§ 1638d. Credit to appropriations of money collected for meals at Indian Health Service facilities

Money before, on, and after September 30, 1994, collected for meals served at Indian Health Service facilities will be credited to the appropriations from which the services were furnished and shall be credited to the appropriation when received.

(Pub. L. 103–332, title II, Sept. 30, 1994, 108 Stat. 2530.)

CODIFICATION

Section was enacted as part of the Department of the Interior and Related Agencies Appropriations Act, 1995, and not as part of the Indian Health Care Improvement Act which comprises this chapter.

§ 1638e. Other funding, equipment, and supplies for facilities

(a) Authorization

(1) Authority to transfer funds

The head of any Federal agency to which funds, equipment, or other supplies are made available for the planning, design, construction, or operation of a health care or sanitation facility may transfer the funds, equipment, or supplies to the Secretary for the planning, design, construction, or operation of a health care or sanitation facility to achieve—

(A) the purposes of this chapter; and

(B) the purposes for which the funds, equipment, or supplies were made available to the Federal agency.

(2) Authority to accept funds

The Secretary may—

(A) accept from any source, including Federal and State agencies, funds, equipment, or supplies that are available for the construction or operation of health care or sanitation facilities; and

(B) use those funds, equipment, and supplies to plan, design,,[1] construct, and operate health care or sanitation facilities for Indians, including pursuant to a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).[2]

(3) Effect of receipt

Receipt of funds by the Secretary under this subsection shall not affect any priority established under section 1631 of this title.

(b) Interagency agreements

The Secretary may enter into interagency agreements with Federal or State agencies and other entities, and accept funds, equipment, or other supplies from those entities, to provide for the planning, design, construction, and operation of health care or sanitation facilities to be administered by Indian health programs to achieve—

(1) the purposes of this chapter; and

(2) the purposes for which the funds were appropriated or otherwise provided.

[1] So in original.

[2] See References in Text note below.

(c) Establishment of standards

(1) In general

The Secretary, acting through the Service, shall establish, by regulation, standards for the planning, design, construction, and operation of health care or sanitation facilities serving Indians under this chapter.

(2) Other regulations

Notwithstanding any other provision of law, any other applicable regulations of the Department shall apply in carrying out projects using funds transferred under this section.

(d) Definition of sanitation facility

In this section, the term ''sanitation facility'' means a safe and adequate water supply system, sanitary sewage disposal system, or sanitary solid waste system (including all related equipment and support infrastructure).

(Pub. L. 94–437, title III, § 311, as added Pub. L. 111–148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

REFERENCES IN TEXT

This chapter, referred to in subsecs. (a)(1)(A), (b)(1), and (c)(1), 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 (25 U.S.C. 450 et seq.), referred to in subsec. (a)(2)(B), 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

Section 311 of Pub. L. 94–437 is based on section 145 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.

§ 1638f. Indian country modular component facilities demonstration program

(a) Definition of modular component health care facility

In this section, the term ''modular component health care facility'' means a health care facility that is constructed—

(1) off-site using prefabricated component units for subsequent transport to the destination location; and

(2) represents[1] a more economical method for provision of health care facility[2] than a traditionally constructed health care building.

(b) Establishment

The Secretary, acting through the Service, shall establish a demonstration program under which the Secretary shall award no less than 3 grants for purchase, installation and maintenance of modular component health care facili-

[1] So in original.

[2] So in original. Probably should be ''provision of a health care facility''.

ties in Indian communities for provision of health care services.

(c) Selection of locations

(1) Petitions

(A) Solicitation

The Secretary shall solicit from Indian tribes petitions for location of the modular component health care facilities in the Service areas of the petitioning Indian tribes.

(B) Petition

To be eligible to receive a grant under this section, an Indian tribe or tribal organization must submit to the Secretary a petition to construct a modular component health care facility in the Indian community of the Indian tribe, at such time, in such manner, and containing such information as the Secretary may require.

(2) Selection

In selecting the location of each modular component health care facility to be provided under the demonstration program, the Secretary shall give priority to projects already on the Indian Health Service facilities construction priority list and petitions which demonstrate that erection of a modular component health facility—

(A) is more economical than construction of a traditionally constructed health care facility;

(B) can be constructed and erected on the selected location in less time than traditional construction; and

(C) can adequately house the health care services needed by the Indian population to be served.

(3) Effect of selection

A modular component health care facility project selected for participation in the demonstration program shall not be eligible for entry on the facilities construction priorities list entitled ''IHS Health Care Facilities FY 2011 Planned Construction Budget'' and dated May 7, 2009 (or any successor list).

(d) Eligibility

(1) In general

An Indian tribe may submit a petition under subsection (c)(1)(B) regardless of whether the Indian tribe is a party to any contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).[3]

(2) Administration

At the election of an Indian tribe or tribal organization selected for participation in the demonstration program, the funds provided for the project shall be subject to the provisions of the Indian Self-Determination and Education Assistance Act.

(e) Reports

Not later than 1 year after the date on which funds are made available for the demonstration program and annually thereafter, the Secretary shall submit to Congress a report describing—

(1) each activity carried out under the demonstration program, including an evaluation of the success of the activity; and

(2) the potential benefits of increased use of modular component health care facilities in other Indian communities.

(f) Authorization of appropriations

There are authorized to be appropriated $50,000,000 to carry out the demonstration program under this section for the first 5 fiscal years, and such sums as may be necessary to carry out the program in subsequent fiscal years.

(Pub. L. 94–437, title III, § 312, as added 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 subsec. (d), 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

Section 312 of Pub. L. 94–437 is based on section 146 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.

§ 1638g. Mobile health stations demonstration program

(a) Definitions

In this section:

(1) Eligible tribal consortium

The term ''eligible tribal consortium'' means a consortium composed of 2 or more Service units between which a mobile health station can be transported by road in up to 8 hours. A Service unit operated by the Service or by an Indian tribe or tribal organization shall be equally eligible for participation in such consortium.

(2) Mobile health station

The term ''mobile health station'' means a health care unit that—

(A) is constructed, maintained, and capable of being transported within a semi-trailer truck or similar vehicle;

(B) is equipped for the provision of 1 or more specialty health care services; and

(C) can be equipped to be docked to a stationary health care facility when appropriate.

(3) Specialty health care service

(A) In general

The term ''specialty health care service'' means a health care service which requires the services of a health care professional with specialized knowledge or experience.

(B) Inclusions

The term ''specialty health care service'' includes any service relating to—

[3] See References in Text note below.