

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  
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<sup>1</sup> 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.),<sup>2</sup> 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. 4806; amended Pub. L. 102-573, title II, §§204, 217(b)(3), title IX, §901(2), Oct. 29, 1992, 106 Stat. 4546, 4559, 4590; Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

REFERENCES IN TEXT

Public Law 108-87, referred to in subsec. (c), is Pub. L. 108-87, Sept. 30, 2003, 117 Stat. 1054, known as the Department of Defense Appropriations Act, 2004. Title IV of the Act (117 Stat. 1067) is not classified to the Code. For complete classification of this Act to the Code, see Tables.

The Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), referred to in subsec. (e)(2)(B), is Pub. L. 93-638, Jan. 4, 1975, 88 Stat. 2203, which was classified principally to subchapter II (§450 et seq.) of chapter 14 of this title prior to editorial reclassification as chapter 46 (§5301 et seq.) 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.

CODIFICATION

Amendment by Pub. L. 111-148 is based on sections 101(c)(1) and 123 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 were 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 determination of incidence of, and types of complications resulting from, diabetes among Indians, measures for treatment and control of diabetes among tribes, screening of each Indian receiving services from the Service, model diabe-

<sup>1</sup> So in original. Probably should be capitalized.

<sup>2</sup> See References in Text note below.

tes projects, establishment by diabetes control officers of registry of patients with diabetes, and authorization of appropriations.

Subsec. (c)(1). Pub. L. 111-148 struck out “through fiscal year 2000” before “each model diabetes project” in introductory provisions prior to general amendment of section. See above.

1992—Subsec. (a). Pub. L. 102-573, §901(2), redesignated par. (1) as entire subsec., redesignated subpars. (A) and (B) as pars. (1) and (2), respectively, substituted “paragraph (1)” for “subparagraph (A)” in par. (2), and struck out former par. (2) which read as follows: “Within 18 months after November 23, 1988, the Secretary shall prepare and transmit to the President and the Congress a report describing the determinations made and measures taken under paragraph (1) and making recommendations for additional funding to prevent, treat, and control diabetes among Indians.”

Subsec. (c). Pub. L. 102-573, §204(1), amended subsec. (c) generally. Prior to amendment, subsec. (c) read as follows:

“(1) The Secretary shall continue to maintain during fiscal years 1988 through 1991 each of the following model diabetes projects which are in existence on November 23, 1988:

“(A) Claremore Indian Hospital in Oklahoma;

“(B) Fort Totten Health Center in North Dakota;

“(C) Sacaton Indian Hospital in Arizona;

“(D) Winnebago Indian Hospital in Nebraska;

“(E) Albuquerque Indian Hospital in New Mexico;

“(F) Perry, Princeton, and Old Town Health Centers in Maine; and

“(G) Bellingham Health Center in Washington.

“(2) The Secretary shall establish in fiscal year 1989, and maintain during fiscal years 1989 through 1991, a model diabetes project in each of the following locations:

“(A) Fort Berthold Reservation;

“(B) the Navajo Reservation;

“(C) the Papago Reservation;

“(D) the Zuni Reservation; and

“(E) the States of Alaska, California, Minnesota, Montana, Oregon, and Utah.”

Subsec. (d)(4). Pub. L. 102-573, §204(2), added par. (4).

Subsec. (e). Pub. L. 102-573, §217(b)(3), substituted “this section” for “subsection (c) of this section” and struck out at beginning “There are authorized to be appropriated such sums as may be necessary to carry out the provisions of this section.”

## § 1621d. Other authority for provision of services

### (a) Definitions

In this section:

#### (1) Assisted living service

The term “assisted living service” means any service provided by an assisted living facility (as defined in section 1715w(b) of title 12), except that such an assisted living facility—

(A) shall not be required to obtain a license; but

(B) shall meet all applicable standards for licensure.

#### (2) Home- and community-based service

The term “home- and community-based service” means 1 or more of the services specified in paragraphs (1) through (9) of section 1396t(a) of title 42 (whether provided by the Service or by an Indian tribe or tribal organization pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.))<sup>1</sup> that are or will be provided in accordance with applicable standards.

### (3) Hospice care

The term “hospice care” means—

(A) the items and services specified in subparagraphs (A) through (H) of section 1395x(dd)(1) of title 42; and

(B) such other services as an Indian tribe or tribal organization determines are necessary and appropriate to provide in furtherance of that care.

### (4) Long-term care services

The term “long-term care services” has the meaning given the term “qualified long-term care services” in section 7702B(c) of title 26.

### (b) Funding authorized

The Secretary, acting through the Service, Indian tribes, and tribal organizations, may provide funding under this chapter to meet the objectives set forth in section 1602 of this title through health care-related services and programs not otherwise described in this chapter for the following services:

(1) Hospice care.

(2) Assisted living services.

(3) Long-term care services.

(4) Home- and community-based services.

### (c) Eligibility

The following individuals shall be eligible to receive long-term care services under this section:

(1) Individuals who are unable to perform a certain number of activities of daily living without assistance.

(2) Individuals with a mental impairment, such as dementia, Alzheimer’s disease, or another disabling mental illness, who may be able to perform activities of daily living under supervision.

(3) Such other individuals as an applicable tribal health program determines to be appropriate.

### (d) Authorization of convenient care services

The Secretary, acting through the Service, Indian tribes, and tribal organizations, may also provide funding under this chapter to meet the objectives set forth in section 1602 of this title for convenient care services programs pursuant to section 1637(c)(2)(A) of this title.

(Pub. L. 94-437, title II, §205, as added Pub. L. 102-573, title II, §206(a), Oct. 29, 1992, 106 Stat. 4548; 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 (25 U.S.C. 450 et seq.), referred to in subsec. (a)(2), is Pub. L. 93-638, Jan. 4, 1975, 88 Stat. 2203, which was classified principally to subchapter II (§450 et seq.) of chapter 14 of this title prior to editorial reclassification as chapter 46 (§5301 et seq.) 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.

This chapter, referred to in subsecs. (b) and (d), was in the original “this Act”, meaning Pub. L. 94-437, Sept. 30, 1976, 90 Stat. 1400, known as the Indian Health Care Improvement Act, which is classified principally to this chapter. For complete classification of this Act to the Code, see Short Title note set out under section 1601 of this title and Tables.

<sup>1</sup> See References in Text note below.