funds appropriated heretofore and hereafter for tribes recognized after January 1, 1995, may be used to provide medical services directly or through contract medical care''.

§ 1621a. Catastrophic Health Emergency Fund

(a) Establishment

There is established an Indian Catastrophic Health Emergency Fund (hereafter in this section referred to as the ''CHEF'') consisting of—

(1) the amounts deposited under subsection (f); and

(2) the amounts appropriated to CHEF under this section.

(b) Administration

CHEF shall be administered by the Secretary, acting through the headquarters of the Service, solely for the purpose of meeting the extraordinary medical costs associated with the treatment of victims of disasters or catastrophic illnesses who are within the responsibility of the Service.

(c) Conditions on use of Fund

No part of CHEF or its administration shall be subject to contract or grant under any law, including the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), nor shall CHEF funds be allocated, apportioned, or delegated on an Area Office, Service Unit, or other similar basis.

(d) Regulations

The Secretary shall promulgate regulations consistent with the provisions of this section to—

(1) establish a definition of disasters and catastrophic illnesses for which the cost of the treatment provided under contract would qualify for payment from CHEF;

(2) provide that a Service Unit shall not be eligible for reimbursement for the cost of treatment from CHEF until its cost of treating any victim of such catastrophic illness or disaster has reached a certain threshold cost which the Secretary shall establish at—

(A) the 2000 level of $19,000; and

(B) for any subsequent year, not less than the threshold cost of the previous year increased by the percentage increase in the medical care expenditure category of the consumer price index for all urban consumers (United States city average) for the 12-month period ending with December of the previous year;

(3) establish a procedure for the reimbursement of the portion of the costs that exceeds such threshold cost incurred by—

(A) Service Units; or

(B) whenever otherwise authorized by the Service, non-Service facilities or providers;

(4) establish a procedure for payment from CHEF in cases in which the exigencies of the medical circumstances warrant treatment prior to the authorization of such treatment by the Service; and

(5) establish a procedure that will ensure that no payment shall be made from CHEF to any provider of treatment to the extent that such provider is eligible to receive payment for the treatment from any other Federal, State, local, or private source of reimbursement for which the patient is eligible.

(e) No offset or limitation

Amounts appropriated to CHEF under this section shall not be used to offset or limit appropriations made to the Service under the authority of section 13 of this title, or any other law.

(f) Deposit of reimbursement funds

There shall be deposited into CHEF all reimbursements to which the Service is entitled from any Federal, State, local, or private source (including third party insurance) by reason of treatment rendered to any victim of a disaster or catastrophic illness the cost of which was paid from CHEF.

(Pub. L. 94–437, title II, § 202, as added Pub. L. 100–713, title II, § 202, Nov. 23, 1988, 102 Stat. 4803; amended Pub. L. 102–573, title II, §§ 202(a), 217(b)(2), Oct. 29, 1992, 106 Stat. 4546, 4559; 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. (c), 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 122 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 establishment of Indian Catastrophic Health Emergency Fund with provisions for its administration, promulgation of regulations, procedures for payment, effect of appropriated funds on other appropriations, and deposit of reimbursements.

1992—Subsec. (a)(1)(B). Pub. L. 102–573, § 202(a)(1), substituted ''to the Fund under this section'' for ''under subsection (e) of this section''.

Subsec. (b)(2). Pub. L. 102–573, § 202(a)(2), substituted ''shall establish at—'' and subpars. (A) and (B) for ''shall establish at not less than $10,000 or not more than $20,000;''.

Subsec. (c). Pub. L. 102–573, § 202(a)(3), substituted ''Amounts appropriated to the Fund under this section'' for ''Funds appropriated under subsection (e) of this section''.

Subsec. (e). Pub. L. 102–573, § 217(b)(2), struck out subsec. (e) which authorized appropriations for fiscal years 1989 to 1992.

EFFECTIVE DATE OF 1992 AMENDMENT

Pub. L. 102–573, title II, § 202(b), Oct. 29, 1992, 106 Stat. 4546, provided that: ''The amendment made by subsection (a)(2) [amending this section] shall take effect January 1, 1993.''

§ 1621b. Health promotion and disease prevention services

(a) Authorization

The Secretary, acting through the Service, shall provide health promotion and disease pre-

vention services to Indians so as to achieve the health status objectives set forth in section 1602(b)[1] of this title.

