tor reluctance to furnish care to patients under the program;

(C) the adequacy of existing Federal funding for health care under the contract health services program;

(D) the administration of the contract health service program, including the distribution of funds to Indian health programs pursuant to the program; and

(E) any other items determined appropriate by the Comptroller General.

(3) Report

Not later than 18 months after March 23, 2010, the Comptroller General shall submit to Congress a report on the study conducted under paragraph (1), together with recommendations regarding—

(A) the appropriate level of Federal funding that should be established for health care under the contract health services program described in paragraph (1);

(B) how to most efficiently use that funding; and

(C) the identification of any inequities in the current distribution formula or inequitable results for any Indian tribe under the funding level, and any recommendations for addressing any inequities or inequitable results identified.

(4) Consultation

In conducting the study under paragraph (1) and preparing the report under paragraph (3), the Comptroller General shall consult with the Service, Indian tribes, and tribal organizations.

(Pub. L. 94–437, title VIII, § 830, as added Pub. L. 111–148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Section 830 of Pub. L. 94–437 is based on section 199 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.

§ 1680u. Traditional health care practices

Although the Secretary may promote traditional health care practices, consistent with the Service standards for the provision of health care, health promotion, and disease prevention under this chapter, the United States is not liable for any provision of traditional health care practices pursuant to this chapter that results in damage, injury, or death to a patient. Nothing in this subsection shall be construed to alter any liability or other obligation that the United States may otherwise have under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) or this chapter.

(Pub. L. 94–437, title VIII, § 831, 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 text, 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 831 of Pub. L. 94–437 is based on section 199A 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.

§ 1680v. Director of HIV/AIDS Prevention and Treatment

(a) Establishment

The Secretary, acting through the Service, shall establish within the Service the position of the Director of HIV/AIDS Prevention and Treatment (referred to in this section as the ''Director'').

(b) Duties

The Director shall—

(1) coordinate and promote HIV/AIDS prevention and treatment activities specific to Indians;

(2) provide technical assistance to Indian tribes, tribal organizations, and urban Indian organizations regarding existing HIV/AIDS prevention and treatment programs; and

(3) ensure interagency coordination to facilitate the inclusion of Indians in Federal HIV/AIDS research and grant opportunities, with emphasis on the programs operated under the Ryan White Comprehensive Aids[1] Resources Emergency Act of 1990 (Public Law 101–381; 104 Stat. 576) and the amendments made by that Act.

(c) Report

Not later than 2 years after March 23, 2010, and not less frequently than once every 2 years thereafter, the Director shall submit to Congress a report describing, with respect to the preceding 2-year period—

(1) each activity carried out under this section; and

(2) any findings of the Director with respect to HIV/AIDS prevention and treatment activities specific to Indians.

(Pub. L. 94–437, title VIII, § 832, as added Pub. L. 111–148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

REFERENCES IN TEXT

The Ryan White Comprehensive AIDS Resources Emergency Act of 1990, referred to in subsec. (b)(3), is Pub. L. 101–381, Aug. 18, 1990, 104 Stat. 576, which enacted subchapter XXIV (§ 300ff et seq.) of chapter 6A of Title 42, The Public Health and Welfare, transferred section 300ee–6 of Title 42 to section 300ff–48 of Title 42, amended sections 284a, 286, 287a, 287c–2 (now 285q–2), 289f, 290aa–3a (now 290aa–1), 299c–5, 300ff–48, and 300aaa to 300aaa–13 (now 238 to 238m) of Title 42, and enacted provisions set out as notes under sections 201, 300x–4,

[1] So in original. Probably should be ''AIDS''.

300ff–11, 300ff–46, and 300ff–80 of Title 42. For complete classification of this Act to the Code, see Short Title of 1990 Amendments note set out under section 201 of Title 42 and Tables.

CODIFICATION

Section 832 of Pub. L. 94–437 is based on section 199B 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.

§ 1681. Omitted

CODIFICATION

Section, Pub. L. 104–134, title I, § 101(c) [title II], Apr. 26, 1996, 110 Stat. 1321–156, 1321–190; renumbered title I, Pub. L. 104–140, § 1(a), May 2, 1996, 110 Stat. 1327, which provided that the Indian Health Service was to neither bill nor charge those Indians who may have economic means to pay unless and until Congress directs Service to implement policy to do so, was from the Department of the Interior and Related Agencies Appropriations Act, 1996, and was not repeated in subsequent appropriations acts. Provisions similar to those in this section were contained in the following prior appropriation acts:

Pub. L. 103–332, title II, Sept. 30, 1994, 108 Stat. 2529.
Pub. L. 103–138, title II, Nov. 11, 1993, 107 Stat. 1409.
Pub. L. 102–381, title II, Oct. 5, 1992, 106 Stat. 1409.
Pub. L. 102–154, title II, Nov. 13, 1991, 105 Stat. 1027.
Pub. L. 101–512, title II, Nov. 5, 1990, 104 Stat. 1952.
Pub. L. 101–121, title II, Oct. 23, 1989, 103 Stat. 734.
Pub. L. 100–446, title II, Sept. 27, 1988, 102 Stat. 1816.
Pub. L. 100–202, § 101(g) [title II], Dec. 22, 1987, 101 Stat. 1329–213, 1329–245.
Pub. L. 99–500, § 101(h) [title II], Oct. 18, 1986, 100 Stat. 1783–242, 1783–277, and Pub. L. 99–591, § 101(h) [title II], Oct. 30, 1986, 100 Stat. 3341–242, 3341–277.
Pub. L. 99–190, § 101(d) [title II], Dec. 19, 1985, 99 Stat. 1224, 1256.
Pub. L. 98–473, title I, § 101(c) [title II], Oct. 12, 1984, 98 Stat. 1837, 1865.

