(B) establish in each area office a registry of patients with diabetes to track the incidence of diabetes and the complications from diabetes in that area; and

(C) ensure that data collected in each area office regarding diabetes and related complications among Indians are disseminated to all other area offices, subject to applicable patient privacy laws.

(2) Diabetes control officers

(A) In general

The Secretary may establish and maintain in each area office a position of diabetes control officer to coordinate and manage any activity of that area office relating to the prevention, treatment, or control of diabetes to assist the Secretary in carrying out a program under this section or section 254c–3 of title 42.

(B) Certain activities

Any activity carried out by a diabetes control officer under subparagraph (A) that is the subject of a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), and any funds made available to carry out such an activity, shall not be divisible for purposes of that Act.

(Pub. L. 94–437, title II, § 204, as added Pub. L. 100–713, title II, § 203(c), Nov. 23, 1988, 102 Stat. 4806; amended Pub. L. 102–573, title II, §§ 204, 217(b)(3), title IX, § 901(2), Oct. 29, 1992, 106 Stat. 4546, 4559, 4590; Pub. L. 111–148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

REFERENCES IN TEXT

Public Law 108–87, referred to in subsec. (c), is Pub. L. 108–87, Sept. 30, 2003, 117 Stat. 1054, known as the Department of Defense Appropriations Act, 2004. Title IV of the Act (117 Stat. 1067) is not classified to the Code. For complete classification of this Act to the Code, see Tables.

The Indian Self-Determination and Education Assistance Act, referred to in subsec. (e)(2)(B), 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 sections 101(c)(1) and 123 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 were 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 determination of incidence of, and types of complications resulting from, diabetes among Indians, measures for treatment and control of diabetes among tribes, screening of each Indian receiving services from the Service, model diabetes projects, establishment by diabetes control officers of registry of patients with diabetes, and authorization of appropriations.

Subsec. (c)(1). Pub. L. 111–148 struck out ''through fiscal year 2000'' before ''each model diabetes project'' in introductory provisions prior to general amendment of section. See above.

1992—Subsec. (a). Pub. L. 102–573, § 901(2), redesignated par. (1) as entire subsec., redesignated subpars. (A) and (B) as pars. (1) and (2), respectively, substituted ''paragraph (1)'' for ''subparagraph (A)'' in par. (2), and struck out former par. (2) which read as follows: ''Within 18 months after November 23, 1988, the Secretary shall prepare and transmit to the President and the Congress a report describing the determinations made and measures taken under paragraph (1) and making recommendations for additional funding to prevent, treat, and control diabetes among Indians.''

Subsec. (c). Pub. L. 102–573, § 204(1), amended subsec. (c) generally. Prior to amendment, subsec. (c) read as follows:

''(1) The Secretary shall continue to maintain during fiscal years 1988 through 1991 each of the following model diabetes projects which are in existence on November 23, 1988:

''(A) Claremore Indian Hospital in Oklahoma;

''(B) Fort Totten Health Center in North Dakota;

''(C) Sacaton Indian Hospital in Arizona;

''(D) Winnebago Indian Hospital in Nebraska;

''(E) Albuquerque Indian Hospital in New Mexico;

''(F) Perry, Princeton, and Old Town Health Centers in Maine; and

''(G) Bellingham Health Center in Washington.

''(2) The Secretary shall establish in fiscal year 1989, and maintain during fiscal years 1989 through 1991, a model diabetes project in each of the following locations:

''(A) Fort Berthold Reservation;

''(B) the Navajo Reservation;

''(C) the Papago Reservation;

''(D) the Zuni Reservation; and

''(E) the States of Alaska, California, Minnesota, Montana, Oregon, and Utah.''

Subsec. (d)(4). Pub. L. 102–573, § 204(2), added par. (4).

Subsec. (e). Pub. L. 102–573, § 217(b)(3), substituted ''this section'' for ''subsection (c) of this section'' and struck out at beginning ''There are authorized to be appropriated such sums as may be necessary to carry out the provisions of this section.''

§ 1621d. Other authority for provision of services

(a) Definitions

In this section:

(1) Assisted living service

The term ''assisted living service'' means any service provided by an assisted living facility (as defined in section 1715w(b) of title 12), except that such an assisted living facility—

(A) shall not be required to obtain a license; but

(B) shall meet all applicable standards for licensure.

