

NUCLEAR RESOURCE DEVELOPMENT HEALTH HAZARDS;
STUDY AND REPORT

Pub. L. 100-713, title VII, § 717, Nov. 23, 1988, 102 Stat. 4837, provided that:

“(a) The Secretary of Health and Human Services (acting through the Indian Health Service), the Secretary of the Interior (acting through the Bureau of Indian Affairs), and the Secretary of Energy shall jointly conduct a study for the purpose of determining—

“(1) the number of active nuclear resource development sites on Indian lands in the United States;

“(2) the Federal agencies that carry out Federal responsibilities with respect to each such site;

“(3) the health hazards that exist as a result of such sites;

“(4) the remedial actions which have been undertaken with respect to such health hazards;

“(5) remedial actions that are needed with respect to such health hazards; and

“(6) the amount of funds that would be necessary each year to implement and maintain such needed remedial actions and the date by which the remedial actions would be implemented if sufficient funds were to provide for the remedial actions.

“(b) By no later than the date that is 2 years after the date of enactment of this Act [Nov. 23, 1988], a report shall be submitted to the Congress describing the findings and conclusions made as a result of carrying out the study required in subsection (a).”

§ 1678. Arizona as contract health service delivery area

(a) In general

The State of Arizona shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of Indian tribes in the State of Arizona.

(b) Maintenance of services

The Service shall not curtail any health care services provided to Indians residing on reservations in the State of Arizona if the curtailment is due to the provision of contract services in that State pursuant to the designation of the State as a contract health service delivery area by subsection (a).

(Pub. L. 94-437, title VIII, § 808, as added Pub. L. 111-148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Section 808 of Pub. L. 94-437 is based on section 192(1) 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 1678, Pub. L. 94-437, title VIII, § 808, formerly title VII, § 708, as added Pub. L. 96-537, § 8(b), Dec. 17, 1980, 94 Stat. 3181; amended Pub. L. 100-713, title VII, § 702, Nov. 23, 1988, 102 Stat. 4827; renumbered title VIII, § 808, and amended Pub. L. 102-573, title VII, § 701(a), (b), title VIII, § 803, Oct. 29, 1992, 106 Stat. 4572, 4585, temporarily designated Arizona as a contract health service delivery area, prior to repeal by Pub. L. 111-148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935. The repeal is based on section 192(1) 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.

§ 1678a. North Dakota and South Dakota as contract health service delivery area

(a) In general

The States of North Dakota and South Dakota shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of Indian tribes in the States of North Dakota and South Dakota.

(b) Maintenance of services

The Service shall not curtail any health care services provided to Indians residing on any reservation, or in any county that has a common boundary with any reservation, in the State of North Dakota or South Dakota if the curtailment is due to the provision of contract services in those States pursuant to the designation of the States as a contract health service delivery area by subsection (a).

(Pub. L. 94-437, title VIII, § 808A, as added Pub. L. 111-148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Section 808A of Pub. L. 94-437 is based on section 192(2) 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.

§ 1679. Eligibility of California Indians

(a) In general

The following California Indians shall be eligible for health services provided by the Service:

(1) Any member of a federally recognized Indian tribe.

(2) Any descendant of an Indian who was residing in California on June 1, 1852, if such descendant—

(A) is a member of the Indian community served by a local program of the Service; and

(B) is regarded as an Indian by the community in which such descendant lives.

(3) Any Indian who holds trust interests in public domain, national forest, or reservation allotments in California.

(4) Any Indian of California who is listed on the plans for distribution of the assets of rancherias and reservations located within the State of California under the Act of August 18, 1958 (72 Stat. 619), and any descendant of such an Indian.

(b) Clarification

Nothing in this section may be construed as expanding the eligibility of California Indians for health services provided by the Service beyond the scope of eligibility for such health services that applied on May 1, 1986.

(Pub. L. 94-437, title VIII, § 809, as added Pub. L. 111-148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

REFERENCES IN TEXT

Act of August 18, 1958, referred to in subsec. (a)(4), is Pub. L. 85-671, Aug. 18, 1958, 72 Stat. 619, which is not classified to the Code.

CODIFICATION

Section 809 of Pub. L. 94-437 is based on section 192(3) of title I of S. 1790, One Hundred Eleventh Congress, as