

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 subsection (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.

- (i) dialysis;
- (ii) surgery;
- (iii) mammography;
- (iv) dentistry; or
- (v) any other specialty health care service.

(b) Establishment

The Secretary, acting through the Service, shall establish a demonstration program under which the Secretary shall provide at least 3 mobile health station projects.

(c) Petition

To be eligible to receive a mobile health station under the demonstration program, an eligible tribal consortium shall submit to the Secretary,¹ a petition at such time, in such manner, and containing—

- (1) a description of the Indian population to be served;
- (2) a description of the specialty service or services for which the mobile health station is requested and the extent to which such service or services are currently available to the Indian population to be served; and
- (3) such other information as the Secretary may require.

(d) Use of funds

The Secretary shall use amounts made available to carry out the demonstration program under this section—

- (1)(A) to establish, purchase, lease, or maintain mobile health stations for the eligible tribal consortia selected for projects; and
- (B) to provide, through the mobile health station, such specialty health care services as the affected eligible tribal consortium determines to be necessary for the Indian population served;
- (2) to employ an existing mobile health station (regardless of whether the mobile health station is owned or rented and operated by the Service) to provide specialty health care services to an eligible tribal consortium; and
- (3) to establish, purchase, or maintain docking equipment for a mobile health station, including the establishment or maintenance of such equipment at a modular component health care facility (as defined in section 1638f(a) of this title), if applicable.

(e) Reports

Not later than 1 year after the date on which the demonstration program is established under subsection (b) and annually thereafter, the Secretary, acting through the Service, 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 mobile health stations to provide specialty health care services for Indian communities.

(f) Authorization of appropriations

There are authorized to be appropriated \$5,000,000 per year to carry out the demonstration program under this section for the first 5 fiscal years, and such sums as may be needed to

carry out the program in subsequent fiscal years.

(Pub. L. 94-437, title III, §313, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Section 313 of Pub. L. 94-437 is based on section 147 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.

SUBCHAPTER III-A—ACCESS TO HEALTH SERVICES

CODIFICATION

This subchapter was in the original title IV of Pub. L. 94-437, as amended. Prior to amendment by Pub. L. 102-573, title IV enacted section 1622 of this title and sections 1395qq and 1396j of Title 42, The Public Health and Welfare, amended sections 1395f, 1395n, and 1396d of Title 42, and enacted provisions set out as notes under section 1671 of this title and sections 1395qq and 1396j of Title 42.

§ 1641. Treatment of payments under Social Security Act health benefits programs

(a) Disregard of Medicare, Medicaid, and CHIP payments in determining appropriations

Any payments received by an Indian health program or by an urban Indian organization under title XVIII, XIX, or XXI of the Social Security Act [42 U.S.C. 1395 et seq., 1396 et seq., 1397aa et seq.] for services provided to Indians eligible for benefits under such respective titles shall not be considered in determining appropriations for the provision of health care and services to Indians.

(b) Nonpreferential treatment

Nothing in this chapter authorizes the Secretary to provide services to an Indian with coverage under title XVIII, XIX, or XI¹ of the Social Security Act in preference to an Indian without such coverage.

(c) Use of funds

(1) Special fund

(A) 100 percent pass-through of payments due to facilities

Notwithstanding any other provision of law, but subject to paragraph (2), payments to which a facility of the Service is entitled by reason of a provision of title XVIII or XIX of the Social Security Act [42 U.S.C. 1395 et seq., 1396 et seq.] shall be placed in a special fund to be held by the Secretary. In making payments from such fund, the Secretary shall ensure that each Service unit of the Service receives 100 percent of the amount to which the facilities of the Service, for which such Service unit makes collections, are entitled by reason of a provision of either such title.

(B) Use of funds

Amounts received by a facility of the Service under subparagraph (A) by reason of a provision of title XVIII or XIX of the Social

¹ So in original. The comma probably should not appear.

¹ So in original. Probably should be "XXI".