

(Pub. L. 94-437, title VIII, § 828, as added Pub. L. 111-148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

REFERENCES IN TEXT

This chapter, referred to in text, 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.

The Indian Self-Determination and Education Assistance Act, referred to in subsec. (a), is Pub. L. 93-638, Jan. 4, 1975, 88 Stat. 2203. Title V of the Act was classified principally to part E (§ 458aaa et seq.) of subchapter II of chapter 14 of this title prior to editorial reclassification as subchapter V (§ 5381 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.

CODIFICATION

Section 828 of Pub. L. 94-437 is based on section 197 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.

§ 1680s. Disease and injury prevention report

Not later than 18 months after March 23, 2010, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committees on Natural Resources and Energy and Commerce of the House of Representatives¹ describing—

- (1) all disease and injury prevention activities conducted by the Service, independently or in conjunction with other Federal departments and agencies and Indian tribes; and
- (2) the effectiveness of those activities, including the reductions of injury or disease conditions achieved by the activities.

(Pub. L. 94-437, title VIII, § 829, as added Pub. L. 111-148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Section 829 of Pub. L. 94-437 is based on section 198 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.

§ 1680t. Other GAO reports

(a) Coordination of services

(1) Study and evaluation

The Comptroller General of the United States shall conduct a study, and evaluate the effectiveness, of coordination of health care services provided to Indians—

- (A) through Medicare, Medicaid, or SCHIP;
- (B) by the Service; or
- (C) using funds provided by—
 - (i) State or local governments; or
 - (ii) Indian tribes.

(2) Report

Not later than 18 months after March 23, 2010, the Comptroller General shall submit to Congress a report—

(A) describing the results of the evaluation under paragraph (1); and

(B) containing recommendations of the Comptroller General regarding measures to support and increase coordination of the provision of health care services to Indians as described in paragraph (1).

(b) Payments for contract health services

(1) In general

The Comptroller General shall conduct a study on the use of health care furnished by health care providers under the contract health services program funded by the Service and operated by the Service, an Indian tribe, or a tribal organization.

(2) Analysis

The study conducted under paragraph (1) shall include an analysis of—

(A) the amounts reimbursed under the contract health services program described in paragraph (1) for health care furnished by entities, individual providers, and suppliers, including a comparison of reimbursement for that health care through other public programs and in the private sector;

(B) barriers to accessing care under such contract health services program, including barriers relating to travel distances, cultural differences, and public and private sector reluctance to furnish care to patients under the program;

(C) the adequacy of existing Federal funding for health care under the contract health services program;

(D) the administration of the contract health service program, including the distribution of funds to Indian health programs pursuant to the program; and

(E) any other items determined appropriate by the Comptroller General.

(3) Report

Not later than 18 months after March 23, 2010, the Comptroller General shall submit to Congress a report on the study conducted under paragraph (1), together with recommendations regarding—

(A) the appropriate level of Federal funding that should be established for health care under the contract health services program described in paragraph (1);

(B) how to most efficiently use that funding; and

(C) the identification of any inequities in the current distribution formula or inequitable results for any Indian tribe under the funding level, and any recommendations for addressing any inequities or inequitable results identified.

(4) Consultation

In conducting the study under paragraph (1) and preparing the report under paragraph (3), the Comptroller General shall consult with the Service, Indian tribes, and tribal organizations.

(Pub. L. 94-437, title VIII, § 830, as added Pub. L. 111-148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

¹ So in original. Probably should be followed by “a report”.