

gress, 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 shared services demonstration project.

§ 1680m. Results of demonstration projects

The Secretary shall provide for the dissemination to Indian tribes of the findings and results of demonstration projects conducted under this chapter.

(Pub. L. 94-437, title VIII, §823, as added Pub. L. 102-573, title VIII, §811, Oct. 29, 1992, 106 Stat. 4589.)

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.

§ 1680n. Priority for Indian reservations

(a) Facilities and projects

Beginning on October 29, 1992, the Bureau of Indian Affairs and the Service shall, in all matters involving the reorganization or development of Service facilities, or in the establishment of related employment projects to address unemployment conditions in economically depressed areas, give priority to locating such facilities and projects on Indian lands if requested by the Indian tribe with jurisdiction over such lands.

(b) “Indian lands” defined

For purposes of this section, the term “Indian lands” means—

- (1) all lands within the limits of any Indian reservation; and
- (2) any lands title which is held in trust by the United States for the benefit of any Indian tribe or individual Indian, or held by any Indian tribe or individual Indian subject to restriction by the United States against alienation and over which an Indian tribe exercises governmental power.

(Pub. L. 94-437, title VIII, §824, as added Pub. L. 102-573, title VIII, §812, Oct. 29, 1992, 106 Stat. 4589.)

§ 1680o. Authorization of appropriations

There are authorized to be appropriated such sums as are necessary to carry out this chapter for fiscal year 2010 and each fiscal year thereafter, to remain available until expended.

(Pub. L. 94-437, title VIII, §825, as added Pub. L. 102-573, title VIII, §813(a), Oct. 29, 1992, 106 Stat. 4590; amended 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 Improve-

ment 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.

CODIFICATION

Amendment by Pub. L. 111-148 is based on section 101(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 authorized appropriations through fiscal year 2000 to carry out this subchapter.

§ 1680p. Annual budget submission

Effective beginning with the submission of the annual budget request to Congress for fiscal year 2011, the President shall include, in the amount requested and the budget justification, amounts that reflect any changes in—

- (1) the cost of health care services, as indexed for United States dollar inflation (as measured by the Consumer Price Index); and
- (2) the size of the population served by the Service.

(Pub. L. 94-437, title VIII, §826, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Section 826 of Pub. L. 94-437 is based on section 195 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.

§ 1680q. Prescription drug monitoring

(a) Monitoring

(1) Establishment

The Secretary, in coordination with the Secretary of the Interior and the Attorney General, shall establish a prescription drug monitoring program, to be carried out at health care facilities of the Service, tribal health care facilities, and urban Indian health care facilities.

(2) 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 Committee on Natural Resources of the House of Representatives a report that describes—

- (A) the needs of the Service, tribal health care facilities, and urban Indian health care facilities with respect to the prescription drug monitoring program under paragraph (1);
- (B) the planned development of that program, including any relevant statutory or administrative limitations; and
- (C) the means by which the program could be carried out in coordination with any State prescription drug monitoring program.

(b) Abuse

(1) In general

The Attorney General, in conjunction with the Secretary and the Secretary of the Interior, shall conduct—