

cent of the number of Indian tribes in the Service Area revoke their concurrence to the provisions of such health services.

**(d) Other services**

The Service may provide health services under this subsection to individuals who are not eligible for health services provided by the Service under any other provision of law in order to—

- (1) achieve stability in a medical emergency;
- (2) prevent the spread of a communicable disease or otherwise deal with a public health hazard;
- (3) provide care to non-Indian women pregnant with an eligible Indian's child for the duration of the pregnancy through postpartum; or
- (4) provide care to immediate family members of an eligible individual if such care is directly related to the treatment of the eligible individual.

**(e) Hospital privileges for practitioners**

**(1) In general**

Hospital privileges in health facilities operated and maintained by the Service or operated under a contract or compact pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) may be extended to non-Service health care practitioners who provide services to individuals described in subsection (a), (b), (c), or (d). Such non-Service health care practitioners may, as part of the privileging process, be designated as employees of the Federal Government for purposes of section 1346(b) and chapter 171 of title 28 (relating to Federal tort claims) only with respect to acts or omissions which occur in the course of providing services to eligible individuals as a part of the conditions under which such hospital privileges are extended.

**(2) Definition**

For purposes of this subsection, the term “non-Service health care practitioner” means a practitioner who is not—

- (A) an employee of the Service; or
- (B) an employee of an Indian tribe or tribal organization operating a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) or an individual who provides health care services pursuant to a personal services contract with such Indian tribe or tribal organization.

**(f) Eligible Indian**

For purposes of this section, the term “eligible Indian” means any Indian who is eligible for health services provided by the Service without regard to the provisions of this section.

(Pub. L. 94-437, title VIII, §813, formerly title VII, §713, as added Pub. L. 100-713, title VII, §707(a), Nov. 23, 1988, 102 Stat. 4829; renumbered title VIII, §813, and amended Pub. L. 102-573, title VII, §701(a), (b), title IX, §902(8), Oct. 29, 1992, 106 Stat. 4572, 4592; 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 subssecs. (c)(2) and (e), 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.

Section 314 of Public Law 101-512, referred to in subsec. (c)(2), is set out as a note under section 450f of this title.

The Social Security Act, referred to in subsec. (c)(3)(A), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Titles XVIII, XIX, and XXI of the Act are classified generally to subchapters XVIII (§1395 et seq.), XIX (§1396 et seq.), and XXI (§1397aa et seq.), respectively, 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 194 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 health services for ineligible persons and consisted of subssecs. (a) to (e).

1992—Subsec. (b)(2)(A). Pub. L. 102-573, §902(8), substituted “section 1642(a) of this title” for “section 402(c) of this Act”.

**§ 1680d. Infant and maternal mortality; fetal alcohol syndrome**

By no later than January 1, 1990, the Secretary shall develop and begin implementation of a plan to achieve the following objectives by January 1, 1994:

- (1) reduction of the rate of Indian infant mortality in each area office of the Service to the lower of—
  - (A) twelve deaths per one thousand live births, or
  - (B) the rate of infant mortality applicable to the United States population as a whole;
- (2) reduction of the rate of maternal mortality in each area office of the Service to the lower of—
  - (A) five deaths per one hundred thousand live births, or
  - (B) the rate of maternal mortality applicable to the United States population as a whole; and
- (3) reduction of the rate of fetal alcohol syndrome among Indians served by, or on behalf of, the Service to one per one thousand live births.

(Pub. L. 94-437, title VIII, §814, formerly title VII, §714, as added Pub. L. 100-713, title VII, §708, Nov. 23, 1988, 102 Stat. 4831; renumbered title VIII, §814, and amended Pub. L. 102-573, title VII, §701(a), (b), title VIII, §804, Oct. 29, 1992, 106 Stat. 4572, 4585.)

AMENDMENTS

1992—Pub. L. 102-573, §804, struck out subsec. (a) designation before “By no later” and struck out subsec. (b) which read as follows: “The President shall include with the budget submitted under section 1105 of title 31 for each fiscal year a separate statement which specifies the total amount obligated or expended in the most recently completed fiscal year to achieve each of the objectives described in subsection (a) of this section.”

**§ 1680e. Contract health services for the Trenton Service Area**

**(a) Service to Turtle Mountain Band**

The Secretary, acting through the Service, is directed to provide contract health services to members of the Turtle Mountain Band of Chippewa Indians that reside in the Trenton Service Area of Divide, McKenzie, and Williams counties in the State of North Dakota and the adjoining counties of Richland, Roosevelt, and Sheridan in the State of Montana.

**(b) Band member eligibility not expanded**

Nothing in this section may be construed as expanding the eligibility of members of the Turtle Mountain Band of Chippewa Indians for health services provided by the Service beyond the scope of eligibility for such health services that applied on May 1, 1986.

