

§ 1643. Amount and use of funds reimbursed through medicare and medicaid available to Indian Health Service

The Secretary shall submit to the President, for inclusion in the report required to be transmitted to the Congress under section 1671 of this title, an accounting on the amount and use of funds made available to the Service pursuant to this subchapter as a result of reimbursements through titles XVIII and XIX of the Social Security Act, as amended [42 U.S.C. 1395 et seq., 1396 et seq.].

(Pub. L. 94-437, title IV, §403, Sept. 30, 1976, 90 Stat. 1410; Pub. L. 102-573, title IV, §402, Oct. 29, 1992, 106 Stat. 4566.)

REFERENCES IN TEXT

The Social Security Act, referred to in text, is act Aug. 14, 1935, ch. 531, 49 Stat. 620, as amended. Titles XVIII and XIX of the Act are classified generally to subchapters XVIII (§ 1395 et seq.) and XIX (§ 1396 et seq.) of chapter 7 of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see section 1305 of Title 42 and Tables.

CODIFICATION

Section was formerly set out as a note under section 1671 of this title.

AMENDMENTS

1992—Pub. L. 102-573 substituted “The Secretary shall submit to the President, for inclusion in the report required to be transmitted to the Congress under section 1671 of this title.” for “The Secretary shall include in his annual report required by section 1671 of this title”.

§ 1644. Grants to and contracts with the Service, Indian tribes, tribal organizations, and urban Indian organizations to facilitate outreach, enrollment, and coverage of Indians under Social Security Act health benefit programs and other health benefits programs

(a) Indian tribes and tribal organizations

The Secretary, acting through the Service, shall make grants to or enter into contracts with Indian tribes and tribal organizations to assist such tribes and tribal organizations in establishing and administering programs on or near reservations and trust lands, including programs to provide outreach and enrollment through video, electronic delivery methods, or telecommunication devices that allow real-time or time-delayed communication between individual Indians and the benefit program, to assist individual Indians—

(1) to enroll for benefits under a program established under title XVIII, XIX, or XXI of the Social Security Act [42 U.S.C. 1395 et seq., 1396 et seq., 1397aa et seq.] and other health benefits programs; and

(2) with respect to such programs for which the charging of premiums and cost sharing is not prohibited under such programs, to pay premiums or cost sharing for coverage for such benefits, which may be based on financial need (as determined by the Indian tribe or tribes or tribal organizations being served based on a schedule of income levels developed or implemented by such tribe, tribes, or tribal organizations).

(b) Conditions

The Secretary, acting through the Service, shall place conditions as deemed necessary to effect the purpose of this section in any grant or contract which the Secretary makes with any Indian tribe or tribal organization pursuant to this section. Such conditions shall include requirements that the Indian tribe or tribal organization successfully undertake—

(1) to determine the population of Indians eligible for the benefits described in subsection (a);

(2) to educate Indians with respect to the benefits available under the respective programs;

(3) to provide transportation for such individual Indians to the appropriate offices for enrollment or applications for such benefits; and

(4) to develop and implement methods of improving the participation of Indians in receiving benefits under such programs.

(c) Application to urban Indian organizations

(1) In general

The provisions of subsection (a) shall apply with respect to grants and other funding to urban Indian organizations with respect to populations served by such organizations in the same manner they apply to grants and contracts with Indian tribes and tribal organizations with respect to programs on or near reservations.

(2) Requirements

The Secretary shall include in the grants or contracts made or provided under paragraph (1) requirements that are—

(A) consistent with the requirements imposed by the Secretary under subsection (b);

(B) appropriate to urban Indian organizations and urban Indians; and

(C) necessary to effect the purposes of this section.

(d) Facilitating cooperation

The Secretary, acting through the Centers for Medicare & Medicaid Services, shall develop and disseminate best practices that will serve to facilitate cooperation with, and agreements between, States and the Service, Indian tribes, tribal organizations, or urban Indian organizations with respect to the provision of health care items and services to Indians under the programs established under title XVIII, XIX, or XXI of the Social Security Act [42 U.S.C. 1395 et seq., 1396 et seq., 1397aa et seq.].

(e) Agreements relating to improving enrollment of Indians under Social Security Act health benefits programs

For provisions relating to agreements of the Secretary, acting through the Service, for the collection, preparation, and submission of applications by Indians for assistance under the Medicaid and children's health insurance programs established under titles XIX and XXI of the Social Security Act [42 U.S.C. 1396 et seq., 1397aa et seq.], and benefits under the Medicare program established under title XVIII of such Act [42 U.S.C. 1395 et seq.], see subsections (a) and (b) of section 1139 of the Social Security Act [42 U.S.C. 1320b-9].

(f) Definition of premiums and cost sharing

In this section:

(1) Premium

The term “premium” includes any enrollment fee or similar charge.

(2) Cost sharing

The term “cost sharing” includes any deduction, deductible, copayment, coinsurance, or similar charge.