(2) Home- and community-based service

The term ''home- and community-based service'' means 1 or more of the services specified in paragraphs (1) through (9) of section 1396t(a) of title 42 (whether provided by the Service or by an Indian tribe or tribal organization pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) that are or will be provided in accordance with applicable standards.

(3) Hospice care

The term ''hospice care'' means—

(A) the items and services specified in subparagraphs (A) through (H) of section 1395x(dd)(1) of title 42; and

(B) such other services as an Indian tribe or tribal organization determines are necessary and appropriate to provide in furtherance of that care.

(4) Long-term care services

The term ''long-term care services'' has the meaning given the term ''qualified long-term care services'' in section 7702B(c) of title 26.

(b) Funding authorized

The Secretary, acting through the Service, Indian tribes, and tribal organizations, may provide funding under this chapter to meet the objectives set forth in section 1602 of this title through health care-related services and programs not otherwise described in this chapter for the following services:

(1) Hospice care.
(2) Assisted living services.
(3) Long-term care services.
(4) Home- and community-based services.

(c) Eligibility

The following individuals shall be eligible to receive long-term care services under this section:

(1) Individuals who are unable to perform a certain number of activities of daily living without assistance.

(2) Individuals with a mental impairment, such as dementia, Alzheimer's disease, or another disabling mental illness, who may be able to perform activities of daily living under supervision.

(3) Such other individuals as an applicable tribal health program determines to be appropriate.

(d) Authorization of convenient care services

The Secretary, acting through the Service, Indian tribes, and tribal organizations, may also provide funding under this chapter to meet the objectives set forth in section 1602 of this title for convenient care services programs pursuant to section 1637(c)(2)(A) of this title.

(Pub. L. 94–437, title II, §205, as added Pub. L. 102–573, title II, §206(a), Oct. 29, 1992, 106 Stat. 4548; amended 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)(2), 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 (d), 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 124(a)(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.

PRIOR PROVISIONS

A prior section 1621d, Pub. L. 94–437, title II, §205, as added Pub. L. 100–713, title II, §203(c), Nov. 23, 1988, 102 Stat. 4807, related to Native Hawaiian health promotion and disease prevention, prior to repeal by Pub. L. 100–579, §14, formerly §10, Oct. 31, 1988, 102 Stat. 2923; Pub. L. 100–690, title II, §2310, Nov. 18, 1988, 102 Stat. 4229; renumbered §14, Pub. L. 102–396, title IX, §9168, Oct. 6, 1992, 106 Stat. 1948. See section 11701 et seq. of Title 42, The Public Health and Welfare.

AMENDMENTS

2010—Pub. L. 111–148 amended section generally. Prior to amendment, section related to hospice care feasibility study.

§ 1621e. Reimbursement from certain third parties of costs of health services

(a) Right of recovery

Except as provided in subsection (f), the United States, an Indian tribe, or tribal organization shall have the right to recover from an insurance company, health maintenance organization, employee benefit plan, third-party tortfeasor, or any other responsible or liable third party (including a political subdivision or local governmental entity of a State) the reasonable charges billed by the Secretary, an Indian tribe, or tribal organization in providing health services through the Service, an Indian tribe, or tribal organization, or, if higher, the highest amount the third party would pay for care and services furnished by providers other than governmental entities, to any individual to the same extent that such individual, or any nongovernmental provider of such services, would be eligible to receive damages, reimbursement, or indemnification for such charges or expenses if—

(1) such services had been provided by a nongovernmental provider; and

(2) such individual had been required to pay such charges or expenses and did pay such charges or expenses.

(b) Limitations on recoveries from States

Subsection (a) shall provide a right of recovery against any State, only if the injury, illness, or disability for which health services were provided is covered under—

(1) workers' compensation laws; or

(2) a no-fault automobile accident insurance plan or program.

(c) Nonapplicability of other laws

No law of any State, or of any political subdivision of a State and no provision of any contract, insurance or health maintenance organization policy, employee benefit plan, self-insurance plan, managed care plan, or other health care plan or program entered into or renewed after November 23, 1988, shall prevent or hinder the right of recovery of the United States, an Indian tribe, or tribal organization under subsection (a).

(d) No effect on private rights of action

No action taken by the United States, an Indian tribe, or tribal organization to enforce the right of recovery provided under this section shall operate to deny to the injured person the recovery for that portion of the person's damage not covered hereunder.

(e) Enforcement

(1) In general

The United States, an Indian tribe, or tribal organization may enforce the right of recovery provided under subsection (a) by—