(Pub. L. 94-437, title VIII, §815, formerly title VII, §715, as added Pub. L. 100-713, title VII, §709, Nov. 23, 1988, 102 Stat. 4831; renumbered title VIII, §815, Pub. L. 102-573, title VII, §701(a), (b), Oct. 29, 1992, 106 Stat. 4572.)

**§ 1680f. Indian Health Service and Department of Veterans Affairs health facilities and services sharing**

**(a) Feasibility study and report**

The Secretary shall examine the feasibility of entering into an arrangement for the sharing of medical facilities and services between the Indian Health Service and the Department of Veterans Affairs and shall, in accordance with subsection (b) of this section, prepare a report on the feasibility of such an arrangement and submit such report to the Congress by no later than September 30, 1990.

**(b) Nonimpairment of service quality, eligibility, or priority of access**

The Secretary shall not take any action under this section or under subchapter IV of chapter 81 of title 38 which would impair—

- (1) the priority access of any Indian to health care services provided through the Indian Health Service;
- (2) the quality of health care services provided to any Indian through the Indian Health Service;
- (3) the priority access of any veteran to health care services provided by the Department of Veterans Affairs;
- (4) the quality of health care services provided to any veteran by the Department of Veterans Affairs;
- (5) the eligibility of any Indian to receive health services through the Indian Health Service; or
- (6) the eligibility of any Indian who is a veteran to receive health services through the Department of Veterans Affairs.

**(c) Cross utilization of services**

(1) Not later than December 23, 1988, the Director of the Indian Health Service and the Secretary of Veterans Affairs shall implement an agreement under which—

- (A) individuals in the vicinity of Roosevelt, Utah, who are eligible for health care from the

Department of Veterans Affairs could obtain health care services at the facilities of the Indian Health Service located at Fort Duchesne, Utah; and

(B) individuals eligible for health care from the Indian Health Service at Fort Duchesne, Utah, could obtain health care services at the George E. Wahlen Department of Veterans Affairs Medical Center located in Salt Lake City, Utah.

(2) Not later than November 23, 1990, the Secretary and the Secretary of Veterans Affairs shall jointly submit a report to the Congress on the health care services provided as a result of paragraph (1).

**(d) Right to health services**

Nothing in this section may be construed as creating any right of a veteran to obtain health services from the Indian Health Service except as provided in an agreement under subsection (c) of this section.

(Pub. L. 94-437, title VIII, §816, formerly title VII, §716, as added Pub. L. 100-713, title VII, §710, Nov. 23, 1988, 102 Stat. 4832; amended Pub. L. 102-54, §13(j)(2), June 13, 1991, 105 Stat. 276; renumbered title VIII, §816, and amended Pub. L. 102-573, title VII, §701(a), (b), title IX, §902(9), Oct. 29, 1992, 106 Stat. 4572, 4592; Pub. L. 108-170, title II, §244, Dec. 6, 2003, 117 Stat. 2054.)

AMENDMENTS

2003—Subsec. (c)(1)(B). Pub. L. 108-170 substituted “George E. Wahlen Department of Veterans Affairs Medical Center” for “Department of Veterans Affairs medical center”.

1992—Pub. L. 102-573, §902(9), amended section catchline.

1991—Subsecs. (a), (b)(3), (4), (6). Pub. L. 102-54, §13(j)(2)(A), substituted “Department of Veterans Affairs” for “Veterans’ Administration”.

Subsec. (c)(1). Pub. L. 102-54, §13(j)(2)(B), substituted “Not later than December 23, 1988, the Director of the Indian Health Service and the Secretary of Veterans Affairs shall” for “Within 30 days after November 23, 1988, the Director of the Indian Health Service and the Administrator of Veterans’ Affairs are authorized and directed to”.

Subsec. (c)(1)(A), (B). Pub. L. 102-54, §13(j)(2)(A), substituted “Department of Veterans Affairs” for “Veterans’ Administration”.

Subsec. (c)(2). Pub. L. 102-54, §13(j)(2)(C), substituted “Not later than November 23, 1990, the Secretary and the Secretary of Veterans Affairs shall” for “Not later than 2 years after November 23, 1988, the Secretary and the Administrator of Veterans’ Affairs shall”.

DESIGNATION OF GEORGE E. WAHLEN DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER

Pub. L. 108-170, title II, §244, Dec. 6, 2003, 117 Stat. 2054, provided that: “The Department of Veterans Affairs Medical Center in Salt Lake City, Utah, shall after the date of the enactment of this Act [Dec. 6, 2003] be known and designated as the ‘George E. Wahlen Department of Veterans Affairs Medical Center’. Any references to such facility in any law, regulation, map, document, record, or other paper of the United States shall be considered to be a reference to the George E. Wahlen Department of Veterans Affairs Medical Center.”

**§ 1680g. Reallocation of base resources**

**(a) Report to Congress**

Notwithstanding any other provision of law, any allocation of Service funds for a fiscal year