 tion as the ‘credentialing system’) to credential li-  
16 censed health professionals who seek to provide  
17 health care services at any Service unit.

18 “(2) IMPLEMENTATION.—In implementing the  
19 credentialing system, the Secretary—

20 “(A) shall not require re-credentialing of  
21 licensed health professionals who were  
22 credentialed using existing Service policy prior  
23 to the date of enactment of the Restoring Ac-  
24 countability in the Indian Health Service Act of  
25 2023; and

26 “(B) shall—

1                   “(i) use the credentialing system  
2                   for—

3                   “(I) all applications for  
4                   credentialing or re-credentialing of li-  
5                   censed health professionals submitted  
6                   on or after the date of enactment of  
7                   the Restoring Accountability in the  
8                   Indian Health Service Act of 2023;  
9                   and

10                   “(II) the migration into the  
11                   credentialing system of credentials  
12                   data that existed prior to implementa-  
13                   tion of the credentialing system; and

14                   “(ii) maintain the established timeline  
15                   for re-credentialing of licensed health pro-  
16                   fessionals who were credentialed prior to  
17                   implementation of the credentialing sys-  
18                   tem, as defined by Service policy.

19                   “(b) REQUIREMENTS.—

20                   “(1) IN GENERAL.—In developing the  
21                   credentialing system under subsection (a), the Sec-  
22                   retary shall ensure that—

23                   “(A) credentialing procedures shall be uni-  
24                   form throughout the Service; and

1           “(B) with respect to each licensed health  
2 professional who successfully completes the  
3 credentialing procedures of the credentialing  
4 system, the Secretary may authorize the li-  
5 censed health professional to provide health  
6 care services at any Service unit.

7           “(2) EXEMPTION.—The requirements described  
8 in paragraph (1) shall not apply to licensed health  
9 professionals who were credentialed using existing  
10 Service policy prior to the date of enactment of the  
11 Restoring Accountability in the Indian Health Ser-  
12 vice Act of 2023 until the date on which those li-  
13 censed health professionals are required to be re-  
14 credentialed in accordance with the credentialing  
15 system developed and implemented under subsection  
16 (a).

17           “(c) CONSULTATION.—In developing the  
18 credentialing system under subsection (a), the Secretary—

19           “(1) shall consult with Indian tribes; and

20           “(2) may consult with—

21           “(A) any public or private association of  
22 medical providers;

23           “(B) any government agency; or

24           “(C) any other relevant expert, as deter-  
25 mined by the Secretary.

1       “(d) APPLICATION.—

2               “(1) IN GENERAL.—Subject to paragraph (2), a  
3       licensed health care professional may not provide  
4       health care services at any Service unit, unless the  
5       licensed health care professional successfully com-  
6       pletes the credentialing procedures of the  
7       credentialing system developed and implemented  
8       under subsection (a).

9               “(2) EXEMPTION.—Paragraph (1) shall not  
10       apply to licensed health professionals who were  
11       credentialed using existing Service policy prior to the  
12       date of enactment of the Restoring Accountability in  
13       the Indian Health Service Act of 2023 until the date  
14       on which those licensed health professionals are re-  
15       quired to be re-credentialed in accordance with the  
16       credentialing system developed and implemented  
17       under subsection (a).

18       “(e) NONDUPLICATION OF EFFORTS.—

19               “(1) IN GENERAL.—To the extent that prior to  
20       the deadline described in subsection (a)(1), the Serv-  
21       ice has begun implementing or has completed imple-  
22       mentation of a medical credentialing system that  
23       otherwise meets the requirements of this section, the  
24       Service shall not be required to establish a new  
25       credentialing system under this section.



1           “(2) AUTHORITY.—The Service may expand or  
2 enhance an existing credentialing system to meet the  
3 requirements of this section.

4           “(3) REVIEW.—

5           “(A) IN GENERAL.—Not less frequently  
6 than once every 5 years, the Service shall—

7                   “(i) undertake a formal review of the  
8 credentialing system in effect on the date  
9 of the review; and

10                   “(ii) if necessary, take action to bring  
11 the credentialing system into compliance  
12 with the requirements of this section.

13           “(B) CONSULTATION.—Each formal review  
14 conducted under subparagraph (A) shall be sub-  
15 ject to the consultation requirements under sub-  
16 section (c).

17           “(f) EFFECT.—Nothing in this section—

18                   “(1) negatively impacts the right of an Indian  
19 tribe to enter into a compact or contract under the  
20 Indian Self-Determination and Education Assistance  
21 Act (25 U.S.C. 5301 et seq.); or

22                   “(2) applies to such a compact or contract un-  
23 less expressly agreed to by the Indian tribe.”.

1 **SEC. 103. LIABILITY PROTECTIONS FOR HEALTH PROFES-**  
2 **SIONAL VOLUNTEERS AT INDIAN HEALTH**  
3 **SERVICE.**

4 Section 224 of the Public Health Service Act (42  
5 U.S.C. 233) is amended by adding at the end the fol-  
6 lowing:

7 “(F) CERTAIN INDIAN HEALTH SERVICE VOLUN-  
8 TEERS DEEMED PUBLIC HEALTH SERVICE EMPLOY-  
9 EES.—

10 “(1) IN GENERAL.—For purposes of this sec-  
11 tion, a health professional volunteer at a Service  
12 unit shall, in providing a health service to an indi-  
13 vidual, be deemed to be an employee of the Public  
14 Health Service for a calendar year that begins dur-  
15 ing a fiscal year for which a transfer was made  
16 under paragraph (4)(C). The preceding sentence is  
17 subject to the provisions of this subsection.

18 “(2) CONDITIONS.—In providing a health ser-  
19 vice to an individual, a health care practitioner shall,  
20 for purposes of this subsection, be considered to be  
21 a health professional volunteer at a Service unit if  
22 all of the following conditions are met:

23 “(A) The service is provided to the indi-  
24 vidual at the facilities of a Service unit, or, as  
25 authorized by the Service unit, offsite.

1           “(B) The Service unit is sponsoring the  
2 health care practitioner pursuant to paragraph  
3 (3)(C).

4           “(C) The health care practitioner does not  
5 receive any compensation for the service from  
6 the individual, the Service unit, or any third-  
7 party payer (including reimbursement under  
8 any insurance policy or health plan, or under  
9 any Federal or State health benefits program),  
10 except that the health care practitioner may re-  
11 ceive repayment from the Service unit for rea-  
12 sonable expenses incurred by the health care  
13 practitioner in the provision of the service to  
14 the individual.

15           “(D) Before the service is provided, the  
16 health care practitioner or the Service unit  
17 posts a clear and conspicuous notice at the site  
18 where the service is provided of the extent to  
19 which the legal liability of the health care prac-  
20 titioner is limited under this subsection.

21           “(E) At the time the service is provided,  
22 the health care practitioner is licensed, certified,  
23 and credentialed in accordance with Service pol-  
24 icy and applicable law regarding the provision  
25 of the service.

1           “(3) APPLICABILITY.—Subsection (g) (other  
2 than paragraphs (3) and (5)) and subsections (h),  
3 (i), and (l) apply to a health care practitioner at a  
4 Service unit for purposes of this subsection to the  
5 same extent and in the same manner as such sub-  
6 sections apply to an officer, governing board mem-  
7 ber, employee, or contractor of an entity described in  
8 subsection (g)(4), subject to paragraph (4) and sub-  
9 ject to the following subparagraphs:

10           “(A) Each reference to an entity in sub-  
11 sections (g), (h), (i), and (l) shall be considered  
12 to be a reference to a Service unit.

13           “(B) The first sentence of paragraph (1)  
14 applies in lieu of the first sentence of subsection  
15 (g)(1)(A).

16           “(C) With respect to a Service unit, a  
17 health care practitioner is not a health profes-  
18 sional volunteer at the Service unit unless the  
19 Service unit sponsors the health care practi-  
20 tioner. For purposes of this subsection, the  
21 Service unit shall be considered to be spon-  
22 soring the health care practitioner if—

23           “(i) with respect to the health care  
24 practitioner, the Service unit submits to

1 the Secretary an application meeting the  
2 requirements of subsection (g)(1)(D); and

3 “(ii) the Secretary, pursuant to sub-  
4 section (g)(1)(E), determines that the  
5 health care practitioner is deemed to be an  
6 employee of the Public Health Service.

7 “(D) In the case of a health care practi-  
8 tioner who is determined by the Secretary pur-  
9 suant to this subsection and subsection  
10 (g)(1)(E) to be a health professional volunteer,  
11 this subsection applies to the health care practi-  
12 tioner (with respect to services performed on  
13 behalf of the Service unit sponsoring the health  
14 care practitioner pursuant to subparagraph (C))  
15 for any cause of action arising from an act or  
16 omission of the health care practitioner occur-  
17 ring on or after the date on which the Secretary  
18 makes that determination.

19 “(E) Subsection (g)(1)(F) applies to a  
20 health care practitioner for purposes of this  
21 subsection only to the extent that, in providing  
22 health services to an individual, each of the con-  
23 ditions described in paragraph (2) is met.

24 “(4) FUNDING.—

1           “(A) IN GENERAL.—Amounts appropriated  
2 under section 1304 of title 31, United States  
3 Code, commonly known as the ‘Judgment  
4 Fund’, shall be available for transfer under sub-  
5 paragraph (C) for purposes of carrying out this  
6 subsection, as if claims were adjudicated by a  
7 United States District Court under section  
8 1346(b) of title 28, United States Code.

9           “(B) ANNUAL ESTIMATES.—

10           “(i) IN GENERAL.—Not later than  
11 May 1 of each fiscal year, the Attorney  
12 General, in consultation with the Sec-  
13 retary, shall submit to Congress a report  
14 providing an estimate of the amount of  
15 claims (together with related fees and ex-  
16 penses of witnesses) that, by reason of the  
17 acts or omissions of health professional  
18 volunteers, will be paid pursuant to this  
19 section during the calendar year that be-  
20 gins in the following fiscal year.

21           “(ii) APPLICABILITY.—Subsection  
22 (k)(1)(B) applies to the estimate under  
23 clause (i) relating to health professional  
24 volunteers to the same extent and in the  
25 same manner as that subsection applies to

1 the estimate under that subsection relating  
2 to officers, governing board members, em-  
3 ployees, and contractors of entities de-  
4 scribed in subsection (g)(4).

5 “(C) TRANSFERS.—Not later than Decem-  
6 ber 31 of each fiscal year, the Secretary shall  
7 transfer from the fund under subsection (k)(2)  
8 to the appropriate accounts in the Treasury an  
9 amount equal to the estimate made under sub-  
10 paragraph (B) for the calendar year beginning  
11 in that fiscal year, subject to the extent of  
12 amounts in the fund.

13 “(5) DEFINITION OF SERVICE UNIT.—

14 “(A) IN GENERAL.—In this subsection, the  
15 term ‘Service unit’ has the meaning given the  
16 term in section 4 of the Indian Health Care Im-  
17 provement Act (25 U.S.C. 1603).

18 “(B) INCLUSION.—In this subsection, the  
19 term ‘Service unit’ includes an urban Indian or-  
20 ganization with which the Indian Health Serv-  
21 ice has entered into a contract with, or to which  
22 the Indian Health Service has made a grant,  
23 under title V of the Indian Health Care Im-  
24 provement Act (25 U.S.C. 1651 et seq.).

