

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 Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), but the funds for the center shall not be divisible.

(b) Functions of centers

In consultation with and on the request of Indian tribes, tribal organizations, and urban Indian organizations, each Service area epidemiology center established under this section shall, with respect to the applicable Service area—

- (1) collect data relating to, and monitor progress made toward meeting, each of the health status objectives of the Service, the Indian tribes, tribal organizations, and urban Indian organizations in the Service area;
- (2) evaluate existing delivery systems, data systems, and other systems that impact the improvement of Indian health;
- (3) assist Indian tribes, tribal organizations, and urban Indian organizations in identifying highest-priority health status objectives and the services needed to achieve those objectives, based on epidemiological data;
- (4) make recommendations for the targeting of services needed by the populations served;
- (5) make recommendations to improve health care delivery systems for Indians and urban Indians;
- (6) provide requested technical assistance to Indian tribes, tribal organizations, and urban Indian organizations in the development of local health service priorities and incidence and prevalence rates of disease and other illness in the community; and
- (7) provide disease surveillance and assist Indian tribes, tribal organizations, and urban Indian communities to promote public health.

(c) Technical assistance

The Director of the Centers for Disease Control and Prevention shall provide technical assistance to the centers in carrying out this section.