(2) The information system established under paragraph (1) shall include—

(A) a financial management system,

(B) a patient care information system for each area served by the Service,

(C) a privacy component that protects the privacy of patient information held by, or on behalf of, the Service, and

(D) a services-based cost accounting component that provides estimates of the costs associated with the provision of specific medical treatments or services in each area office of the Service.

(b) Provision to Indian tribes and organizations; reimbursement

(1) The Secretary shall provide each Indian tribe and tribal organization that provides health services under a contract entered into with the Service under the Indian Self-Determination Act [25 U.S.C. 5321 et seq.] automated management information systems which—

(A) meet the management information needs of such Indian tribe or tribal organization with respect to the treatment by the Indian tribe or tribal organization of patients of the Service, and

(B) meet the management information needs of the Service.

(2) The Secretary shall reimburse each Indian tribe or tribal organization for the part of the cost of the operation of a system provided under paragraph (1) which is attributable to the treatment by such Indian tribe or tribal organization of patients of the Service.

(3) The Secretary shall provide systems under paragraph (1) to Indian tribes and tribal organizations providing health services in California by no later than September 30, 1990.

(c) Access to records

Notwithstanding any other provision of law, each patient shall have reasonable access to the medical or health records of such patient which are held by, or on behalf of, the Service.

(Pub. L. 94–437, title VI, §602, as added Pub. L. 100–713, title VI, §601(a), Nov. 23, 1988, 102 Stat. 4825; amended Pub. L. 102–573, title IX, §901(3), Oct. 29, 1992, 106 Stat. 4591.)

REFERENCES IN TEXT

The Indian Self-Determination Act, referred to in subsec. (b)(1), is title I of Pub. L. 93–638, Jan. 4, 1975, 88 Stat. 2206, which is classified principally to subchapter I (§5321 et seq.) of chapter 46 of this title. For complete classification of this Act to the Code, see Short Title note set out under section 5301 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 delays to mental retardation. ARND children may have behavioral problems, learning disabilities, problems with executive functioning, and attention disorders. The neurological defects of ARND may be as severe as FAS, but facial anomalies and other physical characteristics are not present in ARND, thus making diagnosis difficult.

(2) Assessment

The term ''assessment'' means the systematic collection, analysis, and dissemination of information on health status, health needs, and health problems.

(3) Behavioral health aftercare

The term ''behavioral health aftercare'' includes those activities and resources used to support recovery following inpatient, residential, intensive substance abuse, or mental health outpatient or outpatient treatment. The purpose is to help prevent or deal with relapse by ensuring that by the time a client or patient is discharged from a level of care, such as outpatient treatment, an aftercare plan has been developed with the client. An aftercare plan may use such resources as a community-based therapeutic group, transitional living facilities, a 12-step sponsor, a local 12-step or other related support group, and other community-based providers.

(4) Dual diagnosis

The term ''dual diagnosis'' means coexisting substance abuse and mental illness conditions or diagnosis. Such clients are sometimes referred to as mentally ill chemical abusers (MICAs).

(5) Fetal alcohol spectrum disorders

(A) In general

The term ''fetal alcohol spectrum disorders'' includes a range of effects that can occur in an individual whose mother drank alcohol during pregnancy, including physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.

(B) Inclusions

The term ''fetal alcohol spectrum disorders'' may include—

(i) fetal alcohol syndrome (FAS);

(ii) partial fetal alcohol syndrome (partial FAS);

(iii) alcohol-related birth defects (ARBD); and

(iv) alcohol-related neurodevelopmental disorders (ARND).

(6) FAS or fetal alcohol syndrome

The term ''FAS'' or ''fetal alcohol syndrome'' means a syndrome in which, with a history of maternal alcohol consumption during pregnancy, the following criteria are met:

(A) Central nervous system involvement, such as mental retardation, developmental delay, intellectual deficit, microencephaly, or neurological abnormalities.

(B) Craniofacial abnormalities with at least 2 of the following:

(i) Microphthalmia.

(ii) Short palpebral fissures.

(iii) Poorly developed philtrum.

(iv) Thin upper lip.

(v) Flat nasal bridge.

(vi) Short upturned nose.

(C) Prenatal or postnatal growth delay.

(7) Rehabilitation

The term ''rehabilitation'' means medical and health care services that—

(A) are recommended by a physician or licensed practitioner of the healing arts within the scope of their practice under applicable law;

(B) are furnished in a facility, home, or other setting in accordance with applicable standards; and

(C) have as their purpose any of the following:

(i) The maximum attainment of physical, mental, and developmental functioning.