25 “(6) EFFECT.—Nothing in this subsection—

1           “(A) negatively impacts the right of an In-  
2           dian tribe or Tribal organization to enter into  
3           a compact or contract under the Indian Self-  
4           Determination and Education Assistance Act  
5           (25 U.S.C. 5304 et seq.); or

6           “(B) applies to such a compact or contract  
7           unless expressly agreed to by the Indian tribe  
8           and the Secretary.

9           “(7) EFFECTIVE DATES.—

10           “(A) IN GENERAL.—Except as provided in  
11           subparagraph (B), this subsection shall take ef-  
12           fect on October 1, 2024.

13           “(B) REGULATIONS, APPLICATIONS, AND  
14           REPORTS.—Effective on the date of the enact-  
15           ment of the Restoring Accountability in the In-  
16           dian Health Service Act of 2023, the Secretary  
17           may—

18           “(i) prescribe regulations for carrying  
19           out this subsection; and

20           “(ii) accept and consider applications  
21           submitted under paragraph (3)(C)(i).”.



1 **SEC. 104. CLARIFICATION REGARDING ELIGIBILITY FOR IN-**  
2 **DIAN HEALTH SERVICE LOAN REPAYMENT**  
3 **PROGRAM.**

4 Section 108 of the Indian Health Care Improvement  
5 Act (25 U.S.C. 1616a) is amended—

6 (1) in subsection (b)(1), by striking subpara-  
7 graph (B) and inserting the following:

8 “(B) have—

9 “(i)(I) a degree in a health profession; and

10 “(II) a license to practice a health profes-  
11 sion in a State; or

12 “(ii)(I) a master’s degree in business ad-  
13 ministration with an emphasis in health care  
14 management (as defined by the Secretary),  
15 health administration, hospital administration,  
16 or public health; and

17 “(II) a license or certification to practice  
18 in the field of business administration, health  
19 administration, hospital administration, or pub-  
20 lic health in a State, if the Secretary deter-  
21 mines the license or certification is necessary  
22 for the Indian health program to which the in-  
23 dividual will be assigned;”;

24 (2) in subsection (f)(1)(B), by striking clause  
25 (iii) and inserting the following:

1                   “(iii) to serve for a time period (re-  
2                   ferred to in this section as the ‘period of  
3                   obligated service’) equal to—

4                   “(I) 2 years or such longer pe-  
5                   riod as the individual may agree to  
6                   serve in the full-time practice of the  
7                   individual’s profession in an Indian  
8                   health program to which the indi-  
9                   vidual may be assigned by the Sec-  
10                  retary; or

11                  “(II) 4 years or such longer pe-  
12                  riod as the individual may agree to  
13                  serve in the half-time practice of the  
14                  individual’s profession in an Indian  
15                  health program to which the indi-  
16                  vidual may be assigned by the Sec-  
17                  retary;” and

18                  (3) in subsection (g)(2)—

19                         (A) in subparagraph (B), by striking “(B)  
20                         Any arrangement” and inserting the following:

21                                 “(C) DEADLINE FOR REPAYMENTS.—Any  
22                                 arrangement”;

23                         (B) subparagraph (A), in the second sen-  
24                         tence of the matter preceding clause (i), by

1 striking “In making a determination” and in-  
2 sserting the following:

3 “(B) DETERMINATION OF AMOUNT OF  
4 PAYMENT.—In making a determination under  
5 this paragraph”; and

6 (C) by striking “(2)(A) For each year”  
7 and all that follows through “paragraph (1).”  
8 and inserting the following:

9 “(2) AUTHORIZED PAYMENTS.—

10 “(A) AMOUNT OF PAYMENT.—

11 “(i) FULL-TIME PRACTICE.—In the  
12 case of an individual who contracts to  
13 serve a period of obligated service under  
14 subsection (f)(1)(B)(iii)(I), for each year of  
15 the obligated service, the Secretary may  
16 pay up to \$35,000 (or an amount equal to  
17 the amount specified in section  
18 338B(g)(2)(A) of the Public Health Serv-  
19 ice Act (42 U.S.C. 2541-1(g)(2)(A))) on  
20 behalf of the individual for loans described  
21 in paragraph (1).

22 “(ii) HALF-TIME.—In the case of an  
23 individual who contracts to serve a period  
24 of obligated service under subsection  
25 (f)(1)(B)(iii)(II), for each year of such ob-

1           ligated service, the Secretary may pay up  
2           to \$17,500 (or an amount equal to half of  
3           the amount specified in section  
4           338B(g)(2)(A) of the Public Health Serv-  
5           ice Act (42 U.S.C. 2541-1(g)(2)(A))) on  
6           behalf of the individual for loans described  
7           in paragraph (1).”

8   **SEC. 105. IMPROVEMENTS IN HIRING PRACTICES.**

9           (a) IN GENERAL.—Title VI of the Indian Health  
10          Care Improvement Act (25 U.S.C. 1661 et seq.) is amend-  
11          ed by adding at the end the following:

12   **“SEC. 605. IMPROVEMENTS IN HIRING PRACTICES.**

13           “(a) DIRECT HIRE AUTHORITY.—The Secretary may  
14          appoint, without regard to subchapter I of chapter 33 of  
15          title 5, United States Code (other than sections 3303 and  
16          3328 of that title), a candidate directly to a position with-  
17          in the Service for which the candidate meets the qualifica-  
18          tions standard established by the Office of Personnel Man-  
19          agement.

20           “(b) TRIBAL NOTIFICATION.—

21           “(1) IN GENERAL.—Before appointing, hiring,  
22          promoting, transferring, or reassigning a candidate  
23          to a Senior Executive Service position or the position  
24          of a senior level manager at an Area office or Serv-  
25          ice unit, the Secretary shall provide notice to each

1 Indian tribe located within the defined geographic  
2 area of the Area office or Service unit, as applicable,  
3 of the content of an inclusion in an employment  
4 record.

5 “(2) COMMENT PERIOD.—Each Indian tribe  
6 that receives notification under paragraph (1) may  
7 submit to the Secretary comments during the 10-day  
8 period after the date of notification.”.

9 (b) IHS WAIVERS.—Section 2(c) of Public Law 96–  
10 135 (25 U.S.C. 5117(c)) is amended—

11 (1) in paragraph (2)—

12 (A) by striking “(2) The provisions” and  
13 inserting the following:

14 “(2) APPLICATION TO CERTAIN INDIVIDUALS.—  
15 The provisions”;

16 (B) by inserting “or (3)” after “paragraph  
17 (1)”; and

18 (C) by striking “section 1131(f) of the  
19 Education Amendments of 1978 (25 U.S.C.  
20 2011(f); 92 Stat. 2324)” and inserting “section  
21 1132(f) of the Education Amendments of 1978  
22 (25 U.S.C. 2012(f))”;

23 (2) by striking “(c)(1) Notwithstanding” and  
24 inserting the following:



1           “(ii) a former employee of the Indian  
2           Health Service, or a former Tribal em-  
3           ployee, who was removed from the employ-  
4           ment during, or demoted for performance  
5           or misconduct that occurred during, the 5-  
6           year period following the date of the per-  
7           sonnel action.

8           “(B) LIMITATION.—A waiver may only be  
9           requested under subparagraph (A) for a per-  
10          sonnel action that is with respect to an em-  
11          ployee described in clause (ii) of that subpara-  
12          graph if the reason for the removal or demotion  
13          of the employee did not result from an action  
14          undertaken by the employee that was reported  
15          to the National Practitioner Data Bank.

16          “(C) RESTRICTION.—The Secretary of  
17          Health and Human Services may only approve  
18          a waiver under subparagraph (A) if the waiver  
19          is first requested by a concerned Indian tribe.”.

20   **SEC. 106. IMPROVED AUTHORITIES OF SECRETARY TO IM-**  
21                   **PROVE ACCOUNTABILITY OF SENIOR EXECU-**  
22                   **TIVES AND EMPLOYEES OF THE INDIAN**  
23                   **HEALTH SERVICE.**

24          (a) IN GENERAL.—Title VI of the Indian Health  
25          Care Improvement Act (25 U.S.C. 1661 et seq.) (as

1 amended by section 105(a)) is amended by adding at the  
2 end the following:

3 **“SEC. 606. IMPROVED AUTHORITIES OF SECRETARY TO IM-**  
4 **PROVE ACCOUNTABILITY OF SENIOR EXECU-**  
5 **TIVES OF THE INDIAN HEALTH SERVICE.**

6 “(a) DEFINITIONS.—In this section:

7 “(1) COVERED INDIVIDUAL.—The term ‘cov-  
8 ered individual’ means a career appointee (as de-  
9 fined in section 3132(a) of title 5, United States  
10 Code).

11 “(2) MISCONDUCT.—The term ‘misconduct’ in-  
12 cludes—

13 “(A) neglect of duty;

14 “(B) malfeasance;

15 “(C) failure to accept a directed reassign-  
16 ment; and

17 “(D) failure to accompany a position in a  
18 transfer of function.

19 “(3) SECRETARY.—The term ‘Secretary’ means  
20 the Secretary, acting through the Service.

21 “(4) SENIOR EXECUTIVE POSITION.—The term  
22 ‘senior executive position’ means a Senior Executive  
23 Service position (as defined in section 3132(a) of  
24 title 5, United States Code).

25 “(b) AUTHORITY.—



1           “(1) IN GENERAL.—The Secretary may, in ac-  
2           cordance with this section, reprimand, suspend, in-  
3           voluntarily reassign, demote, or remove a covered in-  
4           dividual from a senior executive position at the Serv-  
5           ice if the Secretary determines that the misconduct  
6           or performance of the covered individual warrants  
7           such an action.

8           “(2) REMOVAL FROM CIVIL SERVICE.—If the  
9           Secretary removes a covered individual pursuant to  
10          paragraph (1), the Secretary may remove the indi-  
11          vidual from the civil service (as defined in section  
12          2101 of title 5, United States Code).

13          “(c) RIGHTS AND PROCEDURES.—

14          “(1) IN GENERAL.—A covered individual who is  
15          the subject of an action or removal, as applicable,  
16          under subsection (b) is entitled—

17                  “(A) to advance notice of the action or re-  
18                  moval;

19                  “(B) to access a file containing all evidence  
20                  in support of the proposed action or removal;

21                  “(C) to be represented by an attorney or  
22                  other representative of the covered individual’s  
23                  choice; and

24                  “(D) to grieve the decision on the action or  
25                  removal under paragraph (2) in accordance

1 with the internal grievance process established  
2 by the Secretary under paragraph (3).

3 “(2) NOTICE; RESPONSE; DECISION.—

4 “(A) IN GENERAL.—The aggregate period  
5 for notice, response, and decision on an action  
6 or removal under subsection (b) may not exceed  
7 15 business days.

8 “(B) RESPONSE.—A covered individual re-  
9 ceiving a notice under paragraph (1)(A) of an  
10 action or removal, as applicable, under sub-  
11 section (b) shall have not more than 7 business  
12 days to respond to the notice.

13 “(C) DECISION.—

14 “(i) IN GENERAL.—The Secretary  
15 shall issue a decision on an action or re-  
16 moval, as applicable, under subsection (b)  
17 not later than 15 business days after the  
18 date on which notice of the action or re-  
19 moval, as applicable, is received by the ap-  
20 plicable covered individual under para-  
21 graph (1)(A).

22 “(ii) REQUIREMENTS.—A decision  
23 under clause (i)—

24 “(I) shall be in writing; and



1           “(4) JUDICIAL REVIEW.—A covered individual  
2 adversely affected by a decision under paragraph (2)  
3 that is not grieved, or by a grievance decision under  
4 paragraph (3), may obtain judicial review of the de-  
5 cision.

