(b) Purposes of programs

The purposes of demonstration programs under subsection (a) shall be—

(1) to provide direct clinical and practical experience within an Indian health program to health profession students and residents from medical schools;

(2) to improve the quality of health care for Indians by ensuring access to qualified health professionals;

(3) to provide academic and scholarly opportunities for health professionals serving Indians by identifying all academic and scholarly resources of the region; and

(4) to provide training and support for alternative provider types, such as community health representatives, and community health aides.

(c) Advisory board

The demonstration programs established pursuant to subsection (a) shall incorporate a program advisory board, which may be composed of representatives of tribal governments, Indian health programs, and Indian communities in the areas to be served by the demonstration programs.

(Pub. L. 94–437, title I, §123, as added Pub. L. 111–148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Section 123 of Pub. L. 94–437 is based on section 112 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.

PRIOR PROVISIONS

A prior section 1616p, Pub. L. 94–437, title I, §123, as added Pub. L. 102–573, title I, §117(a), Oct. 29, 1992, 106 Stat. 4544, authorized appropriations through fiscal year 2000 to carry out this subchapter, prior to repeal by Pub. L. 111–148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935. The repeal is based on section 101(b)(1) 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.

§ 1616q. Exemption from payment of certain fees

Employees of a tribal health program or urban Indian organization shall be exempt from payment of licensing, registration, and any other fees imposed by a Federal agency to the same extent that officers of the commissioned corps of the Public Health Service and other employees of the Service are exempt from those fees.

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

CODIFICATION

Section 124 of Pub. L. 94–437 is based on section 113 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.

§ 1616r. Repealed. Pub. L. 111–148, title X, § 10221(b)(2), Mar. 23, 2010, 124 Stat. 936

Section, Pub. L. 94–437, title I, §125, as added Pub. L. 111–148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935, was based on section 134(b) 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 and related to treatment of a scholarship provided to an individual under this subchapter as a qualified scholarship for purposes of section 117 of Title 26, Internal Revenue Code.

SUBCHAPTER II—HEALTH SERVICES

§ 1621. Indian Health Care Improvement Fund

(a) Use of funds

The Secretary, acting through the Service, is authorized to expend funds, directly or under the authority of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), which are appropriated under the authority of this section, for the purposes of—

(1) eliminating the deficiencies in health status and health resources of all Indian tribes;

(2) eliminating backlogs in the provision of health care services to Indians;

(3) meeting the health needs of Indians in an efficient and equitable manner, including the use of telehealth and telemedicine when appropriate;

(4) eliminating inequities in funding for both direct care and contract health service programs; and

(5) augmenting the ability of the Service to meet the following health service responsibilities with respect to those Indian tribes with the highest levels of health status deficiencies and resource deficiencies:

(A) Clinical care, including inpatient care, outpatient care (including audiology, clinical eye, and vision care), primary care, secondary and tertiary care, and long-term care.

(B) Preventive health, including mammography and other cancer screening.

(C) Dental care.

(D) Mental health, including community mental health services, inpatient mental health services, dormitory mental health services, therapeutic and residential treatment centers, and training of traditional health care practitioners.

(E) Emergency medical services.

(F) Treatment and control of, and rehabilitative care related to, alcoholism and drug abuse (including fetal alcohol syndrome) among Indians.

(G) Injury prevention programs, including data collection and evaluation, demonstration projects, training, and capacity building.

(H) Home health care.

(I) Community health representatives.

(J) Maintenance and improvement.

(b) No offset or limitation

Any funds appropriated under the authority of this section shall not be used to offset or limit any other appropriations made to the Service under this chapter or section 13 of this title, or any other provision of law.

(c) Allocation; use

(1) In general

Funds appropriated under the authority of this section shall be allocated to Service

units, Indian tribes, or tribal organizations. The funds allocated to each Indian tribe, tribal organization, or Service unit under this paragraph shall be used by the Indian tribe, tribal organization, or Service unit under this paragraph to improve the health status and reduce the resource deficiency of each Indian tribe served by such Service unit, Indian tribe, or tribal organization.

