(A) adequate financial support will be available for the provision of services at such facility;

(B) such facility will be available to eligible Indians without regard to ability to pay or source of payment; and

(C) such facility will, as feasible without diminishing the quality or quantity of services provided to eligible Indians, serve noneligible persons on a cost basis.

(2) In awarding grants under this section, the Secretary shall give priority to tribes and tribal organizations that demonstrate—

(A) a need for increased ambulatory care services; and

(B) insufficient capacity to deliver such services.

(d) Transfer of interest to United States upon cessation of facility

If any facility (or portion thereof) with respect to which funds have been paid under this section, ceases, at any time after completion of the construction, expansion, or modernization carried out with such funds, to be utilized for the purposes of providing ambulatory care services to eligible Indians, all of the right, title, and interest in and to such facility (or portion thereof) shall transfer to the United States.

(Pub. L. 94–437, title III, § 306, as added Pub. L. 100–713, title III, § 304, Nov. 23, 1988, 102 Stat. 4817; amended Pub. L. 102–573, title III, § 303, Oct. 29, 1992, 106 Stat. 4561.)

REFERENCES IN TEXT

The Indian Self-Determination Act, referred to in subsecs. (a)(2) and (b)(1)(C)(iii), is title I of Pub. L. 93–638, Jan. 4, 1975, 88 Stat. 2206, as amended, which is classified principally to part A (§ 450f et seq.) of subchapter II 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.

AMENDMENTS

1992—Pub. L. 102–573 amended section generally, substituting provisions relating to grant program for construction, expansion, and modernization of small ambulatory care facilities for provisions relating to conveyance of certain real property under Alaska Native Claims Settlement Act.

§ 1637. Indian health care delivery demonstration projects

(a) Purpose and general authority

(1) Purpose

The purpose of this section is to encourage the establishment of demonstration projects that meet the applicable criteria of this section to be carried out by the Secretary, acting through the Service, or Indian tribes or tribal organizations acting pursuant to contracts or compacts under the Indian Self Determination[1] and Education Assistance Act (25 U.S.C. 450 et seq.)—

(A) to test alternative means of delivering health care and services to Indians through facilities; or

(B) to use alternative or innovative methods or models of delivering health care services to Indians (including primary care services, contract health services, or any other program or service authorized by this chapter) through convenient care services (as defined in subsection (c)), community health centers, or cooperative agreements or arrangements with other health care providers that share or coordinate the use of facilities, funding, or other resources, or otherwise coordinate or improve the coordination of activities of the Service, Indian tribes, or tribal organizations, with those of the other health care providers.

(2) Authority

The Secretary, acting through the Service, is authorized to carry out, or to enter into contracts or compacts under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) with Indian tribes or tribal organizations to carry out, health care delivery demonstration projects that—

(A) test alternative means of delivering health care and services to Indians through facilities; or

(B) otherwise carry out the purposes of this section.

(b) Use of funds

The Secretary, in approving projects pursuant to this section—

(1) may authorize such contracts for the construction and renovation of hospitals, health centers, health stations, and other facilities to deliver health care services; and

(2) is authorized—

(A) to waive any leasing prohibition;

(B) to permit use and carryover of funds appropriated for the provision of health care services under this chapter (including for the purchase of health benefits coverage, as authorized by section 1642(a) of this title);

(C) to permit the use of other available funds, including other Federal funds, funds from third-party collections in accordance with sections 1621e, 1621f, and 1641 of this title, and non-Federal funds contributed by State or local governmental agencies or facilities or private health care providers pursuant to cooperative or other agreements with the Service, 1 or more Indian tribes, or tribal organizations;

(D) to permit the use of funds or property donated or otherwise provided from any source for project purposes;

(E) to provide for the reversion of donated real or personal property to the donor; and

(F) to permit the use of Service funds to match other funds, including Federal funds.

(c) Health care demonstration projects

(1) Definition of convenient care service

In this subsection, the term ''convenient care service'' means any primary health care service, such as urgent care services, nonemergent care services, prevention services and screenings, and any service authorized by section 1621b of this title or 1621d(d) of this title, that is offered—

(A) at an alternative setting; or

(B) during hours other than regular working hours.

[1] So in original. Probably should be ''Self-Determination''.