6           “(5) COURT REVIEW.—In any case in which ju-  
7 dicial review is sought under paragraph (4), the  
8 court shall review the record and may set aside any  
9 action of the Department or the Service found to  
10 be—

11           “(A) arbitrary, capricious, an abuse of dis-  
12 cretion, or otherwise not in accordance with a  
13 provision of law;

14           “(B) obtained without procedures required  
15 by a provision of law having been followed; or

16           “(C) unsupported by substantial evidence.

17           “(d) RELATION TO OTHER PROVISIONS OF LAW.—  
18 Section 3592(b)(1) of title 5, United States Code, shall  
19 not apply to an action under subsection (b).

20 **“SEC. 607. IMPROVED AUTHORITIES OF SECRETARY TO IM-**  
21 **PROVE ACCOUNTABILITY OF EMPLOYEES OF**  
22 **THE INDIAN HEALTH SERVICE.**

23           “(a) DEFINITIONS.—In this section:

24           “(1) COVERED INDIVIDUAL.—

1           “(A) IN GENERAL.—The term ‘covered in-  
2           dividual’ means an individual occupying a posi-  
3           tion at the Service.

4           “(B) EXCLUSIONS.—The term ‘covered in-  
5           dividual’ does not include—

6                   “(i) an individual occupying a senior  
7                   executive position (as defined in section  
8                   606(a));

9                   “(ii) an individual who has not com-  
10                  pleted a probationary or trial period; or

11                  “(iii) a political appointee.

12           “(2) GRADE.—The term ‘grade’ has the mean-  
13           ing given the term in section 7511(a) of title 5,  
14           United States Code.

15           “(3) MISCONDUCT.—The term ‘misconduct’ in-  
16           cludes—

17                   “(A) neglect of duty;

18                   “(B) malfeasance;

19                   “(C) failure to accept a directed reassign-  
20                  ment; and

21                   “(D) failure to accompany a position in a  
22                  transfer of function.

23           “(4) POLITICAL APPOINTEE.—The term ‘polit-  
24           ical appointee’ means an individual who is—

1           “(A) employed in a position described in  
2           any of sections 5312 through 5316 of title 5,  
3           United States Code (relating to the Executive  
4           Schedule);

5           “(B) a limited term appointee, limited  
6           emergency appointee, or noncareer appointee  
7           (as those terms are defined in section 3132(a)  
8           of title 5, United States Code); or

9           “(C) employed in a position of a confiden-  
10          tial or policy-determining character under  
11          schedule C of subpart C of part 213 of title 5,  
12          Code of Federal Regulations (or a successor  
13          regulation).

14          “(5) SECRETARY.—The term ‘Secretary’ means  
15          the Secretary, acting through the Service.

16          “(6) SUSPEND.—The term ‘suspend’ means the  
17          placing of an employee, for disciplinary reasons, in  
18          a temporary status without duties and pay for a pe-  
19          riod in excess of 14 days.

20          “(b) AUTHORITY.—

21                 “(1) IN GENERAL.—The Secretary may, in ac-  
22                 cordance with this section, remove, demote, or sus-  
23                 pend a covered individual from employment at the  
24                 Service if the Secretary determines that the perform-

1       ance or misconduct of the covered individual war-  
2       rants such an action.

3           “(2) ACTIONS.—If the Secretary removes, de-  
4       motes, or suspends a covered individual pursuant to  
5       paragraph (1), the Secretary may—

6           “(A) remove the covered individual from  
7       the civil service (as defined in section 2101 of  
8       title 5, United States Code);

9           “(B) demote the covered individual by  
10       means of—

11           “(i) a reduction in grade for which the  
12       covered individual is qualified, as the Sec-  
13       retary determines appropriate; and

14           “(ii) a reduction of the annual rate of  
15       pay of the covered individual; or

16           “(C) suspend the covered individual from  
17       the civil service (as defined in section 2101 of  
18       title 5, United States Code).

19       “(c) PAY OF CERTAIN DEMOTED INDIVIDUALS.—

20           “(1) IN GENERAL.—Notwithstanding any other  
21       provision of law, any covered individual subject to a  
22       demotion by means of a reduction in grade under  
23       subsection (b)(2)(B) shall, beginning on the date of  
24       the demotion, receive the annual rate of pay applica-  
25       ble to the reduced grade.

1           “(2) RESTRICTIONS.—

2           “(A) PROHIBITION ON ADMINISTRATIVE  
3 LEAVE.—A covered individual subject to a de-  
4 motion under subsection (b)(2)(B)—

5           “(i) may not be placed on administra-  
6 tive leave during the period during which  
7 an appeal (if any) under this section is on-  
8 going; and

9           “(ii) may only receive pay if the cov-  
10 ered individual reports for duty or is ap-  
11 proved to use accrued unused annual, sick,  
12 family medical, military, or court leave.

13           “(B) RESTRICTION ON PAY AND BENE-  
14 FITS.—If a covered individual subject to a de-  
15 motion under subsection (b)(2)(B) does not re-  
16 port for duty (and has not received approval to  
17 use accrued unused leave under subparagraph  
18 (A)(ii)), the covered individual shall not receive  
19 pay or other benefits pursuant to subsection  
20 (e)(7).

21           “(d) RIGHTS AND PROCEDURES.—

22           “(1) IN GENERAL.—A covered individual who is  
23 the subject of an action or removal, as applicable,  
24 under subsection (b) is entitled—



1           “(A) to advance notice of the action or re-  
2           moval;

3           “(B) to access a file containing all evidence  
4           in support of the proposed action or removal;

5           “(C) to be represented by an attorney or  
6           other representative of the covered individual’s  
7           choice; and

8           “(D) to grieve the decision on the action or  
9           removal under paragraph (2) in accordance  
10          with the internal grievance process established  
11          by the Secretary under paragraph (3).

12          “(2) NOTICE; RESPONSE; DECISION.—

13           “(A) AGGREGATE PERIOD.—The aggregate  
14           period for notice, response, and a final decision  
15           on an action under subsection (b) may not ex-  
16           ceed 15 business days.

17           “(B) RESPONSE.—A covered individual re-  
18           ceiving a notice under paragraph (1)(A) of an  
19           action or removal under subsection (b) shall  
20           have not more than 7 business days to respond  
21           to the notice.

22          “(C) FINAL AND CONCLUSIVE DECISION.—

23           “(i) IN GENERAL.—The Secretary  
24           shall issue a final and conclusive decision  
25           on an action or removal under subsection

1 (b) not later than 15 business days after  
2 the date on which the notice of the action  
3 is received by the applicable covered indi-  
4 vidual under paragraph (1)(A).

5 “(ii) REQUIREMENTS.—A decision  
6 under clause (i)—

7 “(I) shall be in writing; and

8 “(II) shall include the specific  
9 reasons for the decision.

10 “(3) GRIEVANCE PROCESS.—

11 “(A) IN GENERAL.—The Secretary shall  
12 establish an internal grievance process under  
13 which a covered individual may grieve a deci-  
14 sion issued under paragraph (2) not later than  
15 the date that is 7 business days after the date  
16 on which the decision under that paragraph was  
17 issued.

18 “(B) TOTAL PERIOD.—The Secretary shall  
19 issue a decision for which an internal grievance  
20 process is initiated under subparagraph (A) not  
21 later than 21 business days after the date on  
22 which the grievance process is initiated by the  
23 covered individual.

1                   “(C) FINAL AND CONCLUSIVE DECISION.—

2                   A grievance decision under this paragraph shall  
3                   be final and conclusive.

4                   “(4) PROCEDURES SUPERSEDING CBAS.—The  
5                   procedures under this subsection shall supersede any  
6                   collective bargaining agreement to the extent that  
7                   such an agreement is inconsistent with the proce-  
8                   dures.

9                   “(5) PERFORMANCE APPRAISAL.—The proce-  
10                  dures under chapter 43 of title 5, United States  
11                  Code, shall not apply to an action under subsection  
12                  (b).

13                  “(6) APPEAL TO MERIT SYSTEMS PROTECTION  
14                  BOARD.—

15                  “(A) IN GENERAL.—Subject to subpara-  
16                  graph (B) and subsection (e), any removal, de-  
17                  motion, or suspension of more than 14 days  
18                  under subsection (b) may be appealed to the  
19                  Merit Systems Protection Board, which shall  
20                  refer such appeal to an administrative law  
21                  judge pursuant to section 7701(b)(1) of title 5,  
22                  United States Code.

23                  “(B) TIME PERIOD.—An appeal under  
24                  subparagraph (A) of a removal, demotion, or  
25                  suspension may only be made if the appeal is

1           made not later than 10 business days after the  
2           date of the removal, demotion, or suspension.

3           “(e) EXPEDITED REVIEW.—

4           “(1) IN GENERAL.—On receipt of an appeal  
5           under subsection (d)(6)(A), the applicable adminis-  
6           trative law judge shall—

7           “(A) expedite the appeal under section  
8           7701(b)(1) of title 5, United States Code; and

9           “(B) issue a final and complete decision on  
10          the appeal not later than 180 days after the  
11          date of the appeal.

12          “(2) UPHOLDING DECISION.—

13          “(A) IN GENERAL.—Notwithstanding sec-  
14          tion 7701(e)(1)(B) of title 5, United States  
15          Code, the administrative law judge shall uphold  
16          the decision of the Secretary to remove, demote,  
17          or suspend an employee under subsection (b) if  
18          the decision is supported by substantial evi-  
19          dence.

20          “(B) PROHIBITION OF MITIGATION.—Not-  
21          withstanding title 5, United States Code, or any  
22          other provision of law, if the decision of the  
23          Secretary to remove, demote, or suspend an em-  
24          ployee under subsection (b) is supported by  
25          substantial evidence, the administrative law

1 judge shall not mitigate the penalty prescribed  
2 by the Secretary.

3 “(3) APPEAL TO MERIT SYSTEMS PROTECTION  
4 BOARD.—

5 “(A) IN GENERAL.—The decision of the  
6 administrative law judge under paragraph (1)  
7 may be appealed to the Merit Systems Protec-  
8 tion Board.

9 “(B) UPHOLDING DECISION.—Notwith-  
10 standing section 7701(c)(1)(B) of title 5,  
11 United States Code, the Merit Systems Protec-  
12 tion Board shall uphold the decision of the Sec-  
13 retary to remove, demote, or suspend an em-  
14 ployee under subsection (b) if the decision is  
15 supported by substantial evidence.

16 “(C) PROHIBITION OF MITIGATION.—Not-  
17 withstanding title 5, United States Code, or any  
18 other provision of law, if the decision of the  
19 Secretary is supported by substantial evidence,  
20 the Merit Systems Protection Board shall not  
21 mitigate the penalty prescribed by the Sec-  
22 retary.

23 “(4) REPORT.—In any case in which an admin-  
24 istrative law judge cannot issue a final and complete  
25 decision by the deadline described in paragraph

1 (1)(B), the Merit Systems Protection Board shall,  
2 not later than 14 business days after the deadline  
3 expires, submit to the appropriate committees of  
4 Congress a report that explains the reasons why a  
5 decision was not issued by the deadline.

6 “(5) APPEAL.—A decision of the Merit Systems  
7 Protection Board under paragraph (3) may be ap-  
8 pealed to the United States Court of Appeals for the  
9 Federal Circuit pursuant to section 7703 of title 5,  
10 United States Code, or to any court of appeals of  
11 competent jurisdiction pursuant to subsection  
12 (b)(1)(B) of that section.

13 “(6) PROHIBITION AGAINST STAYS.—The Merit  
14 Systems Protection Board may not stay any removal  
15 or demotion under subsection (b), except as provided  
16 in section 1214(b) of title 5, United States Code.