(2) Apportionment of allocated funds

The apportionment of funds allocated to a Service unit, Indian tribe, or tribal organization under paragraph (1) among the health service responsibilities described in subsection (a)(5) shall be determined by the Service in consultation with, and with the active participation of, the affected Indian tribes and tribal organizations.

(d) Provisions relating to health status and resource deficiencies

For the purposes of this section, the following definitions apply:

(1) Definition

The term ''health status and resource deficiency'' means the extent to which—

(A) the health status objectives set forth in sections 1602(1) and 1602(2) of this title are not being achieved; and

(B) the Indian tribe or tribal organization does not have available to it the health resources it needs, taking into account the actual cost of providing health care services given local geographic, climatic, rural, or other circumstances.

(2) Available resources

The health resources available to an Indian tribe or tribal organization include health resources provided by the Service as well as health resources used by the Indian tribe or tribal organization, including services and financing systems provided by any Federal programs, private insurance, and programs of State or local governments.

(3) Process for review of determinations

The Secretary shall establish procedures which allow any Indian tribe or tribal organization to petition the Secretary for a review of any determination of the extent of the health status and resource deficiency of such Indian tribe or tribal organization.

(e) Eligibility for funds

Tribal health programs shall be eligible for funds appropriated under the authority of this section on an equal basis with programs that are administered directly by the Service.

(f) Report

By no later than the date that is 3 years after March 23, 2010, the Secretary shall submit to Congress the current health status and resource deficiency report of the Service for each Service unit, including newly recognized or acknowledged Indian tribes. Such report shall set out—

(1) the methodology then in use by the Service for determining tribal health status and resource deficiencies, as well as the most recent application of that methodology;

(2) the extent of the health status and resource deficiency of each Indian tribe served by the Service or a tribal health program;

(3) the amount of funds necessary to eliminate the health status and resource deficiencies of all Indian tribes served by the Service or a tribal health program; and

(4) an estimate of—

(A) the amount of health service funds appropriated under the authority of this chapter, or any other Act, including the amount of any funds transferred to the Service for the preceding fiscal year which is allocated to each Service unit, Indian tribe, or tribal organization;

(B) the number of Indians eligible for health services in each Service unit or Indian tribe or tribal organization; and

(C) the number of Indians using the Service resources made available to each Service unit, Indian tribe or tribal organization, and, to the extent available, information on the waiting lists and number of Indians turned away for services due to lack of resources.

(g) Inclusion in base budget

Funds appropriated under this section for any fiscal year shall be included in the base budget of the Service for the purpose of determining appropriations under this section in subsequent fiscal years.

(h) Clarification

Nothing in this section is intended to diminish the primary responsibility of the Service to eliminate existing backlogs in unmet health care needs, nor are the provisions of this section intended to discourage the Service from undertaking additional efforts to achieve equity among Indian tribes and tribal organizations.

(i) Funding designation

Any funds appropriated under the authority of this section shall be designated as the ''Indian Health Care Improvement Fund''.

(Pub. L. 94–437, title II, § 201, Sept. 30, 1976, 90 Stat. 1404; Pub. L. 96–537, § 4, Dec. 17, 1980, 94 Stat. 3174; Pub. L. 100–713, title II, § 201(a), Nov. 23, 1988, 102 Stat. 4800; Pub. L. 102–573, title II, § 201(a), (c), 207(b), 217(b)(1), Oct. 29, 1992, 106 Stat. 4544, 4546, 4551, 4559; 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. (a), 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.

This chapter, referred to in subsecs. (b) and (f)(4)(A), 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 121 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 consisted of subsecs. (a) to (h) relating to the Indian Health Care Improvement Fund.

1992—Pub. L. 102–573, §201(c), amended section catchline generally.

Subsec. (a). Pub. L. 102–573, §201(a)(1)(A), substituted ''this section'' for ''subsection (h) of this section'' in introductory provisions.

Subsec. (a)(1). Pub. L. 102–573, §201(a)(1)(B), amended par. (1) generally. Prior to amendment, par. (1) read as follows: ''raising the health status of Indians to zero deficiency,''.

