

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—Subsec. (a)(3). Pub. L. 102-573 struck out par. (3) which directed Secretary to submit report to Congress no later than Sept. 30, 1989.

### § 1663. Office of Direct Service Tribes

#### (a) Establishment

There is established within the Service an office, to be known as the “Office of Direct Service Tribes”.

#### (b) Treatment

The Office of Direct Service Tribes shall be located in the Office of the Director.

#### (c) Duties

The Office of Direct Service Tribes shall be responsible for—

- (1) providing Service-wide leadership, guidance and support for direct service tribes to include strategic planning and program evaluation;
- (2) ensuring maximum flexibility to tribal health and related support systems for Indian beneficiaries;
- (3) serving as the focal point for consultation and participation between direct service tribes and organizations and the Service in the development of Service policy;
- (4) holding no less than biannual consultations with direct service tribes in appropriate locations to gather information and aid in the development of health policy; and
- (5) directing a national program and providing leadership and advocacy in the development of health policy, program management, budget formulation, resource allocation, and delegation support for direct service tribes.

(Pub. L. 94-437, title VI, §603, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

#### CODIFICATION

Section 603 of Pub. L. 94-437 is based on section 172 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 1663, Pub. L. 94-437, title VI, §603, as added Pub. L. 102-573, title VI, §603, Oct. 29, 1992, 106 Stat. 4571, authorized appropriations through fiscal year 2000 to carry out this subchapter, prior to repeal by Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935. The repeal is based on section 101(b)(10) 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.

### § 1663a. Nevada Area Office

#### (a) In general

Not later than 1 year after March 23, 2010, in a manner consistent with the tribal consultation policy of the Service, the Secretary shall

submit to Congress a plan describing the manner and schedule by which an area office, separate and distinct from the Phoenix Area Office of the Service, can be established in the State of Nevada.

#### (b) Failure to submit plan

##### (1) Definition of operations funds

In this subsection, the term “operations funds” means only the funds used for—

- (A) the administration of services, including functional expenses such as overtime, personnel salaries, and associated benefits; or
- (B) related tasks that directly affect the operations described in subparagraph (A).

##### (2) Withholding of funds

If the Secretary fails to submit a plan in accordance with subsection (a), the Secretary shall withhold the operations funds reserved for the Office of the Director, subject to the condition that the withholding shall not adversely impact the capacity of the Service to deliver health care services.

##### (3) Restoration

The operations funds withheld pursuant to paragraph (2) may be restored, at the discretion of the Secretary, to the Office of the Director on achievement by that Office of compliance with this section.

(Pub. L. 94-437, title VI, §604, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

#### CODIFICATION

Section 604 of Pub. L. 94-437 is based on section 173 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.

### SUBCHAPTER V—A—BEHAVIORAL HEALTH PROGRAMS

Title VII of the Indian Health Care Improvement Act, comprising this subchapter, was originally enacted by Pub. L. 94-437, title VII, as added Pub. L. 102-573, title VII, §702(a), Oct. 29, 1992, 106 Stat. 4572, and amended by Pub. L. 104-313, Oct. 19, 1996, 110 Stat. 3820; Pub. L. 105-244, Oct. 7, 1998, 112 Stat. 1581; Pub. L. 105-256, Oct. 14, 1998, 112 Stat. 1896; Pub. L. 110-315, Aug. 14, 2008, 122 Stat. 3078. Such title is shown herein, however, as having been added by Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935, without reference to such intervening amendments because of the extensive revision of the title’s provisions by Pub. L. 111-148. A prior title VII was renumbered VIII by Pub. L. 102-573 and is classified to subchapter VI of this chapter.

#### PART A—GENERAL PROGRAMS

### § 1665. Definitions

In this part:

#### (1) Alcohol-related neurodevelopmental disorders; ARND

The term “alcohol-related neurodevelopmental disorders” or “ARND” means, with a history of maternal alcohol consumption during pregnancy, central nervous system abnormalities, which may range from minor intellectual deficits and developmental