

**(b) Application required**

The Secretary may provide funding under subsection (a) only if an application or proposal for funding is submitted to the Secretary.

**(c) Coordination with health agencies**

Indian tribes and tribal organizations receiving funding under this section are encouraged to coordinate their activities with the Centers for Disease Control and Prevention and State and local health agencies.

**(d) Technical assistance; report**

In carrying out this section, the Secretary—

(1) may, at the request of an Indian tribe or tribal organization, provide technical assistance; and

(2) shall prepare and submit a report to Congress biennially on the use of funds under this section and on the progress made toward the prevention, control, and elimination of communicable and infectious diseases among Indians and urban Indians.

(Pub. L. 94-437, title II, §218, as added Pub. L. 102-573, title II, §214, Oct. 29, 1992, 106 Stat. 4556; amended Pub. L. 103-437, §10(e)(1), (2)(B), Nov. 2, 1994, 108 Stat. 4589; 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 133 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 grants to Indian tribes and tribal organizations for prevention, control, and elimination of tuberculosis.

1994—Subsec. (d)(4). Pub. L. 103-437 substituted “Committee on Indian” for “Select Committee on Indian” and “Natural Resources” for “Interior and Insular Affairs”.

**§ 1621r. Contract health services payment study****(a) Duty of Secretary**

The Secretary, acting through the Service and in consultation with representatives of Indian tribes and tribal organizations operating contract health care programs under the Indian Self-Determination Act (25 U.S.C. 450f et seq.)<sup>1</sup> or under self-governance compacts, Service personnel, private contract health services providers, the Indian Health Service Fiscal Intermediary, and other appropriate experts, shall conduct a study—

(1) to assess and identify administrative barriers that hinder the timely payment for services delivered by private contract health services providers to individual Indians by the Service and the Indian Health Service Fiscal Intermediary;

(2) to assess and identify the impact of such delayed payments upon the personal credit histories of individual Indians who have been treated by such providers; and

(3) to determine the most efficient and effective means of improving the Service’s contract

health services payment system and ensuring the development of appropriate consumer protection policies to protect individual Indians who receive authorized services from private contract health services providers from billing and collection practices, including the development of materials and programs explaining patients’ rights and responsibilities.

**(b) Functions of study**

The study required by subsection (a) shall—

(1) assess the impact of the existing contract health services regulations and policies upon the ability of the Service and the Indian Health Service Fiscal Intermediary to process, on a timely and efficient basis, the payment of bills submitted by private contract health services providers;

(2) assess the financial and any other burdens imposed upon individual Indians and private contract health services providers by delayed payments;

(3) survey the policies and practices of collection agencies used by contract health services providers to collect payments for services rendered to individual Indians;

(4) identify appropriate changes in Federal policies, administrative procedures, and regulations, to eliminate the problems experienced by private contract health services providers and individual Indians as a result of delayed payments; and

(5) compare the Service’s payment processing requirements with private insurance claims processing requirements to evaluate the systemic differences or similarities employed by the Service and private insurers.

**(c) Report to Congress**

Not later than 12 months after October 29, 1992, the Secretary shall transmit to the Congress a report that includes—

(1) a detailed description of the study conducted pursuant to this section; and

(2) a discussion of the findings and conclusions of such study.

(Pub. L. 94-437, title II, §219, as added Pub. L. 102-573, title II, §215, Oct. 29, 1992, 106 Stat. 4557.)

## REFERENCES IN TEXT

The Indian Self-Determination Act (25 U.S.C. 450f et seq.), referred to in subsec. (a), is title I of Pub. L. 93-638, Jan. 4, 1975, 88 Stat. 2206, which was classified principally to part A (§450f et seq.) of subchapter II of chapter 14 of this title prior to editorial reclassification as 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.

**§ 1621s. Prompt action on payment of claims****(a) Time of response**

The Service shall respond to a notification of a claim by a provider of a contract care service with either an individual purchase order or a denial of the claim within 5 working days after the receipt of such notification.

**(b) Failure to timely respond**

If the Service fails to respond to a notification of a claim in accordance with subsection (a), the Service shall accept as valid the claim submitted by the provider of a contract care service.

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

**(c) Time of payment**

The Service shall pay a completed contract care service claim within 30 days after completion of the claim.

(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.).<sup>1</sup>

(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 (25 U.S.C. 450 et seq.), referred to in text, 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 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;

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

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,