17 “(7) RESTRICTION ON PAY AND BENEFITS DUR-  
18 ING APPEAL.—

19 “(A) IN GENERAL.—

20 “(i) RESTRICTION ON PAY AND BENE-  
21 FITS.—During the period described in  
22 clause (ii), a covered individual may not re-  
23 ceive any pay and benefits described in  
24 subparagraph (B).

1                   “(ii) PERIOD DESCRIBED.—The pe-  
2                   riod referred to in clause (i) is the pe-  
3                   riod—

4                   “(I) beginning on the date on  
5                   which a covered individual appeals  
6                   under this section a removal from the  
7                   civil service under subsection  
8                   (b)(2)(A); and

9                   “(II) ending on the later of—

10                   “(aa) the date on which the  
11                   Merit Systems Protection Board  
12                   issues a final decision on the ap-  
13                   peal under paragraph (3); and

14                   “(bb) the date on which the  
15                   United States Court of Appeals  
16                   for the Federal Circuit issues a  
17                   final decision on the appeal  
18                   under paragraph (5).

19                   “(B) PAY AND BENEFITS DESCRIBED.—

20                   The pay and benefits referred to in subpara-  
21                   graph (A)(i) are any pay, awards, bonuses, in-  
22                   centives, allowances, differentials, student loan  
23                   repayments, special payments, or benefits re-  
24                   lated to the employment of the individual by the  
25                   Service.

1           “(8) INFORMATION TO EXPEDITE APPEAL.—To  
2           the maximum extent practicable, the Secretary shall  
3           provide to the Merit Systems Protection Board such  
4           information and assistance as may be necessary to  
5           ensure an appeal under this subsection is expedited.

6           “(9) BACKPAY.—If an employee prevails on ap-  
7           peal under this section, the employee shall be enti-  
8           tled to backpay (as provided in section 5596 of title  
9           5, United States Code).

10           “(10) APPLICABLE TIMELINES AND PROCE-  
11           DURES.—If an employee who is subject to a collec-  
12           tive bargaining agreement chooses to grieve an ac-  
13           tion taken under this section through a grievance  
14           procedure provided under the collective bargaining  
15           agreement, the timelines and procedures described in  
16           subsection (d) and this subsection shall apply.

17           “(f) ALLEGED PROHIBITED PERSONNEL PRAC-  
18           TICE.—In the case of a covered individual seeking correc-  
19           tive action (or on behalf of whom corrective action is  
20           sought) from the Office of Special Counsel based on an  
21           alleged prohibited personnel practice described in section  
22           2302(b) of title 5, United States Code, the Secretary may  
23           not remove, demote, or suspend the covered individual  
24           under subsection (b) without the approval of the Special



1 Counsel under section 1214(f) of title 5, United States  
2 Code.

3 “(g) TERMINATION OF INVESTIGATIONS BY OFFICE  
4 OF SPECIAL COUNSEL.—

5 “(1) IN GENERAL.—Notwithstanding any other  
6 provision of law, the Special Counsel established by  
7 section 1211 of title 5, United States Code, may ter-  
8minate an investigation of a prohibited personnel  
9 practice alleged by an employee or former employee  
10 of the Service after the Special Counsel provides to  
11 the employee or former employee a written state-  
12ment of the reasons for the termination of the inves-  
13tigation.

14 “(2) ADMISSIBILITY.—The statement described  
15 in paragraph (1) may not be admissible as evidence  
16 in any judicial or administrative proceeding without  
17 the consent of the employee or former employee de-  
18scribed in paragraph (1).

19 “(h) VACANCIES.—In the case of a covered individual  
20 who is removed or demoted under subsection (b), to the  
21 maximum extent practicable, the Secretary shall fill the  
22 vacancy arising as a result of the removal or demotion.”.

23 (b) CONFORMING AMENDMENTS.—Section 4303(f) of  
24 title 5, United States Code, is amended—

1           (1) in paragraph (3), by striking “or” at the  
2           end;

3           (2) in paragraph (4), by striking the period at  
4           the end and inserting “, or”; and

5           (3) by adding at the end the following:

6           “(5) any removal or demotion under section  
7           607 of the Indian Health Care Improvement Act.”.

8           (c) REPORT.—Not later than 18 months after the  
9           date of enactment of this Act, the Secretary of Health and  
10          Human Services or the Inspector General of the Depart-  
11          ment of Health and Human Services, as appropriate, shall  
12          submit to Congress a report that includes information  
13          on—

14           (1) the number of employees of the Indian  
15          Health Service who were removed, demoted, or sus-  
16          pended during the 1-year period preceding the date  
17          of enactment of this Act;

18           (2) the number of employees of the Indian  
19          Health Service who were removed, demoted, or sus-  
20          pended during the 1-year period beginning on the  
21          date of enactment of this Act pursuant to the  
22          amendments made by this section; and

23           (3) the appropriate details of any such remov-  
24          als, demotions, and suspensions that lend necessary  
25          context.

1 **SEC. 107. TRIBAL CULTURE AND HISTORY.**

2 Section 113 of the Indian Health Care Improvement  
3 Act (25 U.S.C. 1616f) is amended—

4 (1) in subsection (a)—

5 (A) by striking “a program” and inserting  
6 “an annual mandatory training program”; and

7 (B) by striking “appropriate employees of  
8 the Service” and inserting “employees of the  
9 Service, locum tenens medical providers,  
10 healthcare volunteers, and other contracted em-  
11 ployees who work at Service hospitals or other  
12 Service units and whose employment requires  
13 regular direct patient access”; and

14 (2) by adding at the end the following:

15 “(c) **REQUIREMENT TO COMPLETE TRAINING PRO-**  
16 **GRAM.**—Notwithstanding any other provision of law, be-  
17 ginning on the date of enactment of the Restoring Ac-  
18 countability in the Indian Health Service Act of 2023,  
19 each employee or provider described in subsection (a) who  
20 enters into a contract with the Service shall, as a condition  
21 of employment, annually participate in and complete the  
22 program established under subsection (a).”.

23 **SEC. 108. STAFFING DEMONSTRATION PROGRAM.**

24 Title VIII of the Indian Health Care Improvement  
25 Act (25 U.S.C. 1671 et seq.) is amended by adding at  
26 the end the following:

1 **“SEC. 833. STAFFING DEMONSTRATION PROGRAM.**

2       “(a) **IN GENERAL.**—Not later than 1 year after the  
3 date of enactment of the Restoring Accountability in the  
4 Indian Health Service Act of 2023, the Secretary, acting  
5 through the Service (referred to in this section as the ‘Sec-  
6 retary’), shall establish a demonstration program (referred  
7 to in this section as the ‘demonstration program’) under  
8 which the Service may provide Service units with addi-  
9 tional staffing resources, with the goal that the resources  
10 become self-sustaining.

11       “(b) **SELECTION.**—In selecting Service units for par-  
12 ticipation in the demonstration program, the Secretary  
13 shall consider whether a Service unit services an Indian  
14 tribe that—

15               “(1) has utilized or contributed substantial  
16 Tribal funds to construct a health facility used by  
17 the Service or identified in the master plan for the  
18 Service unit;

19               “(2) is located in 1 or more States with Med-  
20 icaid reimbursements plans or policies that will in-  
21 crease the likelihood that the staffing resources pro-  
22 vided will be self-sustaining; and

23               “(3) is operating a health facility described in  
24 paragraph (1) under historical staffing ratios, as de-  
25 termined by the Secretary, that have not been equal-

1        ized or updated by the Service or any other Service  
2        program to reflect current staffing needs.

3        “(c) DURATION.—Staffing resources provided to a  
4        Service unit under the demonstration program shall be  
5        provided for a duration that the Secretary, in consultation  
6        with the applicable Indian tribe, determines appropriate,  
7        on the condition that each staffing position provided shall  
8        be for a period of not less than 3 fiscal years.

9        “(d) EFFECT OF STAFFING AWARDS.—No staffing  
10       resources provided under the demonstration program shall  
11       reduce the recurring base funding for staffing for any In-  
12       dian tribe or Service unit.

13       “(e) SUNSET.—The demonstration program estab-  
14       lished under subsection (a) shall terminate on the date  
15       that is 4 years after the date on which the demonstration  
16       program is established.

17       “(f) REPORT.—Not later than 1 year after the date  
18       on which the demonstration program terminates under  
19       subsection (e), the Secretary shall submit to the Com-  
20       mittee on Indian Affairs and the Committee on Health,  
21       Education, Labor, and Pensions of the Senate and the  
22       Committee on Natural Resources and the Committee on  
23       Energy and Commerce of the House of Representatives  
24       a report describing the demonstration program, including  
25       information on—

1           “(1) whether the staffing resources provided  
2           under the demonstration program resulted in addi-  
3           tional revenue for the applicable Service unit suffi-  
4           cient to maintain the staff on a permanent basis;

5           “(2) the levels to which the staffing resources  
6           provided under the demonstration program reduced  
7           the unmet staffing need for the applicable Service  
8           unit; and

9           “(3) whether the demonstration program could  
10          be deployed permanently to reduce unmet staffing  
11          needs throughout the Service.”.

12 **SEC. 109. RULE ESTABLISHING TRIBAL CONSULTATION**  
13 **POLICY.**

14          Title VIII of the Indian Health Care Improvement  
15 Act (25 U.S.C. 1671 et seq.) (as amended by section 108)  
16 is amended by adding at the end the following:

17 **“SEC. 834. RULE ESTABLISHING TRIBAL CONSULTATION**  
18 **POLICY.**

19          “(a) IN GENERAL.—Not later than December 31,  
20 2023, the Secretary shall establish, and once every 5 years  
21 thereafter, the Secretary shall update, after meaningful  
22 consultation with representatives of affected Indian tribes,  
23 a rule establishing a Tribal consultation policy for the  
24 Service.

1       “(b) CONTENTS OF TRIBAL CONSULTATION POL-  
2 ICY.—The policy established under the rule under sub-  
3 section (a) shall—

4           “(1) update, and replace, the Tribal consulta-  
5 tion policy established under Circular No. 2006–01  
6 of the Service (or any successor policy); and

7           “(2) include—

8               “(A) a process for determining when and  
9 how the Service will notify Indian tribes of the  
10 availability of meaningful consultation;

11               “(B) a determination of which actions or  
12 agency decisions by the Service will trigger a re-  
13 quirement for meaningful consultation with In-  
14 dian tribes; and

15               “(C) a determination of which actions con-  
16 stitute meaningful consultation with Indian  
17 tribes.”.

18 **SEC. 110. ENHANCING QUALITY OF CARE IN THE INDIAN**  
19 **HEALTH SERVICE.**

20       (a) IHCLA DEFINITIONS.—In this section, the terms  
21 “Area office”, “Indian tribe”, “Secretary”, “Service”,  
22 “Service unit”, “tribal organization”, and “Urban Indian  
23 organization” have the meanings given those terms in sec-  
24 tion 4 of the Indian Health Care Improvement Act (25  
25 U.S.C. 1603).

1 (b) BEST PRACTICES FOR GOVERNING BOARD AND  
2 AREA OFFICE MEETINGS.—

3 (1) DEFINITION OF GOVERNING BOARD.—In  
4 this subsection, the term “governing board” means  
5 the governing board of the facility of a Service unit.

6 (2) IN GENERAL.—Not later than 1 year after  
7 the date of enactment of this Act, the Secretary, in  
8 consultation with Indian tribes, governing boards,  
9 Area offices, Service units, and other stakeholders,  
10 as determined appropriate by the Secretary, shall es-  
11 tablish—

12 (A) in accordance with paragraph (3)(A),  
13 best practices for governing boards; and

14 (B) in accordance with paragraph (3)(B),  
15 best practices for Area offices.

