

119TH CONGRESS
1ST SESSION

H. R. 1418

To amend the Indian Health Care Improvement Act to address liability for payment of charges or costs associated with provision of purchased/referred care services, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 18, 2025

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

A BILL

To amend the Indian Health Care Improvement Act to address liability for payment of charges or costs associated with provision of purchased/referred care 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 “Purchased and Re-
5 ferred Care Improvement Act of 2025”.

1 **SEC. 2. CHANGES TO LIABILITY FOR PAYMENT.**

2 (a) IN GENERAL.—Section 222 of the Indian Health
3 Care Improvement Act (25 U.S.C. 1621u) is amended—

4 (1) in subsection (a)—

5 (A) by striking “A patient” and inserting
6 “Notwithstanding any other provision of law or
7 any agreement, form, or other written or elec-
8 tronic document signed by a patient, a patient”;
9 and

10 (B) by striking “contract health care” and
11 inserting “purchased/referred care”;

12 (2) in subsection (b)—

13 (A) by striking “contract care” each place
14 it appears and inserting “purchased/referred
15 care”;

16 (B) by striking “contract health care” and
17 inserting “purchased/referred care”;

18 (C) by inserting “, notwithstanding any
19 other provision of law or any agreement, form,
20 or other written or electronic document signed
21 by a patient,” after “by the Service that”; and

22 (D) by inserting “to any provider, debt col-
23 lector, or any other person” after “is not lia-
24 ble”;

1 (3) in subsection (c), by inserting “, the debt
2 collector, or any other person, as applicable” after
3 “the provider”; and

4 (4) by adding at the end the following:

5 “(d) REIMBURSEMENT.—

6 “(1) IN GENERAL.—Not later than 120 days
7 after the date of the enactment of this subsection
8 and in consultation with Indian Tribes, the Sec-
9 retary shall establish and implement procedures to
10 allow a patient that paid out-of-pocket for pur-
11 chased/referred care services authorized by the Serv-
12 ice under this Act to be reimbursed by the Service
13 for that payment not later than 30 days after the
14 patient submits documentation to the Service pursu-
15 ant to paragraph (2).

16 “(2) SUBMITTING DOCUMENTATION.—The Sec-
17 retary shall accept documentation from a patient
18 seeking reimbursement under paragraph (1) that
19 was submitted—

20 “(A) electronically; or

21 “(B) in-person at a Service facility.

22 “(3) EFFECT.—The preceding provisions of this
23 subsection shall not apply to purchased/referred care
24 service furnished under a purchased/referred care
25 services program operated by an Indian Tribe under

1 an Indian Self-Determination and Education Assist-
 2 ance Act (25 U.S.C. 5301 et seq.) compact or con-
 3 tract unless expressly agreed to by the Indian Tribe.

4 “(e) UPDATING AUTHORITIES.—Not later than 180
 5 days of the enactment of this subsection and in consulta-
 6 tion with Indian Tribes, the Secretary shall update appli-
 7 cable provisions of and exhibits to the Indian Health Man-
 8 ual, contracts with providers, and other relevant docu-
 9 ments and administrative authorities to incorporate the
 10 provisions of this section.”.

11 (b) APPLICATION.—The amendments made by this
 12 section shall apply to purchased/referred care services au-
 13 thorized by the Indian Health Service furnished on, be-
 14 fore, or after the date of the enactment of this Act.

15 **SEC. 3. TECHNICAL AMENDMENTS.**

16 (a) DEFINITIONS.—Section 4(5) of the Indian Health
 17 Care Improvement Act (25 U.S.C. 1603) is amended by
 18 striking the paragraph designation and heading and all
 19 that follows through “means” and inserting the following:

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

22 (b) TECHNICAL AMENDMENTS.—The Indian Health
 23 Care Improvement Act (25 U.S.C. 1601 et seq.) is amend-
 24 ed by striking “contract health service” each place it ap-
 25 pears (regardless of casing and typeface and including in

1 the headings) and inserting “purchased/referred care”
2 (with appropriate casing and typeface).

3 (c) UPDATING AUTHORITIES.—The Secretary of
4 Health and Human Services is directed to ensure that the
5 Indian Health Manual and all other relevant rules, guid-
6 ance, manuals, and other materials are revised such that
7 “contract health service”, each place it appears (regard-
8 less of casing and typeface and including in the headings)
9 is revised to read “purchased/referred care” (with appro-
10 priate casing and typeface).

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