(Pub. L. 94-437, title IV, §404, as added Pub. L. 96-537, §6, Dec. 17, 1980, 94 Stat. 3176; amended Pub. L. 102-573, title IV, §403, Oct. 29, 1992, 106 Stat. 4566; Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

REFERENCES IN TEXT

The Social Security Act, referred to in subsecs. (a)(1), (d), and (e), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Titles XVIII, XIX, and XXI of the Act are classified generally to subchapters XVIII (§1395 et seq.), XIX (§1396 et seq.), and XXI (§1397aa et seq.), respectively, of chapter 7 of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see section 1305 of Title 42 and Tables.

CODIFICATION

Amendment by Pub. L. 111-148 is based on section 153 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.

Section was formerly classified to section 1622 of this title.

AMENDMENTS

2010—Pub. L. 111-148 amended section generally. Prior to amendment, section related to grants to and contracts with tribal organizations.

1992—Subsec. (b)(4). Pub. L. 102-573, §403(1), amended par. (4) generally. Prior to amendment, par. (4) read as follows: “develop and implement a schedule of income levels to determine the extent of payment of premiums by such organization for coverage of needy individuals; and methods of improving the participation of Indians in receiving the benefits provided pursuant to titles XVIII and XIX of the Social Security Act.”

Subsec. (c). Pub. L. 102-573, §403(2), amended subsec. (c) generally. Prior to amendment, subsec. (c) read as follows: “There are authorized to be appropriated \$5,000,000 for the fiscal year ending September 30, 1981, \$5,750,000 for the fiscal year ending September 30, 1982, \$6,615,000 for the fiscal year ending September 30, 1983, and \$7,610,000 for the fiscal year ending September 30, 1984.”

§ 1645. Sharing arrangements with Federal agencies**(a) Authority****(1) In general**

The Secretary may enter into (or expand) arrangements for the sharing of medical facilities and services between the Service, Indian tribes, and tribal organizations and the Department of Veterans Affairs and the Department of Defense.

(2) Consultation by Secretary required

The Secretary may not finalize any arrangement between the Service and a Department described in paragraph (1) without first consulting with the Indian tribes which will be significantly affected by the arrangement.

(b) Limitations

The Secretary shall not take any action under this section or under subchapter IV of chapter 81 of title 38 which would impair—

(1) the priority access of any Indian to health care services provided through the Service and the eligibility of any Indian to receive health services through the Service;

(2) the quality of health care services provided to any Indian through the Service;

(3) the priority access of any veteran to health care services provided by the Department of Veterans Affairs;

(4) the quality of health care services provided by the Department of Veterans Affairs or the Department of Defense; or

(5) the eligibility of any Indian who is a veteran to receive health services through the Department of Veterans Affairs.

(c) Reimbursement

The Service, Indian tribe, or tribal organization shall be reimbursed by the Department of Veterans Affairs or the Department of Defense (as the case may be) where services are provided through the Service, an Indian tribe, or a tribal organization to beneficiaries eligible for services from either such Department, notwithstanding any other provision of law.

(d) Construction

Nothing in this section may be construed as creating any right of a non-Indian veteran to obtain health services from the Service.

(Pub. L. 94-437, title IV, §405, as added Pub. L. 100-713, title IV, §402, Nov. 23, 1988, 102 Stat. 4818; amended Pub. L. 102-573, title IV, §404, title VII, §701(c)(3), Oct. 29, 1992, 106 Stat. 4566, 4572; Pub. L. 104-313, §2(d), Oct. 19, 1996, 110 Stat. 3822; Pub. L. 105-277, div. A, §101(e) [title III, §336], Oct. 21, 1998, 112 Stat. 2681-231, 2681-295; Pub. L. 105-362, title VI, §601(a)(2)(B), Nov. 10, 1998, 112 Stat. 3285; Pub. L. 106-417, §§3(a), 4, Nov. 1, 2000, 114 Stat. 1813, 1816; Pub. L. 108-173, title IX, §900(e)(6)(B), Dec. 8, 2003, 117 Stat. 2373; 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 154 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.

Section was formerly set out as a note under section 1395qq of Title 42, The Public Health and Welfare.

AMENDMENTS

2010—Pub. L. 111-148 amended section generally. Prior to amendment, section related to establishment of program for direct billing of medicare, medicaid, and other third party payors by Indian tribes, tribal organizations, and Alaska Native health organizations.

2003—Subsec. (d)(1). Pub. L. 108-173 substituted “Centers for Medicare & Medicaid Services” for “Health Care Financing Administration” in introductory provisions.

2000—Pub. L. 106-417, §4(a), reenacted section as in effect on Nov. 9, 1998. For text of section as reenacted, see 1998 Amendment note below.

Pub. L. 106-417, §3(a), amended section generally. For text of section prior to amendment, see subsecs. (a) to (d) of section as set out in 1998 Amendment note below.