§ 1682. Subrogation of claims by Indian Health Service

On and after October 18, 1986, the Indian Health Service may seek subrogation of claims including but not limited to auto accident claims, including no-fault claims, personal injury, disease, or disability claims, and worker's compensation claims, the proceeds of which shall be credited to the funds established by sections 401 and 402[1] of the Indian Health Care Improvement Act.

(Pub. L. 99–500, § 101(h) [title II], Oct. 18, 1986, 100 Stat. 1783–242, 1783–277, and Pub. L. 99–591, § 101(h) [title II], Oct. 30, 1986, 100 Stat. 3341–242, 3341–277.)

REFERENCES IN TEXT

Sections 401 and 402 of the Indian Health Care Improvement Act, referred to in text, probably means former sections 401 and 402 of Pub. L. 94–437, title IV, Sept. 30, 1976, 90 Stat. 1408, 1409, which enacted sections 1395qq and 1396j of Title 42, The Public Health and Welfare, amended sections 1395f, 1395n, and 1396d of Title 42, and enacted provisions set out as notes under sections 1395qq and 1396j of Title 42. Sections 401 and 402 of the Act were amended generally by section 401(a), (b)(1) of Pub. L. 102–573, title IV, Oct. 29, 1992, 106 Stat. 4565, and by section 10221(a) of Pub. L. 111–148, title X, Mar. 23, 2010, 124 Stat. 935, and are classified to sections 1641 and 1642 of this title, respectively.

[1] See References in Text note below.

CODIFICATION

Pub. L. 99–591 is a corrected version of Pub. L. 99–500. Section was enacted as part of the Department of the Interior and Related Agencies Appropriations Act, 1987, as enacted by Pub. L. 99–500 and Pub. L. 99–591, and not as part of the Indian Health Care Improvement Act which comprises this chapter.

PRIOR PROVISIONS

A prior section 1682, Pub. L. 98–473, title I, § 101(c) [title II], Oct. 12, 1984, 98 Stat. 1837, 1865, which related to subrogation of claims by Indian Health Service, was omitted as superseded by section 101(h) [title II] of Pub. L. 99–500 and Pub. L. 99–591.

§ 1683. Indian Catastrophic Health Emergency Fund

$10,000,000 shall remain available until expended, for the establishment of an Indian Catastrophic Health Emergency Fund (hereinafter referred to as the ''Fund''). On and after October 18, 1986, the Fund is to cover the Indian Health Service portion of the medical expenses of catastrophic illness falling within the responsibility of the Service and shall be administered by the Secretary of Health and Human Services, acting through the central office of the Indian Health Service. No part of the Fund or its administration shall be subject to contract or grant under the Indian Self-Determination and Education Assistance Act (Public Law 93–638) [25 U.S.C. 450 et seq.]. There shall be deposited into the Fund all amounts recovered under the authority of the Federal Medical Care Recovery Act (42 U.S.C. 2651 et seq.), which shall become available for obligation upon receipt and which shall remain available for obligation until expended. The Fund shall not be used to pay for health services provided to eligible Indians to the extent that alternate Federal, State, local, or private insurance resources for payment: (1) are available and accessible to the beneficiary; or (2) would be available and accessible if the beneficiary were to apply for them; or (3) would be available and accessible to other citizens similarly situated under Federal, State, or local law or regulation or private insurance program notwithstanding Indian Health Service eligibility or residency on or off a Federal Indian reservation.

(Pub. L. 99–500, § 101(h) [title II], Oct. 18, 1986, 100 Stat. 1783–242, 1783–276, and Pub. L. 99–591, § 101(h) [title II], Oct. 30, 1986, 100 Stat. 3341–242, 3341–276.)

REFERENCES IN TEXT

The Indian Self-Determination and Education Assistance Act (Public Law 93–638), referred to in text, is Pub. L. 93–638, Jan. 4, 1975, 88 Stat. 2203, as amended, 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.

The Federal Medical Care Recovery Act (42 U.S.C. 2651 et seq.), referred to in text, probably means Pub. L. 87–693, Sept. 25, 1962, 76 Stat. 593, which is classified generally to chapter 32 (§ 2651 et seq.) of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see Tables.

CODIFICATION

Pub. L. 99–591 is a corrected version of Pub. L. 99–500. Section was enacted as part of the Department of the Interior and Related Agencies Appropriations Act, 1987,