16 (3) REQUIREMENTS.—

17 (A) GOVERNING BOARD BEST PRAC-  
18 TICES.—The best practices for governing  
19 boards established under paragraph (2)(A) shall  
20 include provisions relating to—

21 (i) adequately monitoring the delivery  
22 of care at the applicable facility managed  
23 by the governing board;

24 (ii) ensuring ongoing facility compli-  
25 ance with Federal health care program re-



1            requirements, including requirements of the  
2            Service and the Centers for Medicare &  
3            Medicaid Services;

4            (iii) handling, documenting, and re-  
5            sponding to patient complaints;

6            (iv) documenting, addressing, and, if  
7            applicable, reporting instances of profes-  
8            sional misconduct by facility staff in ac-  
9            cordance with applicable Federal and State  
10           law;

11           (v) improving facility performance and  
12           operations with respect to mandatory and  
13           voluntary quality initiatives carried out by  
14           the Service and the Centers for Medicare &  
15           Medicaid Services; and

16           (vi) reporting requirements under  
17           Federal law, including with respect to—

18                    (I) the Government Performance  
19                    and Results Act of 1993 (Public Law  
20                    103–62; 107 Stat. 285), the GPRA  
21                    Modernization Act of 2010 (Public  
22                    Law 111–352; 124 Stat. 3866), and  
23                    the amendments made by those Acts;  
24                    and

1 (II) the applicable provisions of  
2 titles XVIII and XIX of the Social Se-  
3 curity Act (42 U.S.C. 1395 et seq.,  
4 1396 et seq.).

5 (B) AREA OFFICE BEST PRACTICES.—The  
6 best practices for Area offices established under  
7 paragraph (2)(B) shall include provisions relat-  
8 ing to—

9 (i) strategies for how to best monitor  
10 governing board activities relating to the  
11 oversight of—

12 (I) delivery and quality of patient  
13 care;

14 (II) documenting and responding  
15 to patient complaints and instances of  
16 professional misconduct; and

17 (III) facility compliance with  
18 Federal health care program require-  
19 ments, including requirements of the  
20 Service and the Centers for Medicare  
21 & Medicaid Services; and

22 (ii) connecting governing boards, in-  
23 cluding the applicable facilities of those  
24 governing boards, to resources necessary  
25 for enhancing patient outcomes and im-

1           proving facility performance, including  
2           through the use of technical assistance.

3           (4) PUBLICATION.—The best practices estab-  
4           lished under paragraph (2) shall be—

5                   (A) reported to, in writing, as applicable,  
6           all governing boards and Area offices; and

7                   (B) incorporated into the Indian Health  
8           Manual of the Service.

9           (c) REVIEW OF QUALITY AND PERFORMANCE MEAS-  
10          URES.—

11           (1) REVIEW.—

12                   (A) IN GENERAL.—Not later than 1 year  
13          after the date of enactment of this Act, the Sec-  
14          retary, in coordination with the Agency for  
15          Healthcare Research and Quality, the National  
16          Quality Forum, Indian tribes, practitioners and  
17          administrators of the Service, and other quali-  
18          fied experts, as determined appropriate by the  
19          Secretary, shall undertake a review of the re-  
20          ported quality and performance measures of  
21          Service facilities conducted by the Secretary in  
22          accordance with—

23                   (i) section 306 of title 5, United  
24          States Code;

1 (ii) section 1115(b) of title 31, United  
2 States Code; and

3 (iii) any law (including regulations)  
4 used in any mandatory or voluntary pro-  
5 gram of the Centers for Medicare & Med-  
6 icaid Services.

7 (B) REPORT.—Not later than 6 months  
8 after the date on which the review required  
9 under subparagraph (A) is completed, the Sec-  
10 retary shall submit to Congress a report on the  
11 details and findings of that review, which shall  
12 include an assessment of—

13 (i) the suitability of measures used as  
14 of the date of enactment of this Act for the  
15 applicable Service facility, taking into con-  
16 sideration the patient volume of the facil-  
17 ity, the mix of patient cases at the facility,  
18 the geographic location of the facility, and  
19 medical professional shortage designations  
20 at the facility, as determined by the Sec-  
21 retary; and

22 (ii) the extent to which the perform-  
23 ance and quality measures are outcome-  
24 based or process-based measures.

1           (2) ADOPTION.—Not later than 1 year after the  
2           date on which the report required under paragraph  
3           (1)(B) is submitted to Congress, the Service, in co-  
4           ordination with the Centers for Medicare & Medicaid  
5           Services, shall adopt, and assist Service facilities to  
6           adopt, to the extent practicable, more suitable, as  
7           compared to those quality and performance meas-  
8           ures adopted prior to the submission of that report,  
9           quality and performance measures, including meas-  
10          ures that are more outcome-based and process-  
11          based, in accordance with the factors described in  
12          paragraph (1)(B)(i).

13          (3) GAO REPORT.—Not later than 1 year after  
14          the date on which the report required under para-  
15          graph (1)(B) is submitted to Congress, the Comp-  
16          troller General of the United States shall submit to  
17          Congress a report on challenges relating to quality  
18          measure and data collection in Service facilities,  
19          which shall include—

20                 (A) barriers to the adoption of relevant  
21                 performance and quality measures in Service  
22                 facilities; and

23                 (B) recommendations for how the Service,  
24                 other Federal agencies, and stakeholders can

1 assist Service facilities in adopting suitable  
2 quality and performance measures.

3 (d) COMPLIANCE ASSISTANCE PROGRAM.—

4 (1) DEFINITIONS.—In this subsection:

5 (A) ADMINISTRATOR.—The term “Admin-  
6 istrator” means the Administrator of the Cen-  
7 ters for Medicare & Medicaid Services.

8 (B) ELIGIBLE FACILITY.—

9 (i) IN GENERAL.—The term “eligible  
10 facility” means a facility operated by the  
11 Service that—

12 (I) is an underperforming hos-  
13 pital or outpatient facility; and

14 (II) is eligible for payments  
15 under title XVIII of the Social Secu-  
16 rity Act (42 U.S.C. 1395 et seq.).

17 (ii) INCLUSION.—The term “eligible  
18 facility” includes a tribally operated facil-  
19 ity, if that facility consents to participating  
20 in the program.

21 (C) PROGRAM.—The term “program”  
22 means the compliance assistance program es-  
23 tablished under paragraph (2).

24 (D) TRIBALLY OPERATED FACILITY.—The  
25 term “tribally operated facility” means a facil-

1           ity operated by an Indian tribe, a tribal organi-  
2           zation, or an Urban Indian organization that—

3                   (i) is an underperforming hospital or  
4                   outpatient facility; and

5                   (ii) is eligible for payments under title  
6                   XVIII of the Social Security Act (42  
7                   U.S.C. 1395 et seq.).

8           (2) ESTABLISHMENT OF PROGRAM.—Not later  
9           than 1 year after the date of enactment of this Act,  
10          the Secretary, in coordination with the Adminis-  
11          trator and quality improvement organizations having  
12          a contract with the Secretary under part B of title  
13          XI of the Social Security Act (42 U.S.C. 1320c et  
14          seq.), shall establish a compliance assistance pro-  
15          gram for eligible facilities.

16          (3) METHODOLOGY.—The Secretary shall es-  
17          tablish a methodology for determining which eligible  
18          facilities shall participate in the program, which  
19          shall take into account the following factors:

20                   (A) The number and severity of facility de-  
21                   ficiencies with respect to applicable require-  
22                   ments under title XVIII of the Social Security  
23                   Act (42 U.S.C. 1395 et seq.).

24                   (B) The history of provider misconduct or  
25                   patient harm at the facility.

1 (C) Whether there is high staff turnover at  
2 the facility.

3 (D) Whether the facility has low perform-  
4 ance on program quality measures, relative to  
5 other facilities of the Service, in accordance  
6 with reported quality and performance meas-  
7 ures conducted by the Secretary in accordance  
8 with—

9 (i) section 306 of title 5, United  
10 States Code;

11 (ii) section 1115(b) of title 31, United  
12 States Code; and

13 (iii) any law (including regulations)  
14 used in any mandatory or voluntary pro-  
15 gram of the Centers for Medicare & Med-  
16 icaid Services.

17 (4) SELECTION OF FACILITIES.—

18 (A) IN GENERAL.—The Secretary, in co-  
19 ordination with the Administrator, shall select  
20 not less than 25 percent of the eligible facilities  
21 to participate in the program using the method-  
22 ology established under paragraph (3).

23 (B) PARTICIPATION.—

24 (i) IN GENERAL.—An eligible facility  
25 selected to participate in the program



1 under subparagraph (A) shall be required  
2 to participate in the program.

3 (ii) REQUIREMENT.—The Secretary  
4 shall ensure that, at all times during the  
5 period beginning on the date of establish-  
6 ment of the program and the date on  
7 which the program terminates under para-  
8 graph (8), not less than 25 percent of eli-  
9 gible facilities are participating in the pro-  
10 gram.

11 (C) TERM OF PARTICIPATION.—

12 (i) IN GENERAL.—Subject to clause  
13 (ii), an eligible facility selected to partici-  
14 pate in the program under subparagraph  
15 (A) shall participate in the program for a  
16 period of 2 years.

17 (ii) WAIVER.—If the Secretary, in co-  
18 ordination with the Administrator, certifies  
19 that an eligible facility participating in the  
20 program has improved on its performance  
21 to a satisfactory level, as determined by  
22 the Secretary, then the eligible facility does  
23 not have to participate in the program for  
24 the full 2-year period.

1           (D) PARTICIPATION LIMIT.—An eligible fa-  
2           cility may participate in the program for more  
3           than 1 2-year period.

4           (5) PROGRAM COMPONENTS.—The program  
5           shall provide on-site consultation and educational  
6           programming for eligible facilities to ensure those el-  
7           igible facilities are—

8                   (A) meeting Federal requirements of the  
9                   Service and any conditions of participation ap-  
10                  plicable under title XVIII of the Social Security  
11                  Act (42 U.S.C. 1395 et seq.); and

12                  (B) satisfactorily implementing any quality  
13                  initiatives and programs established by the  
14                  Service or the Centers for Medicare & Medicaid  
15                  Services.

16           (6) ENFORCEMENT OR NONCOMPLIANCE AC-  
17           TIONS.—

18                   (A) IN GENERAL.—The program shall be  
19                  conducted independently of any enforcement ac-  
20                  tions under the Indian Health Care Improve-  
21                  ment Act (25 U.S.C. 1601 et seq.) or non-  
22                  compliance actions taken by the Administrator  
23                  with respect to noncompliance with conditions  
24                  of participation applicable under title XVIII of  
25                  the Social Security Act (42 U.S.C. 1395 et

1           seq.), unless, while carrying out the program,  
2           the Secretary or the Administrator, as applica-  
3           ble, encounters a triggering event, as deter-  
4           mined by the Secretary or the Administrator, as  
5           applicable, that would necessitate an enforce-  
6           ment action or noncompliance action.

7           (B) TRIGGERING EVENT ENCOUNTERED.—

8           If a triggering event is encountered by the Sec-  
9           retary or Administrator under subparagraph  
10          (A), the eligible facility shall continue to partici-  
11          pate in the program so long as the facility—

12                 (i) remains eligible for payments  
13                 under title XVIII of the Social Security  
14                 Act (42 U.S.C. 1395 et seq.); and

15                 (ii) continues to meet all of the condi-  
16                 tions and requirements for such payments  
17                 which are applicable under such title.