Subsec. (a)(4). Pub. L. 102–573, §201(a)(1)(C), in introductory provisions inserted '', either through direct or contract care or through contracts entered into pursuant to the Indian Self-Determination Act,'' after ''responsibilities'' and substituted ''status and resource deficiencies'' for ''resources deficiency''.

Subsec. (a)(4)(B). Pub. L. 102–573, §207(b), substituted ''preventive health, including screening mammography in accordance with section 1621k of this title'' for ''preventive health''.

Subsec. (b)(1). Pub. L. 102–573, §201(a)(2)(A), substituted ''this section'' for ''subsection (h) of this section''.

Subsec. (b)(2). Pub. L. 102–573, §201(a)(2)(B), redesignated par. (3) as (2) and struck out former par. (2) which read as follows: ''Funds which are appropriated under the authority of subsection (h) of this section may be allocated to, or used for the benefit of, any Indian tribe which has a health resources deficiency level at level I or II only if a sufficient amount of funds have been appropriated under the authority of subsection (h) of this section to raise all Indian tribes to health resources deficiency level II.''

Subsec. (b)(2)(A). Pub. L. 102–573, §201(a)(2)(C), in first sentence, substituted ''this section'' for ''subsection (h) of this section'' and struck out ''but such allocation shall be made in a manner which ensures that the requirement of paragraph (2) is met'' after ''service unit basis'' and, in second sentence, struck out ''(in accordance with paragraph (2))'' after ''the service unit'' and substituted ''reduce the health status and resource deficiency'' for ''raise the deficiency level''.

Subsec. (b)(2)(B). Pub. L. 102–573, §201(a)(2)(D), inserted '', and with the active participation of,'' after ''in consultation with''.

Subsec. (b)(3). Pub. L. 102–573, §201(a)(2)(B), redesignated par. (3) as (2).

Subsec. (c)(1). Pub. L. 102–573, §201(a)(3)(B), amended par. (1) generally, substituting provisions defining ''health status and resource deficiency'' for former provisions defining ''health resources deficiency''.

Pub. L. 102–573, §201(a)(3)(A), redesignated par. (2) as (1) and struck out former par. (1) which specified the health resource deficiency levels of an Indian tribe.

Subsec. (c)(2). Pub. L. 102–573, §201(a)(3)(A), redesignated par. (3) as (2). Former par. (2) redesignated (1).

Subsec. (c)(3). Pub. L. 102–573, §201(a)(3)(A), (C), redesignated par. (4) as (3) and substituted ''The'' for ''Under regulations, the'' and ''extent of the health status and resource deficiency'' for ''health resources deficiency level''. Former par. (3) redesignated (2).

Subsec. (c)(4). Pub. L. 102–573, §201(a)(3)(A), redesignated par. (4) as (3).

Subsec. (d)(1). Pub. L. 102–573, §201(a)(4), substituted ''this section'' for ''subsection (h) of this section''.

Subsec. (e). Pub. L. 102–573, §201(a)(5)(A), in introductory provisions, substituted ''3 years after October 29, 1992, the Secretary shall submit to the Congress the current health status and resource deficiency report'' for ''60 days after November 23, 1988, the Secretary shall submit to the Congress the current health services priority system report''.

Subsec. (e)(1). Pub. L. 102–573, §201(a)(5)(B), substituted ''health status and resource deficiencies'' for ''health resources deficiencies''.

Subsec. (e)(2). Pub. L. 102–573, §201(a)(5)(C), substituted ''the extent of the health status and resource deficiency of'' for ''the level of health resources deficiency for''.

Subsec. (e)(3). Pub. L. 102–573, §201(a)(5)(D), substituted ''eliminate the health status and resource deficiencies of all Indian tribes served by the Service; and'' for ''raise all Indian tribes served by the Service below health resources deficiency level II to health resources deficiency level II;''.

Subsec. (e)(4) to (6). Pub. L. 102–573, §201(a)(5)(E), redesignated par. (6) as (4) and struck out former pars. (4) and (5) which read as follows:

''(4) the amount of funds necessary to raise all tribes served by the Service below health resources deficiency level I to health resources deficiency level I;

''(5) the amount of funds necessary to raise all tribes served by the Service to zero health resources deficiency; and''.