(b) Evaluation statement for Presidential budget

The Secretary shall submit to the President for inclusion in each statement which is required to be submitted to the Congress under section 1671 of this title an evaluation of—

(1) the health promotion and disease prevention needs of Indians,

(2) the health promotion and disease prevention activities which would best meet such needs,

(3) the internal capacity of the Service to meet such needs, and

(4) the resources which would be required to enable the Service to undertake the health promotion and disease prevention activities necessary to meet such needs.

(Pub. L. 94–437, title II, § 203, as added Pub. L. 100–713, title II, § 203(c), Nov. 23, 1988, 102 Stat. 4805; amended Pub. L. 102–573, title II, § 203, Oct. 29, 1992, 106 Stat. 4546.)

REFERENCES IN TEXT

Section 1602 of this title, referred to in subsec. (a), was amended generally by Pub. L. 111–148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935, and, as so amended, no longer contains a subsec. (b).

AMENDMENTS

1992—Subsec. (a). Pub. L. 102–573, § 203(1), inserted before period at end ''so as to achieve the health status objectives set forth in section 1602(b) of this title''.

Subsec. (b). Pub. L. 102–573, § 203(2), in introductory provisions, substituted ''section 1671'' for ''section 1621(f)''.

Subsec. (c). Pub. L. 102–573, § 203(3), struck out subsec. (c) which directed establishment of between 1 and 4 health-related demonstration projects to terminate 30 months after Nov. 23, 1988.

CONGRESSIONAL FINDINGS ON HEALTH PROMOTION AND DISEASE PREVENTION

Pub. L. 100–713, title II, § 203(a), Nov. 23, 1988, 102 Stat. 4804, provided that: ''The Congress finds that health promotion and disease prevention activities will—

''(1) improve the health and well being of Indians, and

''(2) reduce the expenses for medical care of Indians.''

§ 1621c. Diabetes prevention, treatment, and control

(a) Determinations regarding diabetes

The Secretary, acting through the Service, and in consultation with Indian tribes and tribal organizations, shall determine—

(1) by Indian tribe and by Service unit, the incidence of, and the types of complications resulting from, diabetes among Indians; and

(2) based on the determinations made pursuant to paragraph (1), the measures (including patient education and effective ongoing monitoring of disease indicators) each Service unit should take to reduce the incidence of, and prevent, treat, and control the complications resulting from, diabetes among Indian tribes within that Service unit.

(b) Diabetes screening

To the extent medically indicated and with informed consent, the Secretary shall screen each Indian who receives services from the Service for diabetes and for conditions which indicate a high risk that the individual will become diabetic and establish a cost-effective approach to ensure ongoing monitoring of disease indicators. Such screening and monitoring may be conducted by a tribal health program and may be conducted through appropriate Internet-based health care management programs.

(c) Diabetes projects

The Secretary shall continue to maintain each model diabetes project in existence on March 23, 2010, any such other diabetes programs operated by the Service or tribal health programs, and any additional diabetes projects, such as the Medical Vanguard program provided for in title IV of Public Law 108–87, as implemented to serve Indian tribes. tribal[1] health programs shall receive recurring funding for the diabetes projects that they operate pursuant to this section, both at March 23, 2010, and for projects which are added and funded thereafter.

(d) Dialysis programs

The Secretary is authorized to provide, through the Service, Indian tribes, and tribal organizations, dialysis programs, including the purchase of dialysis equipment and the provision of necessary staffing.

(e) Other duties of the Secretary

(1) In general

The Secretary shall, to the extent funding is available—

(A) in each area office, consult with Indian tribes and tribal organizations regarding programs for the prevention, treatment, and control of diabetes;

(B) establish in each area office a registry of patients with diabetes to track the incidence of diabetes and the complications from diabetes in that area; and

(C) ensure that data collected in each area office regarding diabetes and related complications among Indians are disseminated to all other area offices, subject to applicable patient privacy laws.

(2) Diabetes control officers

(A) In general

The Secretary may establish and maintain in each area office a position of diabetes control officer to coordinate and manage any activity of that area office relating to the prevention, treatment, or control of diabetes to assist the Secretary in carrying out a program under this section or section 254c–3 of title 42.

(B) Certain activities

Any activity carried out by a diabetes control officer under subparagraph (A) that is the subject of a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), and any funds made available to carry out such an activity, shall not be divisible for purposes of that Act.

(Pub. L. 94–437, title II, § 204, as added Pub. L. 100–713, title II, § 203(c), Nov. 23, 1988, 102 Stat.

[1] See References in Text note below.

[1] So in original. Probably should be capitalized.