18          (7) IMPLEMENTATION.—The Secretary shall  
19          carry out the program in coordination with quality  
20          improvement organizations having a contract with  
21          the Secretary under part B of title XI of the Social  
22          Security Act (42 U.S.C. 1320c et seq.).

23          (8) SUNSET.—The program shall terminate 6  
24          years after the date on which the program is estab-  
25          lished.

1           (9) REPORT.—Not later than 1 year after the  
2           date on which the program terminates under para-  
3           graph (8), the Comptroller General of the United  
4           States shall submit to Congress a report evaluating  
5           the effectiveness of the program, which shall include,  
6           to the extent practicable—

7                   (A) detailed data on changes in the patient  
8                   experience at eligible facilities that participated  
9                   in the program;

10                   (B) a description of the compliance status  
11                   of eligible facilities that participated in the pro-  
12                   gram with requirements of the Service and any  
13                   conditions of participation applicable under title  
14                   XVIII of the Social Security Act (42 U.S.C.  
15                   1395 et seq.); and

16                   (C) a description of the progress by eligible  
17                   facilities that participated in the program in  
18                   meeting the goals of quality improvement activi-  
19                   ties of the Department of Health and Human  
20                   Services.

1 **SEC. 111. NOTIFICATION OF INVESTIGATION REGARDING**  
2 **PROFESSIONAL CONDUCT; SUBMISSION OF**  
3 **RECORDS.**

4 Title VIII of the Indian Health Care Improvement  
5 Act (25 U.S.C. 1671 et seq.) (as amended by section 109)  
6 is amended by adding at the end the following:

7 **“SEC. 835. NOTIFICATION OF INVESTIGATION REGARDING**  
8 **PROFESSIONAL CONDUCT; SUBMISSION OF**  
9 **RECORDS.**

10 “(a) **REPORT.**—Not later than 14 calendar days after  
11 the date on which the Service undertakes an investigation  
12 into the professional conduct of a licensee of a State, the  
13 Secretary, acting through the Service, shall notify the rel-  
14 evant State medical board of the investigation.

15 “(b) **SUBMISSION OF RECORDS.**—Not later than 14  
16 calendar days after the date on which the Service gen-  
17 erates records relating to an investigation conducted by  
18 the Service into the professional conduct of a licensee of  
19 a State, the Secretary, acting through the Service, shall  
20 provide the records to the relevant State medical board.”.

21 **SEC. 112. MEDICAL CHAPERONES; OFFICE OF PATIENT AD-**  
22 **VOCACY.**

23 (a) **MEDICAL CHAPERONES.**—Title II of the Indian  
24 Health Care Improvement Act is amended by inserting  
25 after section 223 (25 U.S.C. 1621v) the following:

1 **“SEC. 224. MEDICAL CHAPERONES.**

2 “(a) **INDIAN HEALTH SERVICE.—**

3 “(1) **IN GENERAL.—**The Secretary, acting  
4 through the Service, shall, at the request of a pa-  
5 tient of the Service, provide to the patient a medical  
6 chaperone, to be present during any medical exam-  
7 ination of the patient provided by or through the  
8 Service.

9 “(2) **REQUIREMENTS.—**The Secretary, acting  
10 through the Service, shall—

11 “(A) notify patients of the Service of the  
12 right to have a medical chaperone present dur-  
13 ing a medical examination provided by or  
14 through the Service; and

15 “(B) ensure that the right described in  
16 subparagraph (A) is provided to each patient in  
17 each Service unit.

18 “(b) **OTHER PROVIDERS OF SERVICES.—**An Indian  
19 tribe, tribal organization, or any other Indian health pro-  
20 gram may use amounts made available under this Act to  
21 provide, at the request of a patient to whom the Indian  
22 tribe, tribal organization, or Indian health program is pro-  
23 viding health care services, a medical chaperone to the pa-  
24 tient, to be present during any medical examination of the  
25 patient provided by the Indian tribe or tribal organiza-  
26 tion.”.

1 (b) INDIAN HEALTH SERVICE OFFICE OF PATIENT  
2 ADVOCACY.—Title VI of the Indian Health Care Improve-  
3 ment Act (25 U.S.C. 1661 et seq.) (as amended by section  
4 106(a)) is amended by adding at the end the following:

5 **“SEC. 608. OFFICE OF PATIENT ADVOCACY.**

6 “(a) DEFINITIONS.—In this section:

7 “(1) DIRECTOR.—The term ‘Director’ means  
8 the Director of the Office.

9 “(2) OFFICE.—The term ‘Office’ means the Of-  
10 fice of Patient Advocacy established by subsection  
11 (b).

12 “(b) ESTABLISHMENT.—There is established within  
13 the Department an office, to be known as the ‘Office of  
14 Patient Advocacy’.

15 “(c) DIRECTOR.—The Office shall be headed by a Di-  
16 rector, who shall—

17 “(1) be appointed by the Secretary from among  
18 individuals qualified to perform the duties of the po-  
19 sition; and

20 “(2) report directly to the Secretary.

21 “(d) DUTIES.—

22 “(1) IN GENERAL.—The Office shall carry out  
23 a patient advocacy program of the Service, under  
24 which the Office shall—

1           “(A) employ patient advocates to advocate  
2           on behalf of Indians with respect to health care  
3           services sought or received through the Service;

4           “(B) provide to those patient advocates  
5           training to ensure the advocates carry out the  
6           responsibilities described in paragraph (2); and

7           “(C) in as many prominent locations as  
8           the Director determines to be appropriate to be  
9           seen by the largest percentage of patients and  
10          family members of patients at each Service  
11          unit, display—

12                   “(i) the purposes of the patient advo-  
13                   cacy program;

14                   “(ii) the contact information for a pa-  
15                   tient advocate employed at the Service  
16                   unit; and

17                   “(iii) a description of the rights and  
18                   responsibilities of patients and family  
19                   members of patients at the Service unit.

20          “(2) PATIENT ADVOCATE RESPONSIBILITIES.—

21          The responsibilities of a patient advocate employed  
22          by the Office shall include the following:

23                   “(A) Resolving any complaints by Indian  
24                   patients with respect to health care services



1 provided by or through the Service that cannot  
2 be resolved at—

3 “(i) the point of service; or

4 “(ii) a higher level easily accessible to  
5 the patient.

6 “(B) Expressing to Indians their rights  
7 and responsibilities as patients in receiving  
8 health care services through the Service.

9 “(C) Presenting at various meetings, and  
10 to various committees, a description of any  
11 issues experienced by Indians in receiving  
12 health care services through the Service.

13 “(D) Managing a patient advocate track-  
14 ing system, if applicable.

15 “(E) Compiling data relating to any com-  
16 plaints made to the advocate by Indians with  
17 respect to the receipt of health care services  
18 through the Service, and the satisfaction of In-  
19 dians with those services, to determine whether  
20 there exist any trends in those data.

21 “(F) Ensuring that a process exists for the  
22 distribution of data compiled under subpara-  
23 graph (E) to Indian health programs, appro-  
24 priate leaders, committees, and service pro-  
25 viders, and staff of the Service.

1           “(G) Identifying, not less frequently than  
2 quarterly, opportunities for improvement in the  
3 provision of health care services to Indians by  
4 or through the Service, including based on com-  
5 plaints by Indian patients or immediate family  
6 members.

7           “(H) Ensuring that any significant com-  
8 plaint by an Indian patient or family member  
9 with respect to health care provided by or  
10 through the Service is brought to the attention  
11 of appropriate staff of the Service or Indian  
12 health program for the purpose of assessing  
13 whether further analysis of the problem is re-  
14 quired at the Service, Service area, Service unit,  
15 or Indian health program level.

16           “(I) Supporting any other patient advocacy  
17 programs carried out by the Department.

18           “(J) Ensuring that all appeals and final  
19 decisions with respect to the receipt of health  
20 care services through the Service are entered  
21 into a patient advocate tracking system of the  
22 Office, if applicable.

23           “(K) Understanding all laws, directives,  
24 and other rules relating to the rights and re-  
25 sponsibilities of Indians in receiving health care

1 services through the Service, including the ap-  
2 peals processes available to Indian patients and  
3 immediate family members.

4 “(L) Ensuring that Indians receiving be-  
5 havioral health services under title VII (and any  
6 surrogate decisionmakers for such Indians) are  
7 aware of the right of Indians—

8 “(i) to seek representation from sys-  
9 tems established under section 103 of the  
10 Protection and Advocacy for Mentally Ill  
11 Individuals Act of 1986 (42 U.S.C.  
12 10803);

13 “(ii) to protect and advocate for the  
14 rights of Indians experiencing behavioral  
15 health issues; and

16 “(iii) to investigate incidents of abuse  
17 and neglect of Indians experiencing behav-  
18 ioral health issues.

19 “(M) Achieving compliance with any appli-  
20 cable requirements established by the Secretary  
21 with respect to the inspection of controlled sub-  
22 stances (as defined in section 102 of the Con-  
23 trolled Substances Act (21 U.S.C. 802)).

1           “(N) Documenting potentially threatening  
2           behavior and reporting that behavior to the ap-  
3           propriate authorities.

4           “(3) TRAINING.—The Director shall ensure  
5           that the training provided to patient advocates  
6           under paragraph (1)(B) is consistent throughout the  
7           Office, including with respect to any mandatory  
8           training or certification standards approved by the  
9           Director.”.

10 **SEC. 113. FITNESS OF HEALTH CARE PROVIDERS.**

11           (a) IN GENERAL.—Title VIII of the Indian Health  
12           Care Improvement Act is amended by inserting after sec-  
13           tion 802 (25 U.S.C. 1672) the following:

14 **“SEC. 803. FITNESS OF HEALTH CARE PROVIDERS.**

15           “(a) ADDITIONAL REQUIREMENTS FOR HIRING OF  
16           HEALTH CARE PROVIDERS BY SERVICE.—As part of the  
17           hiring process for each health care provider position at  
18           the Service after the date of enactment of the Restoring  
19           Accountability in the Indian Health Service Act of 2023,  
20           the Director shall require from the medical board of each  
21           State in which the health care provider has or had a med-  
22           ical license—

23           “(1) information on any violation of the re-  
24           quirements of the medical license of the health care  
25           provider during the 20-year period ending on the

1 date on which the health care provider is being con-  
2 sidered for a position at the Service; and

3 “(2) information on whether the health care  
4 provider has entered into any settlement agreement  
5 for a disciplinary charge relating to the practice of  
6 medicine by the health care provider.

7 “(b) PROVISION OF INFORMATION ON SERVICE  
8 HEALTH CARE PROVIDERS TO STATE MEDICAL  
9 BOARDS.—Notwithstanding section 552a of title 5, United  
10 States Code, with respect to each health care provider of  
11 the Service who has violated a requirement of the medical  
12 license of the health care provider, the Director shall pro-  
13 vide to the medical board of each State in which the health  
14 care provider is licensed detailed information with respect  
15 to the violation, regardless of whether the medical board  
16 has formally requested that information.”.

