

(A) an assessment of the capacity of, and support required by, relevant Federal and tribal agencies—

(i) to carry out data collection and analysis regarding incidents of prescription drug abuse in Indian communities; and

(ii) to exchange among those agencies and Indian health programs information relating to prescription drug abuse in Indian communities, including statutory and administrative requirements and limitations relating to that abuse; and

(B) training for Indian health care providers, tribal leaders, law enforcement officers, and school officials regarding awareness and prevention of prescription drug abuse and strategies for improving agency responses to addressing prescription drug abuse in Indian communities.

(2) Report

Not later than 18 months after March 23, 2010, the Attorney General 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 capacity of Federal and tribal agencies to carry out data collection and analysis and information exchanges as described in paragraph (1)(A);

(B) the training conducted pursuant to paragraph (1)(B);

(C) infrastructure enhancements required to carry out the activities described in paragraph (1), if any; and

(D) any statutory or administrative barriers to carrying out those activities.

(Pub. L. 94-437, title VIII, §827, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Section 827 of Pub. L. 94-437 is based on section 196 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.

§ 1680r. Tribal health program option for cost sharing

(a) In general

Nothing in this chapter limits the ability of a tribal health program operating any health program, service, function, activity, or facility funded, in whole or part, by the Service through, or provided for in, a compact with the Service pursuant to title V of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 458aaa et seq.)¹ to charge an Indian for services provided by the tribal health program.

(b) Service

Nothing in this chapter authorizes the Service—

(1) to charge an Indian for services; or

(2) to require any tribal health program to charge an Indian for services.

¹ See References in Text note below.

(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—

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