

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 par. (3), 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 sections 101(b)(8) and 162 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 related to treatment of certain demonstration projects as Service units in the allocation of resources and coordination of care.

Subsec. (c). Pub. L. 111-148 struck out subsec. (c), which authorized appropriations to carry out this section through fiscal year 2002, prior to general amendment of section. See above.

1998—Subsec. (c). Pub. L. 105-256 added subsec. (c).

PERMANENT PROGRAMS UNDER THE DIRECT CARE PROGRAM OF THE INDIAN HEALTH SERVICE

Pub. L. 108-447, div. E, title II, Dec. 8, 2004, 118 Stat. 3087, provided in part that: “Notwithstanding any other provision of law, the Tulsa and Oklahoma City Clinic demonstration projects shall be permanent programs under the direct care program of the Indian Health Service; shall be treated as service units and operating units in the allocation of resources and coordination of care; shall continue to meet the requirements applicable to an Urban Indian organization under this title [title II of div. E of Pub. L. 108-447, see Tables for classification]; and shall not be subject to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)”

EXTENSION OF TERMS OF PROJECTS

Pub. L. 105-256, § 4(a), Oct. 14, 1998, 112 Stat. 1897, provided for extension of terms of projects referred to in section 1660b of this title to Oct. 1, 2002.

§ 1660c. Urban NIAAA transferred programs

(a) Duty of Secretary

The Secretary shall, within the Branch of Urban Health Programs of the Service, make grants or enter into contracts for the administration of urban Indian alcohol programs that were originally established under the National Institute on Alcoholism and Alcohol Abuse (hereafter in this section referred to as “NIAAA”) and transferred to the Service.

(b) Use of grants

Grants provided or contracts entered into under this section shall be used to provide support for the continuation of alcohol prevention and treatment services for urban Indian populations and such other objectives as are agreed upon between the Service and a recipient of a grant or contract under this section.

(c) Eligibility for grants

Urban Indian organizations that operate Indian alcohol programs originally funded under NIAAA and subsequently transferred to the

Service are eligible for grants or contracts under this section.

(d) Combination of funds

For the purpose of carrying out this section, the Secretary may combine NIAAA alcohol funds with other substance abuse funds currently administered through the Branch of Urban Health Programs of the Service.

(e) Evaluation and report to Congress

The Secretary shall evaluate and report to the Congress on the activities of programs funded under this section at least every 5 years.

(Pub. L. 94-437, title V, § 513, as added Pub. L. 102-573, title V, § 504, Oct. 29, 1992, 106 Stat. 4570; amended Pub. L. 105-362, title VI, § 602(a), Nov. 10, 1998, 112 Stat. 3286.)

AMENDMENTS

1998—Subsec. (e). Pub. L. 105-362 substituted “every 5 years” for “every two years”.

TERMINATION OF REPORTING REQUIREMENTS

For termination, effective May 15, 2000, of provisions in subsec. (e) of this section relating to reporting to Congress on the activities of programs funded under this section, see section 3003 of Pub. L. 104-66, as amended, set out as a note under section 1113 of Title 31, Money and Finance, and page 97 of House Document No. 103-7.

§ 1660d. Conferring with urban Indian organizations

(a) Definition of confer

In this section, the term “confer” means to engage in an open and free exchange of information and opinions that—

- (1) leads to mutual understanding and comprehension; and
- (2) emphasizes trust, respect, and shared responsibility.

(b) Requirement

The Secretary shall ensure that the Service confers, to the maximum extent practicable, with urban Indian organizations in carrying out this chapter.

(Pub. L. 94-437, title V, § 514, as added Pub. L. 111-148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

REFERENCES IN TEXT

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

Section 514 of Pub. L. 94-437 is based on section 163(a) 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.

PRIOR PROVISIONS

A prior section 1660d, Pub. L. 94-437, title V, § 514, as added Pub. L. 102-573, title V, § 505(a), Oct. 29, 1992, 106 Stat. 4570, authorized appropriations through fiscal year 2000 to carry out this subchapter, prior to repeal