17 (b) REPORT ON COMPLIANCE BY INDIAN HEALTH  
18 SERVICE WITH REVIEWS OF HEALTH CARE PROVIDERS  
19 LEAVING SERVICE OR TRANSFERRING TO OTHER FACILI-  
20 TIES.—Not later than 180 days after the date of enact-  
21 ment of this Act, the Director of the Indian Health Service  
22 shall submit to the Committee on Indian Affairs of the  
23 Senate and the Committee on Natural Resources of the  
24 House of Representatives a report on the compliance by

1 the Indian Health Service with the policy of the Indian  
2 Health Service—

3 (1) to conduct a review of each health care pro-  
4 vider of the Indian Health Service who transfers to  
5 another medical facility of the Indian Health Serv-  
6 ice, resigns, retires, or is terminated to determine  
7 whether there are any concerns, complaints, or alle-  
8 gations of violations relating to the medical practice  
9 of the health care provider; and

10 (2) to take appropriate action with respect to  
11 any concern, complaint, or allegation described in  
12 paragraph (1).

13 **SEC. 114. STANDARDS TO IMPROVE TIMELINESS OF CARE.**

14 Title IV of the Indian Health Care Improvement Act  
15 (25 U.S.C. 1641 et seq.) is amended by adding at the end  
16 the following:

17 **“SEC. 412. STANDARDS TO IMPROVE TIMELINESS OF CARE.**

18 **“(a) REGULATIONS.—**

19 **“(1) IN GENERAL.—**Not later than 180 days  
20 after the date of enactment of the Restoring Ac-  
21 countability in the Indian Health Service Act of  
22 2023, the Secretary, acting through the Service,  
23 shall—

1           “(A) establish, by regulation, standards to  
2           measure the timeliness of the provision of  
3           health care services in Service facilities; and

4           “(B) provide such standards to each Serv-  
5           ice unit.

6           “(2) DATA COLLECTION.—The Secretary, act-  
7           ing through the Service, shall develop a process for  
8           each Service unit to submit to the Secretary data  
9           with respect to the standards established under  
10          paragraph (1)(A).

11          “(b) ANNUAL REPORTS.—

12           “(1) IN GENERAL.—Not later than 1 year after  
13           the date of enactment of the Restoring Account-  
14           ability in the Indian Health Service Act of 2023,  
15           and annually thereafter, each Area office shall sub-  
16           mit to the Secretary a report on the metrics re-  
17           ported by Service units relating to the timeliness of  
18           the provision of health care services in Service facili-  
19           ties within each Service unit.

20           “(2) PUBLICATION.—The Secretary shall make  
21           each report received under paragraph (1) publicly  
22           available on the website of the Service.”

1                   **TITLE II—EMPLOYEE**  
2                   **PROTECTIONS**

3 **SEC. 201. EMPLOYEE PROTECTIONS AGAINST RETALIA-**  
4                   **TION.**

5           Title VI of the Indian Health Care Improvement Act  
6 (25 U.S.C. 1661 et seq.) (as amended by section 112(b))  
7 is amended by adding at the end the following:

8 **“SEC. 609. EMPLOYEE PROTECTIONS AGAINST RETALIA-**  
9                   **TION.**

10           “(a) DEFINITIONS.—In this section:

11                   “(1) INFORMATION.—The term ‘information’  
12 means information—

13                           “(A) the disclosure of which is not specifi-  
14 cally prohibited by law; and

15                           “(B) that is not specifically required by  
16 Executive order to be kept secret in the interest  
17 of national defense or the conduct of foreign af-  
18 fairs.

19                   “(2) RETALIATION.—The term ‘retaliation’,  
20 with respect to a whistleblower, means—

21                           “(A) an adverse employment action against  
22 the whistleblower;

23                           “(B) a significantly adverse action against  
24 the whistleblower, such as the refusal or delay  
25 of care provided through the Service; and



1           “(C) an adverse action described in sub-  
2           paragraph (A) or (B) against a family member  
3           or friend of the whistleblower.

4           “(3) WHISTLEBLOWER.—The term ‘whistle-  
5           blower’ means an employee of the Service who dis-  
6           closes information that the employee reasonably be-  
7           lieves evidences—

8           “(A) a violation of any law, rule, regula-  
9           tion, or Service policy; or

10           “(B) gross mismanagement, a gross waste  
11           of funds, an abuse of authority, or a substantial  
12           and specific danger to public health or safety.

13           “(b) EMPLOYEE ACCOUNTABILITY.—

14           “(1) DESIGNATED OFFICIAL.—The Secretary  
15           shall designate an official in the Department who is  
16           not an employee of the Service to receive reports  
17           under paragraph (2).

18           “(2) MANDATORY REPORTING.—An employee of  
19           the Service who witnesses retaliation against a whis-  
20           tleblower, a violation of a patient safety requirement,  
21           or other similar conduct shall submit to the official  
22           designated under paragraph (1) a report of the con-  
23           duct.

24           “(3) OVERSIGHT.—Not later than 3 days after  
25           the date on which the official designated under para-

1 graph (1) receives a report under paragraph (2), the  
2 Secretary shall—

3 “(A) formally review the report; and

4 “(B) provide a copy of the report and any  
5 other relevant information to the Inspector  
6 General of the Department.

7 “(4) REMOVAL FOR WHISTLEBLOWER RETALIA-  
8 TION.—

9 “(A) IN GENERAL.—The Secretary may re-  
10 move for misconduct from the civil service (as  
11 defined in section 2101 of title 5, United States  
12 Code), in accordance with section 606 or 607,  
13 as applicable, an employee of the Service if the  
14 Secretary determines, after completing a review  
15 described in paragraph (3), that the employee  
16 has retaliated against a whistleblower and war-  
17 rants removal for misconduct.

18 “(B) RETALIATION AS MISCONDUCT.—Re-  
19 taliation by an employee against a whistle-  
20 blower, as described in subparagraph (A), shall  
21 be considered to be misconduct for purposes of  
22 sections 606 and 607.

23 “(5) ENHANCING PROTECTIONS FOR WHISTLE-  
24 BLOWERS.—The Secretary shall carry out any ac-  
25 tions determined necessary by the Secretary to en-



1 with paragraphs (2) through (5), to each employee  
2 of the Indian Health Service notice of the right to  
3 petition Congress under section 7211 of title 5,  
4 United States Code.

5 (2) MEMORANDUM.—Not later than 30 days  
6 after the date of enactment of this Act, the Sec-  
7 retary shall submit to the Inspector General of the  
8 Department of Health and Human Services (re-  
9 ferred to in this subsection as the “Inspector Gen-  
10 eral”) a memorandum that includes the following  
11 statement: “It is a violation of section 7211 of title  
12 5, United States Code, for any Federal agency or  
13 employee to require a Federal employee to seek ap-  
14 proval, guidance, or any other form of input prior to  
15 contacting Congress with information, even if that  
16 information is in relation to the job responsibilities  
17 of the employee. A Federal employee found to have  
18 interfered with or denied the right of another Fed-  
19 eral employee under such section shall be subject to  
20 an adverse action described in any of paragraphs (1)  
21 through (5) of section 7512 of title 5, United States  
22 Code, including a suspension for more than 14 days  
23 without pay.”.

24 (3) APPROVAL OR DISAPPROVAL.—

1 (A) IN GENERAL.—Not later than 30 days  
2 after the date on which the memorandum is  
3 submitted under paragraph (2), the Inspector  
4 General shall approve or disapprove the memo-  
5 randum.

6 (B) DISAPPROVAL.—If the Inspector Gen-  
7 eral disapproves the memorandum, the Inspec-  
8 tor General shall advise the Secretary on what  
9 changes to the memorandum are necessary for  
10 approval.

11 (4) NOTICE.—If the memorandum is approved  
12 under paragraph (3), not later than 30 days after  
13 the date of the approval, the Secretary shall—

14 (A) provide to each employee of the Indian  
15 Health Service an electronic copy of the ap-  
16 proved memorandum; and

17 (B) post the memorandum in a clear and  
18 conspicuous place on the website of the Indian  
19 Health Service.

20 (5) REVISED MEMORANDUM.—

21 (A) IN GENERAL.—If the memorandum is  
22 disapproved under paragraph (3), not later  
23 than 15 days after the date of disapproval, the  
24 Secretary shall submit to the Inspector General  
25 a revised memorandum that incorporates the

1 changes advised under subparagraph (B) of  
2 that paragraph.

3 (B) APPROVAL OR DISAPPROVAL.—Not  
4 later than 30 days after the date on which the  
5 revised memorandum is submitted under sub-  
6 paragraph (A), the Inspector General shall ap-  
7 prove the revised memorandum.

8 (C) NOTICE.—Not later than 30 days after  
9 the date on which a revised memorandum is ap-  
10 proved under this paragraph, the Secretary  
11 shall provide notice of the memorandum in ac-  
12 cordance with paragraph (4).

13 **SEC. 203. FISCAL ACCOUNTABILITY.**

14 Title VI of the Indian Health Care Improvement Act  
15 (25 U.S.C. 1661 et seq.) (as amended by section 201) is  
16 amended by adding at the end the following:

17 **“SEC. 610. FISCAL ACCOUNTABILITY.**

18 **“(a) MANAGEMENT OF FUNDS.—**

19 **“(1) IN GENERAL.—**If the Secretary fails to  
20 submit a professional housing plan under section  
21 302(a) of the Restoring Accountability in the Indian  
22 Health Service Act of 2023 or a staffing plan under  
23 section 302(b) of that Act by the applicable dead-  
24 line, the Secretary may not receive, obligate, trans-  
25 fer, or expend any amounts for a salary increase or

1       bonus of an individual described in paragraph (2)  
2       until the professional housing plan or staffing plan,  
3       as applicable, is submitted.

4           “(2) INDIVIDUAL DESCRIBED.—An individual  
5       referred to in paragraph (1) is an individual em-  
6       ployed in the Service—

7           “(A) in a position that is—

8           “(i) described in any of sections 5312  
9       through 5316 of title 5, United States  
10       Code;

11          “(ii) placed in level IV or V of the Ex-  
12       ecutive Schedule under section 5317 of  
13       title 5, United States Code; or

14          “(iii) described in section 213.3301 or  
15       213.3302 of title 5, Code of Federal Regu-  
16       lations (or a successor regulation); or

17          “(B) as a limited term appointee, limited  
18       emergency appointee, or noncareer appointee  
19       (as those terms are defined in section 3132(a)  
20       of title 5, United States Code).

21       “(b) PRIORITIZATION OF PATIENT CARE.—

22           “(1) IN GENERAL.—The Secretary shall use  
23       amounts available to the Service that are not obli-  
24       gated or expended, including base budget funding  
25       and third party collections, during the fiscal years

1 for which the amounts are made available, and that  
2 remain available, and in keeping with the purpose  
3 for which the funds were appropriated, only to sup-  
4 port patient care by using the funds for—

5 “(A) the costs of—

6 “(i) essential medical equipment;

7 “(ii) purchased or referred care; or

8 “(iii) staffing; or

9 “(B) any other costs necessary to improve  
10 or maintain quality of care and patient safety.

11 “(2) SPECIAL RULE.—In using amounts under  
12 paragraph (1), the Secretary shall ensure that, in  
13 any case where the amounts were originally made  
14 available for a particular Service unit, the amounts  
15 are used to benefit Indians served by that Service  
16 unit.

17 “(3) HHS PLAN.—Each applicable fiscal year,  
18 the Secretary, in consultation with Indian tribes,  
19 shall establish a plan for distributing the amounts  
20 described in paragraph (1) across the categories of  
21 uses described in subparagraphs (A) through (C) of  
22 that paragraph.

23 “(4) RESTRICTIONS.—The Secretary may not  
24 use amounts described in paragraph (1)—



1           “(A) to remodel or interior decorate any  
2           Area office; or

3           “(B) to increase the rate of pay of any em-  
4           ployee of an Area office.

