

AMENDMENTS

1984—Pub. L. 98-449 amended section generally, substituting provisions limiting funds expended for private contracts to 6 percent of appropriated funds in 1985 and authorizing the appropriation of such sums as may be necessary to carry out this subchapter in fiscal years after 1985 for provisions putting a 5 percent limitation on use of appropriated funds.

**§ 1544. Additional compensation to contractors of Federal agency**

Notwithstanding any other provision of law, a contractor of a Federal agency under any Act of Congress may be allowed an additional amount of compensation equal to 5 percent of the amount paid, or to be paid, to a subcontractor or supplier, in carrying out the contract if such subcontractor or supplier is an Indian organization or Indian-owned economic enterprise as defined in this chapter.

(Pub. L. 93-262, title V, §504, added Pub. L. 100-442, §7, Sept. 22, 1988, 102 Stat. 1765.)

**CHAPTER 18—INDIAN HEALTH CARE**

GENERAL PROVISIONS

- Sec.
- 1601. Congressional findings.
- 1602. Declaration of national Indian health policy.
- 1603. Definitions.

SUBCHAPTER I—INDIAN HEALTH PROFESSIONAL PERSONNEL

- 1611. Congressional statement of purpose.
- 1612. Health professions recruitment program for Indians.
- 1613. Health professions preparatory scholarship program for Indians.
- 1613a. Indian health professions scholarships.
- 1614. Indian health service extern programs.
- 1615. Continuing education allowances.
- 1616. Community Health Representative Program.
- 1616a. Indian Health Service Loan Repayment Program.
- 1616a-1. Scholarship and Loan Repayment Recovery Fund.
- 1616b. Recruitment activities.
- 1616c. Tribal recruitment and retention program.
- 1616d. Advanced training and research.
- 1616e. Nursing program.
- 1616e-1. Nursing school clinics.
- 1616f. Tribal culture and history.
- 1616g. INMED program.
- 1616h. Health training programs of community colleges.
- 1616i. Additional incentives for health professionals.
- 1616j. Retention bonus.
- 1616k. Nursing residency program.
- 1616l. Community health aide program.
- 1616m. Matching grants to tribes for scholarship programs.
- 1616n. Tribal health program administration.
- 1616o. University of South Dakota pilot program.
- 1616p. Health professional chronic shortage demonstration programs.
- 1616q. Exemption from payment of certain fees.
- 1616r. Repealed.

SUBCHAPTER II—HEALTH SERVICES

- 1621. Indian Health Care Improvement Fund.
- 1621a. Catastrophic Health Emergency Fund.
- 1621b. Health promotion and disease prevention services.
- 1621c. Diabetes prevention, treatment, and control.
- 1621d. Other authority for provision of services.

- Sec.
- 1621e. Reimbursement from certain third parties of costs of health services.
- 1621f. Crediting of reimbursements.
- 1621g. Health services research.
- 1621h. Mental health prevention and treatment services.
- 1621i. Managed care feasibility study.
- 1621j. California contract health services demonstration program.
- 1621k. Coverage of screening mammography.
- 1621l. Patient travel costs.
- 1621m. Epidemiology centers.
- 1621n. Comprehensive school health education programs.
- 1621o. Indian youth grant program.
- 1621p. American Indians Into Psychology Program.
- 1621q. Prevention, control, and elimination of communicable and infectious diseases.
- 1621r. Contract health services payment study.
- 1621s. Prompt action on payment of claims.
- 1621t. Licensing.
- 1621u. Liability for payment.
- 1621v. Offices of Indian Men's Health and Indian Women's Health.
- 1621w. Repealed.
- 1621x. Limitation on use of funds.
- 1621y. Contract health service administration and disbursement formula.
- 1622. Transferred.
- 1623. Special rules relating to Indians.

SUBCHAPTER III—HEALTH FACILITIES

- 1631. Consultation; closure of facilities; reports.
- 1632. Safe water and sanitary waste disposal facilities.
- 1633. Preferences to Indians and Indian firms.
- 1634. Expenditure of non-Service funds for renovation.
- 1635. Repealed.
- 1636. Grant program for construction, expansion, and modernization of small ambulatory care facilities.
- 1637. Indian health care delivery demonstration projects.
- 1638. Land transfer.
- 1638a. Tribal management of federally owned quarters.
- 1638b. Applicability of Buy American requirement.
- 1638c. Contracts for personal services in Indian Health Service facilities.
- 1638d. Credit to appropriations of money collected for meals at Indian Health Service facilities.
- 1638e. Other funding, equipment, and supplies for facilities.
- 1638f. Indian country modular component facilities demonstration program.
- 1638g. Mobile health stations demonstration program.

SUBCHAPTER III—A—ACCESS TO HEALTH SERVICES

- 1641. Treatment of payments under Social Security Act health benefits programs.
- 1642. Purchasing health care coverage.
- 1643. Amount and use of funds reimbursed through medicare and medicaid available to Indian Health Service.
- 1644. Grants to and contracts with the Service, Indian tribes, tribal organizations, and urban Indian organizations to facilitate outreach, enrollment, and coverage of Indians under Social Security Act health benefit programs and other health benefits programs.
- 1645. Sharing arrangements with Federal agencies.
- 1646. Authorization for emergency contract health services.
- 1647. Eligible Indian veteran services.
- 1647a. Nondiscrimination under Federal health care programs in qualifications for reimbursement for services.