Subsec. (f). Pub. L. 102–573, §201(a)(6), redesignated par. (2) as entire subsec. and struck out former par. (1) which read as follows: ''The President shall include with the budget submitted to the Congress under section 1105 of title 31 for each fiscal year a separate statement which specifies the amount of funds requested to carry out the provisions of this section for such fiscal year.''

Subsec. (h). Pub. L. 102–573, §217(b)(1), substituted ''this section'' for ''this subsection'' and struck out former first sentence which authorized appropriations for fiscal years 1990 to 1992.

1988—Pub. L. 100–713 amended section generally, substituting subsecs. (a) to (h) relating to improvement of Indian health status for former subsecs. (a) to (e) relating to direct patient care program.

1980—Subsec. (c)(1). Pub. L. 96–537, §4(a)(1), inserted provisions authorizing appropriation of specific amounts for fiscal years ending Sept. 30, 1981, Sept. 30, 1982, Sept. 30, 1983, and Sept. 30, 1984, and further authorizing additional positions as may be necessary for each such fiscal year.

Subsec. (c)(2). Pub. L. 96–537, §4(a)(2), inserted provisions authorizing appropriation of specific amounts for fiscal years ending Sept. 30, 1981, Sept. 30, 1982, Sept. 30, 1983, and Sept. 30, 1984, and further authorizing additional positions as may be necessary for each such fiscal year.

Subsec. (c)(3). Pub. L. 96–537, §4(a)(3), inserted provisions authorizing appropriation of specific amounts for fiscal years ending Sept. 30, 1981, Sept. 30, 1982, Sept. 30, 1983, and Sept. 30, 1984, and further authorizing additional positions as may be necessary for each such fiscal year.

Subsec. (c)(4)(A). Pub. L. 96–537, §4(b)(1), inserted provisions authorizing appropriation of specific amounts for fiscal years ending Sept. 30, 1981, Sept. 30, 1982, Sept. 30, 1983, and Sept. 30, 1984, and further authorizing additional positions as may be necessary for each such fiscal year.

Subsec. (c)(4)(B). Pub. L. 96–537, §4(b)(2), inserted provisions authorizing appropriation of specific amounts for fiscal years ending Sept. 30, 1981, Sept. 30, 1982, Sept. 30, 1983, and Sept. 30, 1984, and further authorizing additional positions as may be necessary for each such fiscal year.

Subsec. (c)(4)(C). Pub. L. 96–537, §4(b)(3), inserted provisions authorizing appropriation of specific amounts for fiscal years ending Sept. 30, 1981, Sept. 30, 1982, Sept. 30, 1983, and Sept. 30, 1984, and further authorizing additional positions as may be necessary for each such fiscal year.

Subsec. (c)(4)(D). Pub. L. 96–537, §4(b)(4), inserted provisions authorizing appropriation of specific amounts for fiscal years ending Sept. 30, 1981, Sept. 30, 1982, Sept. 30, 1983, and Sept. 30, 1984, and further authorizing additional positions as may be necessary for each such fiscal year.

Subsec. (c)(4)(E). Pub. L. 96–537, §4(b)(5), inserted provisions authorizing appropriation of specific amounts for fiscal years ending Sept. 30, 1981, Sept. 30, 1982, Sept. 30, 1983, and Sept. 30, 1984.

Subsec. (c)(5). Pub. L. 96–537, § 4(c)(1), inserted provisions authorizing appropriation of specific amounts for fiscal years ending Sept. 30, 1981, Sept. 30, 1982, Sept. 30, 1983, and Sept. 30, 1984.

Subsec. (c)(6). Pub. L. 96–537, § 4(c)(2), inserted provisions authorizing appropriation of specific amounts for fiscal years ending Sept. 30, 1981, Sept. 30, 1982, Sept. 30, 1983, and Sept. 30, 1984, and further authorizing additional positions as may be necessary for each such fiscal year.

