

CODIFICATION

Amendment by Pub. L. 111-148 is based on section 132 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 authorized Secretary to provide grants to at least 3 colleges and universities for purpose of developing and maintaining American Indian psychology career recruitment programs to encourage Indians to enter mental health field.

§ 1621q. Prevention, control, and elimination of communicable and infectious diseases

(a) Grants authorized

The Secretary, acting through the Service, and after consultation with the Centers for Disease Control and Prevention, may make grants available to Indian tribes and tribal organizations for the following:

(1) Projects for the prevention, control, and elimination of communicable and infectious diseases, including tuberculosis, hepatitis, HIV, respiratory syncytial virus, hanta virus, sexually transmitted diseases, and *H. pylori*.

(2) Public information and education programs for the prevention, control, and elimination of communicable and infectious diseases.

(3) Education, training, and clinical skills improvement activities in the prevention, control, and elimination of communicable and infectious diseases for health professionals, including allied health professionals.

(4) Demonstration projects for the screening, treatment, and prevention of hepatitis C virus (HCV).

(b) Application required

The Secretary may provide funding under subsection (a) only if an application or proposal for funding is submitted to the Secretary.

(c) Coordination with health agencies

Indian tribes and tribal organizations receiving funding under this section are encouraged to coordinate their activities with the Centers for Disease Control and Prevention and State and local health agencies.

(d) Technical assistance; report

In carrying out this section, the Secretary—

(1) may, at the request of an Indian tribe or tribal organization, provide technical assistance; and

(2) shall prepare and submit a report to Congress biennially on the use of funds under this section and on the progress made toward the prevention, control, and elimination of communicable and infectious diseases among Indians and urban Indians.

(Pub. L. 94-437, title II, §218, as added Pub. L. 102-573, title II, §214, Oct. 29, 1992, 106 Stat. 4556; amended Pub. L. 103-437, §10(e)(1), (2)(B), Nov. 2, 1994, 108 Stat. 4589; Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

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AMENDMENTS

2010—Pub. L. 111-148 amended section generally. Prior to amendment, section related to grants to Indian tribes and tribal organizations for prevention, control, and elimination of tuberculosis.

1994—Subsec. (d)(4). Pub. L. 103-437 substituted “Committee on Indian” for “Select Committee on Indian” and “Natural Resources” for “Interior and Insular Affairs”.

§ 1621r. Contract health services payment study

(a) Duty of Secretary

The Secretary, acting through the Service and in consultation with representatives of Indian tribes and tribal organizations operating contract health care programs under the Indian Self-Determination Act (25 U.S.C. 450f et seq.) or under self-governance compacts, Service personnel, private contract health services providers, the Indian Health Service Fiscal Intermediary, and other appropriate experts, shall conduct a study—

(1) to assess and identify administrative barriers that hinder the timely payment for services delivered by private contract health services providers to individual Indians by the Service and the Indian Health Service Fiscal Intermediary;

(2) to assess and identify the impact of such delayed payments upon the personal credit histories of individual Indians who have been treated by such providers; and

(3) to determine the most efficient and effective means of improving the Service’s contract health services payment system and ensuring the development of appropriate consumer protection policies to protect individual Indians who receive authorized services from private contract health services providers from billing and collection practices, including the development of materials and programs explaining patients’ rights and responsibilities.

(b) Functions of study

The study required by subsection (a) of this section shall—

(1) assess the impact of the existing contract health services regulations and policies upon the ability of the Service and the Indian Health Service Fiscal Intermediary to process, on a timely and efficient basis, the payment of bills submitted by private contract health services providers;

(2) assess the financial and any other burdens imposed upon individual Indians and private contract health services providers by delayed payments;

(3) survey the policies and practices of collection agencies used by contract health services providers to collect payments for services rendered to individual Indians;

(4) identify appropriate changes in Federal policies, administrative procedures, and regulations, to eliminate the problems experienced by private contract health services providers and individual Indians as a result of delayed payments; and

(5) compare the Service’s payment processing requirements with private insurance