5           “(c) SPENDING REPORTS.—Not later than 90 days  
6           after the end of each fiscal year, the Secretary shall sub-  
7           mit a report describing the authorizations, expenditures,  
8           outlays, transfers, reprogramming, and obligations of each  
9           level of the Service, including the headquarters, each Area  
10          office, each Service unit, and each health clinic or facility,  
11          to—

12           “(1) each Indian tribe;

13           “(2) in the Senate—

14           “(A) the Committee on Indian Affairs;

15           “(B) the Committee on Health, Education,  
16          Labor, and Pensions;

17           “(C) the Committee on Appropriations;

18          and

19           “(D) the Committee on the Budget; and

20           “(3) in the House of Representatives—

21           “(A) the Committee on Natural Resources;

22           “(B) the Committee on Energy and Com-  
23          merce;

24           “(C) the Committee on Appropriations;

25          and

1                   “(D) the Committee on the Budget.

2           “(d) STATUS REPORTS.—

3                   “(1) PURPOSE.—The purpose of the report de-  
4           scribed in paragraph (2) is to identify the certifi-  
5           cation and accreditation status of each facility oper-  
6           ated by the Service, Indian tribes, tribal organiza-  
7           tions, and Urban Indian organizations.

8                   “(2) YEARLY REPORT.—Subject to paragraph  
9           (3), not later than 180 days after the end of each  
10          fiscal year, the Secretary shall provide to each entity  
11          described in paragraphs (1) through (3) of sub-  
12          section (c) a report describing the safety, billing,  
13          certification, credential, and compliance statuses of  
14          each facility managed, operated, or otherwise sup-  
15          ported by the Service.

16                  “(3) UPDATES.—With respect to any change of  
17          a status described in paragraph (2), the Secretary  
18          shall immediately provide to each entity described in  
19          paragraphs (1) through (3) of subsection (c) an up-  
20          date describing the change.

21           “(e) EFFECT.—Nothing in this section—

22                   “(1) negatively impacts the right of an Indian  
23          tribe to enter into a compact or contract under the  
24          Indian Self-Determination and Education Assistance  
25          Act (25 U.S.C. 5301 et seq.); or



1           (1) IN GENERAL.—Not later than 1 year after  
2 the date of enactment of this Act, the Secretary  
3 shall develop, make publicly available, and submit to  
4 Congress and the Comptroller General of the United  
5 States a written plan to address the professional  
6 housing needs of employees of the Service and em-  
7 ployees of tribal health programs that comports with  
8 the practices and recommendations of the Govern-  
9 ment Accountability Office relating to professional  
10 housing included in the most recent report of the  
11 Government Accountability Office regarding Indian  
12 Health Service housing needs.

13           (2) REQUIREMENT.—The plan under paragraph  
14 (1) shall include, at a minimum, projections for the  
15 professional housing needs for—

16           (A) the 1-year period following the date of  
17 the plan;

18           (B) the 5-year period following the date of  
19 the plan; and

20           (C) the 10-year period following the date  
21 of the plan.

22 (b) PLAN RELATING TO IHS STAFFING NEEDS.—

23           (1) IN GENERAL.—Not later than 1 year after  
24 the date on which the Government Accountability  
25 Office releases the report described in subsection (a),

1 the Secretary shall develop, make publicly available,  
2 and submit to Congress and the Comptroller General  
3 of the United States a written plan to address the  
4 staffing needs of the Service and tribal health pro-  
5 grams that comports with the practices and rec-  
6 ommendations of the Government Accountability Of-  
7 fice relating to workforce planning included in the  
8 report.

9 (2) REQUIREMENT.—The plan under paragraph  
10 (1) shall include, at a minimum, projections for the  
11 staffing needs for—

12 (A) the 1-year period following the date of  
13 the plan;

14 (B) the 5-year period following the date of  
15 the plan; and

16 (C) the 10-year period following the date  
17 of the plan.

18 **SEC. 303. REPORTS BY THE COMPTROLLER GENERAL.**

19 (a) IHS HOUSING NEEDS REPORT.—Not later than  
20 2 years after the date on which the Comptroller General  
21 of the United States receives the professional housing plan  
22 under section 302(a), the Comptroller General shall de-  
23 velop and submit to Congress a report that includes—

24 (1) an assessment of the professional housing  
25 plan;

1           (2) an evaluation of any existing, as of the date  
2 of the report, assessments and projections for the  
3 professional housing needs of employees of the Serv-  
4 ice and employees of tribal health programs, includ-  
5 ing a discussion and conclusions as to whether the  
6 existing assessments and projections accurately re-  
7 flect the professional housing needs of employees of  
8 the Service and employees of tribal health programs;  
9 and

10           (3) an assessment of the professional housing  
11 needs of—

12           (A) employees of the Service for each Serv-  
13 ice area (as defined in section 4 of the Indian  
14 Health Care Improvement Act (25 U.S.C.  
15 1603)); and

16           (B) employees of tribal health programs  
17 for each Indian tribe, as applicable.

18 (b) IHS STAFFING NEEDS REPORT.—

19           (1) IN GENERAL.—Not later than 2 years after  
20 the date on which the Comptroller General receives  
21 the plan relating to IHS staffing needs under sec-  
22 tion 302(b), the Comptroller General shall prepare  
23 and submit to Congress a report on the staffing  
24 needs of the Service and tribal health programs.

1           (2) CONTENTS.—The report under paragraph

2           (1) shall include—

3                   (A) an assessment of the staffing plan re-  
4                   ferred to in paragraph (1);

5                   (B) a description of—

6                           (i) the number and type of full-time  
7                           positions needed at each facility of the  
8                           Service and at each tribal health program;  
9                           and

10                           (ii) the amount of funds necessary to  
11                           maintain those positions;

12                   (C) an explanation of the various meth-  
13                   odologies that the Service uses and has pre-  
14                   viously used to determine the number and type  
15                   of full-time positions needed at federally man-  
16                   aged Service units; and

17                   (D) an assessment of the use of inde-  
18                   pendent contractors, including—

19                           (i) the number of independent con-  
20                           tractors hired to fill vacant full-time posi-  
21                           tions; and

22                           (ii) the amount of funds spent on  
23                           independent contractors who provide  
24                           health care services.

25           (c) WHISTLEBLOWER PROTECTIONS REPORT.—

1           (1) IN GENERAL.—Not later than 1 year after  
2 the date of enactment of this Act, the Comptroller  
3 General shall develop and submit to Congress a re-  
4 port on the efficacy of existing protections for whis-  
5 tleblowers in the Service, including the protections  
6 implemented pursuant to sections 201 and 202 and  
7 the amendments made by those sections.

8           (2) CONTENTS.—The report under paragraph  
9 (1) shall include—

10                   (A) a discussion and conclusions as to  
11 whether the Service has taken proper steps to  
12 prevent retaliation against whistleblowers;

13                   (B) if applicable, any recommendations for  
14 changes to the policy of the Service with respect  
15 to whistleblowers; and

16                   (C) a discussion and conclusions as to  
17 whether the official email accounts of employees  
18 of the Service are appropriately monitored.

19 **SEC. 304. INSPECTOR GENERAL REPORTS.**

20           (a) PATIENT CARE REPORTS.—

21                   (1) INITIAL REPORT.—Not later than 3 years  
22 after the date of enactment of this Act, the Inspec-  
23 tor General of the Department of Health and  
24 Human Services shall develop and submit to Con-  
25 gress and the Service a report on deferrals and deni-



1 als of care of patients by a purchased/referred care  
2 program in direct service hospitals of the Service.

3 (2) SUBSEQUENT REPORT.—Not later than 3  
4 years after the date on which the Inspector General  
5 of the Department of Health and Human Service  
6 submits the report required by paragraph (1), the  
7 Inspector General of the Department of Health and  
8 Human Services shall develop and submit to Con-  
9 gress and the Service a report on patient harm  
10 events and patient deaths relating to deferrals and  
11 denials of care in the Service.

12 (3) REQUIREMENTS.—The reports required  
13 under paragraphs (1) and (2) shall include, as appli-  
14 cable—

15 (A)(i) an evaluation of the number and  
16 kind of events that contribute to patient deaths  
17 as a result of deferrals and denials of care by  
18 a purchased/referred care program; and

19 (ii) recommendations relating to how to re-  
20 duce the number of patient harm events de-  
21 scribed in clause (i); and

22 (B)(i) an evaluation of the tracking and re-  
23 porting by the Service of, and response to, pa-  
24 tient harm events and patient deaths that result  
25 from deferrals and denials of care; and

1 (ii) recommendations relating to how to  
2 improve that tracking, reporting, and response.

3 (b) REPORTING SYSTEMS EVALUATION.—Not later  
4 than 3 years after the date of enactment of this Act, the  
5 Inspector General of the Department of Health and  
6 Human Services shall—

7 (1) conduct an evaluation of the patient safety  
8 incident reporting system of the Service required by  
9 the Indian Health Care Improvement Act (25 U.S.C.  
10 1601 et seq.), as of the date of enactment of this  
11 Act; and

12 (2) provide to the Service recommendations and  
13 technical assistance regarding implementation of im-  
14 proved incident reporting system, procedures, stand-  
15 ards, and protocols.

16 **SEC. 305. TRANSPARENCY IN CMS SURVEYS.**

17 Section 1880 of the Social Security Act (42 U.S.C.  
18 1395qq) is amended by adding at the end the following:

19 “(g)(1) With respect to each hospital described in  
20 subsection (a), standard surveys (whether conducted by  
21 the Secretary or by an accreditation organization under  
22 section 1865) to determine if such hospital meets the con-  
23 ditions of participation under section 1861(e) shall be con-  
24 ducted not later than 36 months after the date of the pre-  
25 vious such survey.

1       “(2) With respect to each skilled nursing facility de-  
2 scribed in subsection (a), standard surveys to determine  
3 if such facility meets the conditions of participation under  
4 this title shall be conducted not later than 12 months after  
5 the date of the previous such survey.

6       “(3) Each survey completed under this subsection  
7 shall be posted on the Internet website of the Centers for  
8 Medicare & Medicaid Services. Such posting shall comply  
9 with the Federal regulations concerning the privacy of in-  
10 dividually identifiable health information promulgated  
11 under section 264(e) of the Health Insurance Portability  
12 and Accountability Act of 1996.”.

## 13                   **TITLE IV—TECHNICAL** 14                   **AMENDMENTS**

### 15   **SEC. 401. TECHNICAL AMENDMENTS.**

16       (a) **DEFINITIONS.**—Section 4 of the Indian Health  
17 Care Improvement Act (25 U.S.C. 1603) is amended—

18               (1) in paragraph (5), by striking the paragraph  
19 designation and heading and all that follows through  
20 “means” and inserting the following:

21               “(5) **PURCHASED/REFERRED CARE.**—The term  
22 ‘purchased/referred care’ means”; and

23               (2) by redesignating paragraph (5) and para-  
24 graphs (6) through (15) as paragraph (15) and  
25 paragraphs (5) through (14), respectively, and mov-

1 ing the paragraphs so as to appear in numerical  
2 order.

3 (b) TECHNICAL AMENDMENTS.—The Indian Health  
4 Care Improvement Act (25 U.S.C. 1601 et seq.) is amend-  
5 ed—

6 (1) by striking “contract health service” each  
7 place it appears (regardless of casing and typeface  
8 and including in the headings) and inserting “pur-  
9 chased/referred care” (with appropriate casing and  
10 typeface); and

11 (2) by striking “contract health services” each  
12 place it appears (regardless of casing and typeface  
13 and including in the headings) and inserting “pur-  
14 chased/referred care” (with appropriate casing and  
15 typeface).

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