

riod beginning on the date of their establishment, unless, in the case of a board established by the President or an officer of the Federal Government, such board is renewed by appropriate action prior to the expiration of such 2-year period, or in the case of a board established by Congress, its duration is otherwise provided by law. See sections 3(2) and 14 of Pub. L. 92-463, Oct. 6, 1972, 86 Stat. 770, 776, set out in the Appendix to Title 5, Government Organization and Employees.

§ 1621k. Coverage of screening mammography

The Secretary, through the Service, shall provide for screening mammography (as defined in section 1861(jj) of the Social Security Act [42 U.S.C. 1395x(jj)]) for Indian and urban Indian women 35 years of age or older at a frequency, determined by the Secretary (in consultation with the Director of the National Cancer Institute), appropriate to such women, and under such terms and conditions as are consistent with standards established by the Secretary to assure the safety and accuracy of screening mammography under part B of title XVIII of the Social Security Act [42 U.S.C. 1395j et seq.] and other cancer screenings.

(Pub. L. 94-437, title II, §212, as added Pub. L. 102-573, title II, §207(a), Oct. 29, 1992, 106 Stat. 4550; amended Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

REFERENCES IN TEXT

The Social Security Act, referred to in text, is act Aug. 14, 1935, ch. 531, 49 Stat. 620, as amended. Part B of title XVIII of the Act is classified generally to part B (§1395j et seq.) of subchapter XVIII of chapter 7 of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see section 1305 of Title 42 and Tables.

CODIFICATION

Amendment by Pub. L. 111-148 is based on section 128 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 inserted “and other cancer screenings” before period at end.

§ 1621l. Patient travel costs

(a) Definition of qualified escort

In this section, the term “qualified escort” means—

- (1) an adult escort (including a parent, guardian, or other family member) who is required because of the physical or mental condition, or age, of the applicable patient;
- (2) a health professional for the purpose of providing necessary medical care during travel by the applicable patient; or
- (3) other escorts, as the Secretary or applicable Indian Health Program determines to be appropriate.

(b) Provision of funds

The Secretary, acting through the Service and Tribal Health Programs, is authorized to provide funds for the following patient travel costs, including qualified escorts, associated with receiving health care services provided (either through direct or contract care or through a

contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) under this chapter—

- (1) emergency air transportation and non-emergency air transportation where ground transportation is infeasible;
- (2) transportation by private vehicle (where no other means of transportation is available), specially equipped vehicle, and ambulance; and
- (3) transportation by such other means as may be available and required when air or motor vehicle transportation is not available.

(Pub. L. 94-437, title II, §213, as added Pub. L. 102-573, title II, §208, Oct. 29, 1992, 106 Stat. 4551; 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. (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.

This chapter, referred to in subsec. (b), 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 sections 101(c)(2) and 129 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 directed Secretary to provide funds for patient travel costs for emergency air transportation and nonemergency air transportation where ground transportation was infeasible and authorized appropriations for fiscal years 1993 to 2000.

Pub. L. 111-148 substituted “The Secretary” for “(a) The Secretary” prior to general amendment of section. See above.

§ 1621m. Epidemiology centers

(a) Establishment of centers

(1) In general

The Secretary shall establish an epidemiology center in each Service area to carry out the functions described in subsection (b).

(2) New centers

(A) In general

Subject to subparagraph (B), any new center established after March 23, 2010, may be operated under a grant authorized by subsection (d).

(B) Requirement

Funding provided in a grant described in subparagraph (A) shall not be divisible.

(3) Funds not divisible

An epidemiology center established under this subsection shall be subject to the Indian