(2) General projects

(A) Criteria

The Secretary may approve under this section demonstration projects that meet the following criteria:

(i) There is a need for a new facility or program, such as a program for convenient care services, or an improvement in, increased efficiency at, or reorientation of an existing facility or program.

(ii) A significant number of Indians, including Indians with low health status, will be served by the project.

(iii) The project has the potential to deliver services in an efficient and effective manner.

(iv) The project is economically viable.

(v) For projects carried out by an Indian tribe or tribal organization, the Indian tribe or tribal organization has the administrative and financial capability to administer the project.

(vi) The project is integrated with providers of related health or social services (including State and local health care agencies or other health care providers) and is coordinated with, and avoids duplication of, existing services in order to expand the availability of services.

(B) Priority

In approving demonstration projects under this paragraph, the Secretary shall give priority to demonstration projects, to the extent the projects meet the criteria described in subparagraph (A), located in any of the following Service units:

(i) Cass Lake, Minnesota.

(ii) Mescalero, New Mexico.

(iii) Owyhee and Elko, Nevada.

(iv) Schurz, Nevada.

(v) Ft. Yuma, California.

(3) Innovative health services delivery demonstration project

(A) Application or request

On receipt of an application or request from an Indian tribe, a consortium of Indian tribes, or a tribal organization within a Service area, the Secretary shall take into consideration alternative or innovated[2] methods to deliver health care services within the Service area (or a portion of, or facility within, the Service area) as described in the application or request, including medical, dental, pharmaceutical, nursing, clinical laboratory, contract health services, convenient care services, community health centers, or any other health care services delivery models designed to improve access to, or efficiency or quality of, the health care, health promotion, or disease prevention services and programs under this chapter.

(B) Approval

In addition to projects described in paragraph (2), in any fiscal year, the Secretary is authorized under this paragraph to approve not more than 10 applications for health care delivery demonstration projects that meet the criteria described in subparagraph (C).

(C) Criteria

The Secretary shall approve under subparagraph (B) demonstration projects that meet all of the following criteria:

(i) The criteria set forth in paragraph (2)(A).

(ii) There is a lack of access to health care services at existing health care facilities, which may be due to limited hours of operation at those facilities or other factors.

(iii) The project—

(I) expands the availability of services; or

(II) reduces—

(aa) the burden on Contract Health Services; or

(bb) the need for emergency room visits.

(d) Technical assistance

On receipt of an application or request from an Indian tribe, a consortium of Indian tribes, or a tribal organization, the Secretary shall provide such technical and other assistance as may be necessary to enable applicants to comply with this section, including information regarding the Service unit budget and available funding for carrying out the proposed demonstration project.

(e) Service to ineligible persons

Subject to section 1680c of this title, the authority to provide services to persons otherwise ineligible for the health care benefits of the Service, and the authority to extend hospital privileges in Service facilities to non-Service health practitioners as provided in section 1680c of this title, may be included, subject to the terms of that section, in any demonstration project approved pursuant to this section.

(f) Equitable treatment

For purposes of subsection (c), the Secretary, in evaluating facilities operated under any contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), shall use the same criteria that the Secretary uses in evaluating facilities operated directly by the Service.

(g) Equitable integration of facilities

The Secretary shall ensure that the planning, design, construction, renovation, and expansion needs of Service and non-Service facilities that are the subject of a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) for health services are fully and equitably integrated into the implementation of the health care delivery demonstration projects under this section.

(Pub. L. 94–437, title III, §307, as added Pub. L. 101–630, title V, §504, Nov. 28, 1990, 104 Stat. 4562; amended Pub. L. 102–573, title III, §§304, 307(b)(2), title VII, §701(c)(2), title IX, §902(4)(A), Oct. 29, 1992, 106 Stat. 4562, 4564, 4572, 4591; Pub. L. 111–148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

REFERENCES IN TEXT

This chapter, referred to in subsecs. (a)(1)(B), (b)(2)(B), (c)(3)(A), was in the original ''this Act'',

[2] So in original. Probably should be ''innovative''.

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.