- Sec.  
1647b. Access to Federal insurance.  
1647c. General exceptions.  
1647d. Navajo Nation medicaid agency feasibility study.

SUBCHAPTER IV—HEALTH SERVICES FOR URBAN INDIANS

1651. Purpose.  
1652. Contracts with, and grants to, urban Indian organizations.  
1653. Contracts and grants for provision of health care and referral services.  
1654. Contracts and grants for determination of unmet health care needs.  
1655. Evaluations; renewals.  
1656. Other contract and grant requirements.  
1657. Reports and records.  
1658. Limitation on contract authority.  
1659. Facilities renovation.  
1660. Urban Health Programs Branch.  
1660a. Grants for alcohol and substance abuse related services.  
1660b. Treatment of certain demonstration projects.  
1660c. Urban NIAAA transferred programs.  
1660d. Conferring with urban Indian organizations.  
1660e. Expanded program authority for urban Indian organizations.  
1660f. Community Health Representatives.  
1660g. Use of Federal Government facilities and sources of supply.  
1660h. Health information technology.

SUBCHAPTER V—ORGANIZATIONAL IMPROVEMENTS

1661. Establishment of the Indian Health Service as an agency of the Public Health Service.  
1662. Automated management information system.  
1663. Office of Direct Service Tribes.  
1663a. Nevada Area Office.

SUBCHAPTER V—A—BEHAVIORAL HEALTH PROGRAMS

PART A—GENERAL PROGRAMS

1665. Definitions.  
1665a. Behavioral health prevention and treatment services.  
1665b. Memoranda of agreement with the Department of the Interior.  
1665c. Comprehensive behavioral health prevention and treatment program.  
1665d. Mental health technician program.  
1665e. Licensing requirement for mental health care workers.  
1665f. Indian women treatment programs.  
1665g. Indian youth program.  
1665h. Inpatient and community-based mental health facilities design, construction, and staffing.  
1665i. Training and community education.  
1665j. Behavioral health program.  
1665k. Fetal alcohol spectrum disorders programs.  
1665l. Child sexual abuse prevention and treatment programs.  
1665m. Domestic and sexual violence prevention and treatment.  
1665n. Behavioral health research.

PART B—INDIAN YOUTH SUICIDE PREVENTION

1667. Findings and purpose.  
1667a. Definitions.  
1667b. Indian youth telemental health demonstration project.  
1667c. Substance abuse and mental health services Administration grants.  
1667d. Use of predoctoral psychology and psychiatry interns.  
1667e. Indian youth life skills development demonstration program.

Sec. SUBCHAPTER VI—MISCELLANEOUS

1671. Reports.  
1672. Regulations.  
1673. Repealed.  
1674. Leases with Indian tribes.  
1675. Confidentiality of medical quality assurance records; qualified immunity for participants.  
1676. Limitation on use of funds appropriated to Indian Health Service.  
1677. Nuclear resource development health hazards.  
1678. Arizona as contract health service delivery area.  
1678a. North Dakota and South Dakota as contract health service delivery area.  
1679. Eligibility of California Indians.  
1680. California as a contract health service delivery area.  
1680a. Contract health facilities.  
1680b. National Health Service Corps.  
1680c. Health services for ineligible persons.  
1680d. Infant and maternal mortality; fetal alcohol syndrome.  
1680e. Contract health services for the Trenton Service Area.  
1680f. Indian Health Service and Department of Veterans Affairs health facilities and services sharing.  
1680g. Reallocation of base resources.  
1680h. Demonstration projects for tribal management of health care services.  
1680i. Child sexual abuse treatment programs.  
1680j. Tribal leasing.  
1680k. Repealed.  
1680l. Shared services for long-term care.  
1680m. Results of demonstration projects.  
1680n. Priority for Indian reservations.  
1680o. Authorization of appropriations.  
1680p. Annual budget submission.  
1680q. Prescription drug monitoring.  
1680r. Tribal health program option for cost sharing.  
1680s. Disease and injury prevention report.  
1680t. Other GAO reports.  
1680u. Traditional health care practices.  
1680v. Director of HIV/AIDS Prevention and Treatment.  
1681. Omitted.  
1682. Subrogation of claims by Indian Health Service.  
1683. Indian Catastrophic Health Emergency Fund.

GENERAL PROVISIONS

§ 1601. Congressional findings

The Congress finds the following:

(1) Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government's historical and unique legal relationship with, and resulting responsibility to, the American Indian people.

(2) A major national goal of the United States is to provide the resources, processes, and structure that will enable Indian tribes and tribal members to obtain the quantity and quality of health care services and opportunities that will eradicate the health disparities between Indians and the general population of the United States.

(3) A major national goal of the United States is to provide the quantity and quality of health services which will permit the health status of Indians to be raised to the highest possible level and to encourage the maximum