

**§ 1638f. Indian country modular component facilities demonstration program**

**(a) Definition of modular component health care facility**

In this section, the term “modular component health care facility” means a health care facility that is constructed—

- (1) off-site using prefabricated component units for subsequent transport to the destination location; and
- (2) represents<sup>1</sup> a more economical method for provision of health care facility<sup>2</sup> than a traditionally constructed health care building.

**(b) Establishment**

The Secretary, acting through the Service, shall establish a demonstration program under which the Secretary shall award no less than 3 grants for purchase, installation and maintenance of modular component health care facilities in Indian communities for provision of health care services.

**(c) Selection of locations**

**(1) Petitions**

**(A) Solicitation**

The Secretary shall solicit from Indian tribes petitions for location of the modular component health care facilities in the Service areas of the petitioning Indian tribes.

**(B) Petition**

To be eligible to receive a grant under this section, an Indian tribe or tribal organization must submit to the Secretary a petition to construct a modular component health care facility in the Indian community of the Indian tribe, at such time, in such manner, and containing such information as the Secretary may require.

**(2) Selection**

In selecting the location of each modular component health care facility to be provided under the demonstration program, the Secretary shall give priority to projects already on the Indian Health Service facilities construction priority list and petitions which demonstrate that erection of a modular component health facility—

- (A) is more economical than construction of a traditionally constructed health care facility;
- (B) can be constructed and erected on the selected location in less time than traditional construction; and
- (C) can adequately house the health care services needed by the Indian population to be served.

**(3) Effect of selection**

A modular component health care facility project selected for participation in the demonstration program shall not be eligible for entry on the facilities construction priorities list entitled “IHS Health Care Facilities FY 2011 Planned Construction Budget” and dated May 7, 2009 (or any successor list).

<sup>1</sup> So in original.

<sup>2</sup> So in original. Probably should be “provision of a health care facility”.

**(d) Eligibility**

**(1) In general**

An Indian tribe may submit a petition under subsection (c)(1)(B) regardless of whether the Indian tribe is a party to any contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

**(2) Administration**

At the election of an Indian tribe or tribal organization selected for participation in the demonstration program, the funds provided for the project shall be subject to the provisions of the Indian Self-Determination and Education Assistance Act.

**(e) Reports**

Not later than 1 year after the date on which funds are made available for the demonstration program and annually thereafter, the Secretary shall submit to Congress a report describing—

- (1) each activity carried out under the demonstration program, including an evaluation of the success of the activity; and
- (2) the potential benefits of increased use of modular component health care facilities in other Indian communities.

**(f) Authorization of appropriations**

There are authorized to be appropriated \$50,000,000 to carry out the demonstration program under this section for the first 5 fiscal years, and such sums as may be necessary to carry out the program in subsequent fiscal years.

(Pub. L. 94-437, title III, §312, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

REFERENCES IN TEXT

The Indian Self-Determination and Education Assistance Act, referred to in subsec. (d), is Pub. L. 93-638, Jan. 4, 1975, 88 Stat. 2203, which is classified principally to subchapter II (§450 et seq.) of chapter 14 of this title. For complete classification of this Act to the Code, see Short Title note set out under section 450 of this title and Tables.

CODIFICATION

Section 312 of Pub. L. 94-437 is based on section 146 of title I of S. 1790, One Hundred Eleventh Congress, as reported by the Committee on Indian Affairs of the Senate in Dec. 2009, which was enacted into law by section 10221(a) of Pub. L. 111-148.

**§ 1638g. Mobile health stations demonstration program**

**(a) Definitions**

In this section:

**(1) Eligible tribal consortium**

The term “eligible tribal consortium” means a consortium composed of 2 or more Service units between which a mobile health station can be transported by road in up to 8 hours. A Service unit operated by the Service or by an Indian tribe or tribal organization shall be equally eligible for participation in such consortium.

**(2) Mobile health station**

The term “mobile health station” means a health care unit that—