

(d) Eligibility**(1) In general**

An Indian tribe may submit a petition under subsection (c)(1)(B) regardless of whether the Indian tribe is a party to any contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

(2) Administration

At the election of an Indian tribe or tribal organization selected for participation in the demonstration program, the funds provided for the project shall be subject to the provisions of the Indian Self-Determination and Education Assistance Act.

(e) Reports

Not later than 1 year after the date on which funds are made available for the demonstration program and annually thereafter, the Secretary shall submit to Congress a report describing—

- (1) each activity carried out under the demonstration program, including an evaluation of the success of the activity; and
- (2) the potential benefits of increased use of modular component health care facilities in other Indian communities.

(f) Authorization of appropriations

There are authorized to be appropriated \$50,000,000 to carry out the demonstration program under this section for the first 5 fiscal years, and such sums as may be necessary to carry out the program in subsequent fiscal years.

(Pub. L. 94-437, title III, §312, as added 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. (d), 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

Section 312 of Pub. L. 94-437 is based on section 146 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.

§ 1638g. Mobile health stations demonstration program**(a) Definitions**

In this section:

(1) Eligible tribal consortium

The term “eligible tribal consortium” means a consortium composed of 2 or more Service units between which a mobile health station can be transported by road in up to 8 hours. A Service unit operated by the Service or by an Indian tribe or tribal organization shall be equally eligible for participation in such consortium.

(2) Mobile health station

The term “mobile health station” means a health care unit that—

(A) is constructed, maintained, and capable of being transported within a semi-trailer truck or similar vehicle;

(B) is equipped for the provision of 1 or more specialty health care services; and

(C) can be equipped to be docked to a stationary health care facility when appropriate.

(3) Specialty health care service**(A) In general**

The term “specialty health care service” means a health care service which requires the services of a health care professional with specialized knowledge or experience.

(B) Inclusions

The term “specialty health care service” includes any service relating to—

- (i) dialysis;
- (ii) surgery;
- (iii) mammography;
- (iv) dentistry; or
- (v) any other specialty health care service.

(b) Establishment

The Secretary, acting through the Service, shall establish a demonstration program under which the Secretary shall provide at least 3 mobile health station projects.

(c) Petition

To be eligible to receive a mobile health station under the demonstration program, an eligible tribal consortium shall submit to the Secretary,¹ a petition at such time, in such manner, and containing—

- (1) a description of the Indian population to be served;
- (2) a description of the specialty service or services for which the mobile health station is requested and the extent to which such service or services are currently available to the Indian population to be served; and
- (3) such other information as the Secretary may require.

(d) Use of funds

The Secretary shall use amounts made available to carry out the demonstration program under this section—

(1)(A) to establish, purchase, lease, or maintain mobile health stations for the eligible tribal consortia selected for projects; and

(B) to provide, through the mobile health station, such specialty health care services as the affected eligible tribal consortium determines to be necessary for the Indian population served;

(2) to employ an existing mobile health station (regardless of whether the mobile health station is owned or rented and operated by the Service) to provide specialty health care services to an eligible tribal consortium; and

(3) to establish, purchase, or maintain docking equipment for a mobile health station, including the establishment or maintenance of such equipment at a modular component health care facility (as defined in section 1638f(a) of this title), if applicable.

¹ So in original. The comma probably should not appear.

(e) Reports

Not later than 1 year after the date on which the demonstration program is established under subsection (b) and annually thereafter, the Secretary, acting through the Service, shall submit to Congress a report describing—

- (1) each activity carried out under the demonstration program including an evaluation of the success of the activity; and
- (2) the potential benefits of increased use of mobile health stations to provide specialty health care services for Indian communities.

(f) Authorization of appropriations

There are authorized to be appropriated \$5,000,000 per year to carry out the demonstration program under this section for the first 5 fiscal years, and such sums as may be needed to carry out the program in subsequent fiscal years.

(Pub. L. 94-437, title III, §313, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Section 313 of Pub. L. 94-437 is based on section 147 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.

SUBCHAPTER III-A—ACCESS TO HEALTH SERVICES

CODIFICATION

This subchapter was in the original title IV of Pub. L. 94-437, as amended. Prior to amendment by Pub. L. 102-573, title IV enacted section 1622 of this title and sections 1395qq and 1396j of Title 42, The Public Health and Welfare, amended sections 1395f, 1395n, and 1396d of Title 42, and enacted provisions set out as notes under section 1671 of this title and sections 1395qq and 1396j of Title 42.

§ 1641. Treatment of payments under Social Security Act health benefits programs**(a) Disregard of Medicare, Medicaid, and CHIP payments in determining appropriations**

Any payments received by an Indian health program or by an urban Indian organization under title XVIII, XIX, or XXI of the Social Security Act [42 U.S.C. 1395 et seq., 1396 et seq., 1397aa et seq.] for services provided to Indians eligible for benefits under such respective titles shall not be considered in determining appropriations for the provision of health care and services to Indians.

(b) Nonpreferential treatment

Nothing in this chapter authorizes the Secretary to provide services to an Indian with coverage under title XVIII, XIX, or XXI¹ of the Social Security Act in preference to an Indian without such coverage.

(c) Use of funds**(1) Special fund****(A) 100 percent pass-through of payments due to facilities**

Notwithstanding any other provision of law, but subject to paragraph (2), payments

to which a facility of the Service is entitled by reason of a provision of title XVIII or XIX of the Social Security Act [42 U.S.C. 1395 et seq., 1396 et seq.] shall be placed in a special fund to be held by the Secretary. In making payments from such fund, the Secretary shall ensure that each Service unit of the Service receives 100 percent of the amount to which the facilities of the Service, for which such Service unit makes collections, are entitled by reason of a provision of either such title.

(B) Use of funds

Amounts received by a facility of the Service under subparagraph (A) by reason of a provision of title XVIII or XIX of the Social Security Act shall first be used (to such extent or in such amounts as are provided in appropriation Acts) for the purpose of making any improvements in the programs of the Service operated by or through such facility which may be necessary to achieve or maintain compliance with the applicable conditions and requirements of such respective title. Any amounts so received that are in excess of the amount necessary to achieve or maintain such conditions and requirements shall, subject to consultation with the Indian tribes being served by the Service unit, be used for reducing the health resource deficiencies (as determined in section 1621(c) of this title) of such Indian tribes, including the provision of services pursuant to section 1621d of this title.

(2) Direct payment option

Paragraph (1) shall not apply to a tribal health program upon the election of such program under subsection (d) to receive payments directly. No payment may be made out of the special fund described in such paragraph with respect to reimbursement made for services provided by such program during the period of such election.

(d) Direct billing**(1) In general**

Subject to complying with the requirements of paragraph (2), a tribal health program may elect to directly bill for, and receive payment for, health care items and services provided by such program for which payment is made under title XVIII, XIX, or XXI of the Social Security Act [42 U.S.C. 1395 et seq., 1396 et seq., 1397aa et seq.] or from any other third party payor.

(2) Direct reimbursement**(A) Use of funds**

Each tribal health program making the election described in paragraph (1) with respect to a program under a title of the Social Security Act [42 U.S.C. 301 et seq.] shall be reimbursed directly by that program for items and services furnished without regard to subsection (c)(1), except that all amounts so reimbursed shall be used by the tribal health program for the purpose of making any improvements in facilities of the tribal health program that may be necessary to achieve or maintain compliance with the

¹ So in original. Probably should be “XXI”.