

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.

(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.).¹

(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;

¹ 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,

added subsec. (a), designated existing provisions as subsec. (b), inserted subsec. (b) heading, substituted "The Secretary, acting through the Service, shall establish an office, to be known as the 'Office of Indian Women's Health', to" for "There is established within the Service an Office of Indian Women's Health Care to oversee efforts of the Service to", and inserted "(including urban Indian women)" before "of all ages".

§ 1621w. Repealed. Pub. L. 111-148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935

Section, Pub. L. 94-437, title II, §224, as added Pub. L. 102-573, title II, §217(a), Oct. 29, 1992, 106 Stat. 4559, authorized appropriations to carry out this subchapter through fiscal year 2000.

The repeal is based on section 101(b)(5) 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.

§ 1621x. Limitation on use of funds

Amounts appropriated to carry out this subchapter may not be used in a manner inconsistent with the Assisted Suicide Funding Restriction Act of 1997 [42 U.S.C. 14401 et seq.].

(Pub. L. 94-437, title II, §225, as added Pub. L. 105-12, §9(f), Apr. 30, 1997, 111 Stat. 27.)

REFERENCES IN TEXT

The Assisted Suicide Funding Restriction Act of 1997, referred to in text, is Pub. L. 105-12, Apr. 30, 1997, 111 Stat. 23, which is classified principally to chapter 138 (§14401 et seq.) of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see Short Title note set out under section 14401 of Title 42 and Tables.

EFFECTIVE DATE

Section effective Apr. 30, 1997, and applicable to Federal payments made pursuant to obligations incurred after Apr. 30, 1997, for items and services provided on or after such date, subject to also being applicable with respect to contracts entered into, renewed, or extended after Apr. 30, 1997, as well as contracts entered into before Apr. 30, 1997, to the extent permitted under such contracts, see section 11 of Pub. L. 105-12, set out as a note under section 14401 of Title 42, The Public Health and Welfare.

§ 1621y. Contract health service administration and disbursement formula

(a) Submission of report

As soon as practicable after March 23, 2010, the Comptroller General of the United States shall submit to the Secretary, the Committee on Indian Affairs of the Senate, and the Committee on Natural Resources of the House of Representatives, and make available to each Indian tribe, a report describing the results of the study of the Comptroller General regarding the funding of the contract health service program (including historic funding levels and a recommendation of the funding level needed for the program) and the administration of the contract health service program (including the distribution of funds pursuant to the program), as requested by Congress in March 2009, or pursuant to section 1680t of this title.

(b) Consultation with tribes

On receipt of the report under subsection (a), the Secretary shall consult with Indian tribes