

(Pub. L. 94-437, title II, § 220, as added Pub. L. 102-573, title II, § 215, Oct. 29, 1992, 106 Stat. 4558.)

§ 1621t. Licensing

Licensed health professionals employed by a tribal health program shall be exempt, if licensed in any State, from the licensing requirements of the State in which the tribal health program performs the services described in the contract or compact of the tribal health program under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

(Pub. L. 94-437, title II, § 221, as added Pub. L. 102-573, title II, § 215, Oct. 29, 1992, 106 Stat. 4559; 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 text, 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 134(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.

AMENDMENTS

2010—Pub. L. 111-148 amended section generally. Prior to amendment, section related to demonstration of electronic claims processing.

§ 1621u. Liability for payment

(a) No patient liability

A patient who receives contract health care services that are authorized by the Service shall not be liable for the payment of any charges or costs associated with the provision of such services.

(b) Notification

The Secretary shall notify a contract care provider and any patient who receives contract health care services authorized by the Service that such patient is not liable for the payment of any charges or costs associated with the provision of such services not later than 5 business days after receipt of a notification of a claim by a provider of contract care services.

(c) No recourse

Following receipt of the notice provided under subsection (b), or, if a claim has been deemed accepted under section 1621s(b) of this title, the provider shall have no further recourse against the patient who received the services.

(Pub. L. 94-437, title II, § 222, as added Pub. L. 102-573, title II, § 215, Oct. 29, 1992, 106 Stat. 4559; amended Pub. L. 111-148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Amendment by Pub. L. 111-148 is based on section 135 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 absence of patient liability for payment of charges or costs for contract health care services and requirement that Secretary notify contract care provider and patient of absence of patient's liability.

§ 1621v. Offices of Indian Men's Health and Indian Women's Health

(a) Office of Indian Men's Health

(1) Establishment

The Secretary may establish within the Service an office, to be known as the "Office of Indian Men's Health".

(2) Director

(A) In general

The Office of Indian Men's Health shall be headed by a director, to be appointed by the Secretary.

(B) Duties

The director shall coordinate and promote the health status of Indian men in the United States.

(3) Report

Not later than 2 years after March 23, 2010, the Secretary, acting through the Service, shall submit to Congress a report describing—

(A) any activity carried out by the director as of the date on which the report is prepared; and

(B) any finding of the director with respect to the health of Indian men.

(b) Office of Indian Women's Health

The Secretary, acting through the Service, shall establish an office, to be known as the "Office of Indian Women's Health", to monitor and improve the quality of health care for Indian women (including urban Indian women) of all ages through the planning and delivery of programs administered by the Service, in order to improve and enhance the treatment models of care for Indian women.

(Pub. L. 94-437, title II, § 223, as added Pub. L. 102-573, title II, § 216, Oct. 29, 1992, 106 Stat. 4559; amended Pub. L. 111-148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Amendment by Pub. L. 111-148 is based on section 136 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 substituted "Offices of Indian Men's Health and Indian Women's Health" for "Office of Indian Women's Health Care" in section catchline, added subsec. (a), designated existing provisions as subsec. (b), inserted subsec. (b) heading, substituted "The Secretary, acting through the Service, shall establish an office, to be known as the 'Office of Indian Women's Health', to" for "There is established within the Service an Office of Indian Women's Health Care to oversee efforts of the Service to", and inserted "(including urban Indian women)" before "of all ages".

§ 1621w. Repealed. Pub. L. 111-148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935

Section, Pub. L. 94-437, title II, § 224, as added Pub. L. 102-573, title II, § 217(a), Oct. 29, 1992, 106 Stat. 4559, au-