§ 1680n. Priority for Indian reservations

(a) Facilities and projects

Beginning on October 29, 1992, the Bureau of Indian Affairs and the Service shall, in all matters involving the reorganization or development of Service facilities, or in the establishment of related employment projects to address unemployment conditions in economically depressed areas, give priority to locating such facilities and projects on Indian lands if requested by the Indian tribe with jurisdiction over such lands.

(b) "Indian lands" defined

For purposes of this section, the term ''Indian lands'' means—

(1) all lands within the limits of any Indian reservation; and

(2) any lands title which is held in trust by the United States for the benefit of any Indian tribe or individual Indian, or held by any Indian tribe or individual Indian subject to restriction by the United States against alienation and over which an Indian tribe exercises governmental power.

(Pub. L. 94–437, title VIII, § 824, as added Pub. L. 102–573, title VIII, § 812, Oct. 29, 1992, 106 Stat. 4589.)

§ 1680*o*. Authorization of appropriations

There are authorized to be appropriated such sums as are necessary to carry out this chapter for fiscal year 2010 and each fiscal year thereafter, to remain available until expended.

(Pub. L. 94–437, title VIII, § 825, as added Pub. L. 102–573, title VIII, § 813(a), Oct. 29, 1992, 106 Stat. 4590; amended Pub. L. 111–148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

REFERENCES IN TEXT

This chapter, referred to in text, was in the original ''this Act'', meaning Pub. L. 94–437, Sept. 30, 1976, 90 Stat. 1400, known as the Indian Health Care Improvement Act, which is classified principally to this chapter. For complete classification of this Act to the Code, see Short Title note set out under section 1601 of this title and Tables.

CODIFICATION

Amendment by Pub. L. 111–148 is based on section 101(a) 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.

AMENDMENTS

2010—Pub. L. 111–148 amended section generally. Prior to amendment, section authorized appropriations through fiscal year 2000 to carry out this subchapter.

§ 1680p. Annual budget submission

Effective beginning with the submission of the annual budget request to Congress for fiscal year 2011, the President shall include, in the amount requested and the budget justification, amounts that reflect any changes in—

(1) the cost of health care services, as indexed for United States dollar inflation (as measured by the Consumer Price Index); and

(2) the size of the population served by the Service.

(Pub. L. 94–437, title VIII, § 826, as added Pub. L. 111–148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Section 826 of Pub. L. 94–437 is based on section 195 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.

§ 1680q. Prescription drug monitoring

(a) Monitoring

(1) Establishment

The Secretary, in coordination with the Secretary of the Interior and the Attorney General, shall establish a prescription drug monitoring program, to be carried out at health care facilities of the Service, tribal health care facilities, and urban Indian health care facilities.

(2) Report

Not later than 18 months after March 23, 2010, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources of the House of Representatives a report that describes—

(A) the needs of the Service, tribal health care facilities, and urban Indian health care facilities with respect to the prescription drug monitoring program under paragraph (1);

(B) the planned development of that program, including any relevant statutory or administrative limitations; and

(C) the means by which the program could be carried out in coordination with any State prescription drug monitoring program.

(b) Abuse

(1) In general

The Attorney General, in conjunction with the Secretary and the Secretary of the Interior, shall conduct—

(A) an assessment of the capacity of, and support required by, relevant Federal and tribal agencies—

(i) to carry out data collection and analysis regarding incidents of prescription drug abuse in Indian communities; and

(ii) to exchange among those agencies and Indian health programs information relating to prescription drug abuse in Indian communities, including statutory and administrative requirements and limitations relating to that abuse; and

(B) training for Indian health care providers, tribal leaders, law enforcement officers, and school officials regarding awareness and prevention of prescription drug abuse and strategies for improving agency responses to addressing prescription drug abuse in Indian communities.

(2) Report

Not later than 18 months after March 23, 2010, the Attorney General shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources of the

House of Representatives a report that describes—

(A) the capacity of Federal and tribal agencies to carry out data collection and analysis and information exchanges as described in paragraph (1)(A);

(B) the training conducted pursuant to paragraph (1)(B);

(C) infrastructure enhancements required to carry out the activities described in paragraph (1), if any; and

(D) any statutory or administrative barriers to carrying out those activities.

(Pub. L. 94–437, title VIII, § 827, as added Pub. L. 111–148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Section 827 of Pub. L. 94–437 is based on section 196 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.

§ 1680r. Tribal health program option for cost sharing

(a) In general

Nothing in this chapter limits the ability of a tribal health program operating any health program, service, function, activity, or facility funded, in whole or part, by the Service through, or provided for in, a compact with the Service pursuant to title V of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 458aaa et seq.) to charge an Indian for services provided by the tribal health program.

(b) Service

Nothing in this chapter authorizes the Service—

(1) to charge an Indian for services; or

(2) to require any tribal health program to charge an Indian for services.

(Pub. L. 94–437, title VIII, § 828, as added Pub. L. 111–148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

REFERENCES IN TEXT

This chapter, referred to in text, was in the original ''this Act'', meaning Pub. L. 94–437, Sept. 30, 1976, 90 Stat. 1400, known as the Indian Health Care Improvement Act, which is classified principally to this chapter. For complete classification of this Act to the Code, see Short Title note set out under section 1601 of this title and Tables.

The Indian Self-Determination and Education Assistance Act, referred to in subsec. (a), is Pub. L. 93–638, Jan. 4, 1975, 88 Stat. 2203. Title V of the Act is classified principally to part E (§ 458aaa et seq.) of subchapter II 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 828 of Pub. L. 94–437 is based on section 197 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.

§ 1680s. Disease and injury prevention report

Not later than 18 months after March 23, 2010, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committees on Natural Resources and Energy and Commerce of the House of Representatives[1] describing—

(1) all disease and injury prevention activities conducted by the Service, independently or in conjunction with other Federal departments and agencies and Indian tribes; and

(2) the effectiveness of those activities, including the reductions of injury or disease conditions achieved by the activities.

(Pub. L. 94–437, title VIII, § 829, as added Pub. L. 111–148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Section 829 of Pub. L. 94–437 is based on section 198 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.

§ 1680t. Other GAO reports

(a) Coordination of services

(1) Study and evaluation

The Comptroller General of the United States shall conduct a study, and evaluate the effectiveness, of coordination of health care services provided to Indians—

(A) through Medicare, Medicaid, or SCHIP;

(B) by the Service; or

(C) using funds provided by—

(i) State or local governments; or

(ii) Indian tribes.

(2) Report

Not later than 18 months after March 23, 2010, the Comptroller General shall submit to Congress a report—

(A) describing the results of the evaluation under paragraph (1); and

(B) containing recommendations of the Comptroller General regarding measures to support and increase coordination of the provision of health care services to Indians as described in paragraph (1).

(b) Payments for contract health services

(1) In general

The Comptroller General shall conduct a study on the use of health care furnished by health care providers under the contract health services program funded by the Service and operated by the Service, an Indian tribe, or a tribal organization.

(2) Analysis

The study conducted under paragraph (1) shall include an analysis of—

(A) the amounts reimbursed under the contract health services program described in paragraph (1) for health care furnished by entities, individual providers, and suppliers, including a comparison of reimbursement for that health care through other public programs and in the private sector;

(B) barriers to accessing care under such contract health services program, including barriers relating to travel distances, cultural differences, and public and private sec-

[1] So in original. Probably should be followed by ''a report''.