Subsec. (c)(7). Pub. L. 96–537, § 4(c)(3), struck out par. (7) which authorized appropriation for the items referred to in subsecs. (c)(1) to (c)(6) of such sums as may be specifically authorized by an act enacted after Sept. 30, 1976, for fiscal years 1981, 1982, 1983, and 1984, and which further authorized positions for items referred to in subsecs. (c)(1) to (c)(6) other than subsecs. (c)(4)(E) and (c)(5), as may be specified in an act enacted after Sept. 30, 1976.

EFFECTIVE DATE OF 1992 AMENDMENTS

Pub. L. 102–573, title II, § 201(b), Oct. 29, 1992, 106 Stat. 4546, provided that: ''Except with respect to the amendments made by subsection (a)(5) [amending this section], the amendments made by subsection (a) [amending this section] shall take effect three years after the date of the enactment of this Act [Oct. 29, 1992]. The amendments made by subsection (a)(5) shall take effect upon the date of the enactment of this Act.''

CONTRACT MEDICAL CARE FUNDS

Pub. L. 108–7, div. F, title II, Feb. 20, 2003, 117 Stat. 261, provided in part: ''That contract medical care funds appropriated heretofore and hereafter for tribes recognized after January 1, 1995, may be used to provide medical services directly or through contract medical care''.

§ 1621a. Catastrophic Health Emergency Fund

(a) Establishment

There is established an Indian Catastrophic Health Emergency Fund (hereafter in this section referred to as the ''CHEF'') consisting of—

(1) the amounts deposited under subsection (f); and

(2) the amounts appropriated to CHEF under this section.

(b) Administration

CHEF shall be administered by the Secretary, acting through the headquarters of the Service, solely for the purpose of meeting the extraordinary medical costs associated with the treatment of victims of disasters or catastrophic illnesses who are within the responsibility of the Service.

(c) Conditions on use of Fund

No part of CHEF or its administration shall be subject to contract or grant under any law, including the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), nor shall CHEF funds be allocated, apportioned, or delegated on an Area Office, Service Unit, or other similar basis.

(d) Regulations

The Secretary shall promulgate regulations consistent with the provisions of this section to—

(1) establish a definition of disasters and catastrophic illnesses for which the cost of the treatment provided under contract would qualify for payment from CHEF;

(2) provide that a Service Unit shall not be eligible for reimbursement for the cost of treatment from CHEF until its cost of treating any victim of such catastrophic illness or disaster has reached a certain threshold cost which the Secretary shall establish at—

(A) the 2000 level of $19,000; and

(B) for any subsequent year, not less than the threshold cost of the previous year increased by the percentage increase in the medical care expenditure category of the consumer price index for all urban consumers (United States city average) for the 12-month period ending with December of the previous year;

(3) establish a procedure for the reimbursement of the portion of the costs that exceeds such threshold cost incurred by—

(A) Service Units; or

(B) whenever otherwise authorized by the Service, non-Service facilities or providers;

(4) establish a procedure for payment from CHEF in cases in which the exigencies of the medical circumstances warrant treatment prior to the authorization of such treatment by the Service; and

(5) establish a procedure that will ensure that no payment shall be made from CHEF to any provider of treatment to the extent that such provider is eligible to receive payment for the treatment from any other Federal, State, local, or private source of reimbursement for which the patient is eligible.

(e) No offset or limitation

Amounts appropriated to CHEF under this section shall not be used to offset or limit appropriations made to the Service under the authority of section 13 of this title, or any other law.

(f) Deposit of reimbursement funds

There shall be deposited into CHEF all reimbursements to which the Service is entitled from any Federal, State, local, or private source (including third party insurance) by reason of treatment rendered to any victim of a disaster or catastrophic illness the cost of which was paid from CHEF.

(Pub. L. 94–437, title II, § 202, as added Pub. L. 100–713, title II, § 202, Nov. 23, 1988, 102 Stat. 4803; amended Pub. L. 102–573, title II, §§ 202(a), 217(b)(2), Oct. 29, 1992, 106 Stat. 4546, 4559; 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. (c), 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

Amendment by Pub. L. 111–148 is based on section 122 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 related to establishment of In-