The Indian Self-Determination and Education Assistance Act, referred to in subsecs. (a), (f), and (g), 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

Amendment by Pub. L. 111–148 is based on section 143 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 contracts and grants to carry out an Indian health care delivery demonstration project and related to use of funds, criteria, technical assistance, service to ineligible persons, equitable treatment, equitable integration of facilities, and report to Congress.

1992—Pub. L. 102–573, § 902(4)(A), made technical amendment to section catchline.

Subsec. (c)(1)(A). Pub. L. 102–573, § 304(a)(1), inserted ''or program'' after ''facility'' in two places.

Subsec. (c)(3)(A). Pub. L. 102–573, § 304(a)(2), substituted ''On or before September 30, 1995, the'' for ''The'' and inserted ''and for which a completed application has been received by the Secretary'' after ''paragraph (1)''.

Subsec. (c)(3)(B). Pub. L. 102–573, § 304(a)(3), which directed amendment of subsec. (c) by striking subpar. (B) and inserting a new subpar. (B), was executed by making the amendment in par. (3) of subsec. (c) to reflect the probable intent of Congress. Prior to amendment, subpar. (B) read as follows: ''After entering into contracts or awarding grants in accordance with subparagraph (A), and taking into account contracts entered into and grants awarded under such subparagraph, the Secretary may only enter into one contract or award one grant under this subsection with respect to a service area until the Secretary has entered into contracts or awarded grants for all service areas with respect to which the Secretary receives applications during the application period, as determined by the Secretary, which meet the criteria developed under paragraph (1).''

Subsec. (e). Pub. L. 102–573, § 701(c)(2), made technical amendment to the reference to section 1680c of this title to reflect renumbering of corresponding section of original act.

Subsec. (h). Pub. L. 102–573, § 304(b), amended subsec. (h) generally. Prior to amendment, subsec. (h) read as follows: ''Within 90 days after the end of the period set out in subsection (a) of this section, the Secretary shall prepare and submit to Congress a report, together with legislative recommendations, on the findings and conclusions derived from the demonstration projects.''

Subsec. (i). Pub. L. 102–573, § 307(b)(2), struck out subsec. (i) which authorized appropriation of such sums as necessary for fiscal years 1991 and 1992 for purpose of carrying out this section.

§ 1638. Land transfer

The Bureau of Indian Affairs is authorized to transfer, at no cost, up to 5 acres of land at the Chemawa Indian School, Salem, Oregon, to the Service for the provision of health care services. The land authorized to be transferred by this section is that land adjacent to land under the jurisdiction of the Service and occupied by the Chemawa Indian Health Center.

(Pub. L. 94–437, title III, § 308, as added Pub. L. 102–573, title III, § 306, Oct. 29, 1992, 106 Stat. 4564.)

§ 1638a. Tribal management of federally owned quarters

(a) Rental rates

(1) Establishment

Notwithstanding any other provision of law, a tribal health program that operates a hospital or other health facility and the federally owned quarters associated with such a facility pursuant to a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) may establish the rental rates charged to the occupants of those quarters, on providing notice to the Secretary.

(2) Objectives

In establishing rental rates under this subsection, a tribal health program shall attempt—

(A) to base the rental rates on the reasonable value of the quarters to the occupants of the quarters; and

(B) to generate sufficient funds to prudently provide for the operation and maintenance of the quarters, and at the discretion of the tribal health program, to supply reserve funds for capital repairs and replacement of the quarters.

(3) Equitable funding

A federally owned quarters the rental rates for which are established by a tribal health program under this subsection shall remain eligible to receive improvement and repair funds to the same extent that all federally owned quarters used to house personnel in programs of the Service are eligible to receive those funds.

(4) Notice of rate change

A tribal health program that establishes a rental rate under this subsection shall provide occupants of the federally owned quarters a notice of any change in the rental rate by not later than the date that is 60 days notice before the effective date of the change.

(5) Rates in Alaska

A rental rate established by a tribal health program under this section for a federally owned quarters in the State of Alaska may be based on the cost of comparable private rental housing in the nearest established community with a year-round population of 1,500 or more individuals.

(b) Direct collection of rent

(1) In general

Notwithstanding any other provision of law, and subject to paragraph (2), a tribal health program may collect rent directly from Federal employees who occupy federally owned quarters if the tribal health program submits to the Secretary and the employees a notice of the election of the tribal health program to collect rents directly from the employees.