

**(c) Cost of annual private audit**

The Secretary shall allow as a cost of any contract or grant entered into under section 1653 of this title the cost of an annual private audit conducted by a certified public accountant.

**(d) Health status, services, and areas of unmet needs; child welfare**

(1) The Secretary, acting through the Service, shall submit a report to the Congress not later than March 31, 1992, evaluating—

(A) the health status of urban Indians;

(B) the services provided to Indians through this subchapter;

(C) areas of unmet needs in urban areas served under this subchapter; and

(D) areas of unmet needs in urban areas not served under this subchapter.

(2) In preparing the report under paragraph (1), the Secretary shall consult with urban Indian health providers and may contract with a national organization representing urban Indian health concerns to conduct any aspect of the report.

(3) The Secretary and the Secretary of the Interior shall—

(A) assess the status of the welfare of urban Indian children, including the volume of child protection cases, the prevalence of child sexual abuse, and the extent of urban Indian coordination with tribal authorities with respect to child sexual abuse; and

(B) submit a report on the assessment required under subparagraph (A), together with recommended legislation to improve Indian child protection in urban Indian populations, to the Congress no later than March 31, 1992.

(Pub. L. 94-437, title V, § 507, as added Pub. L. 100-713, title V, § 501, Nov. 23, 1988, 102 Stat. 4823; amended Pub. L. 101-630, title V, § 507, Nov. 28, 1990, 104 Stat. 4566; Pub. L. 102-573, title V, § 501(b)(5), Oct. 29, 1992, 106 Stat. 4568.)

**PRIOR PROVISIONS**

A prior section 1657, Pub. L. 94-437, title V, § 507, Sept. 30, 1976, 90 Stat. 1412; Pub. L. 96-537, § 7, Dec. 17, 1980, 94 Stat. 3179, related to review of program by Secretary and report to Congress, prior to the general revision of this subchapter by Pub. L. 100-713.

**AMENDMENTS**

1992—Subsec. (a). Pub. L. 102-573, § 501(b)(5)(A), inserted “, or a grant received,” after “entered into” in introductory provisions and “or grant” after “contract” in pars. (1) and (2).

Subsecs. (b), (c). Pub. L. 102-573, § 501(b)(5)(B), inserted “or grant” after “contract”.

1990—Subsec. (d). Pub. L. 101-630 added subsec. (d).

**§ 1658. Limitation on contract authority**

The authority of the Secretary to enter into contracts under this subchapter shall be to the extent, and in an amount, provided for in appropriation Acts.

(Pub. L. 94-437, title V, § 508, as added Pub. L. 100-713, title V, § 501, Nov. 23, 1988, 102 Stat. 4824.)

**PRIOR PROVISIONS**

A prior section 1658, Pub. L. 94-437, title V, § 508, Sept. 30, 1976, 90 Stat. 1412, provided that not to exceed 1 per centum of the amounts authorized by section 1656 of

this title be available for not to exceed two pilot projects providing outreach services to eligible Indians residing in rural communities near Indian reservations, prior to the general revision of this subchapter by Pub. L. 96-537, § 7, Dec. 17, 1980, 94 Stat. 3176.

**§ 1659. Facilities renovation**

The Secretary may make funds available to contractors or grant recipients under this subchapter for minor renovations to facilities or construction or expansion of facilities, including leased facilities, to assist such contractors or grant recipients in meeting or maintaining the Joint Commission for Accreditation of Health Care Organizations (JCAHO) standards.

(Pub. L. 94-437, title V, § 509, formerly § 409, as added Pub. L. 101-630, title V, § 506(c), Nov. 28, 1990, 104 Stat. 4566; renumbered § 509 and amended Pub. L. 102-573, title V, §§ 501(b)(6), 505(b)(2), title IX, § 902(5)(A), Oct. 29, 1992, 106 Stat. 4569, 4571, 4591; 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 161 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 inserted “or construction or expansion of facilities” after “renovations to facilities”.  
1992—Pub. L. 102-573, § 902(5)(A), made technical amendment to section catchline.

Pub. L. 102-573, § 505(b)(2), struck out last sentence which authorized appropriation of \$1,000,000 for fiscal year 1992 to carry out this section.

Pub. L. 102-573, § 501(b)(6), inserted “or grant recipients” after “contractors” in two places.

**§ 1660. Urban Health Programs Branch****(a) Establishment**

There is hereby established within the Service a Branch of Urban Health Programs which shall be responsible for carrying out the provisions of this subchapter and for providing central oversight of the programs and services authorized under this subchapter.

**(b) Staff, services, and equipment**

The Secretary shall appoint such employees to work in the branch, including a program director, and shall provide such services and equipment, as may be necessary for it to carry out its responsibilities. The Secretary shall also analyze the need to provide at least one urban health program analyst for each area office of the Indian Health Service and shall submit his findings to the Congress as a part of the Department's fiscal year 1993 budget request.

(Pub. L. 94-437, title V, § 510, formerly § 511, as added Pub. L. 101-630, title V, § 508, Nov. 28, 1990, 104 Stat. 4567; renumbered § 510 and amended Pub. L. 102-573, title V, § 501(b)(7), title IX, § 902(5)(B), Oct. 29, 1992, 106 Stat. 4569, 4591.)

**AMENDMENTS**

1992—Pub. L. 102-573, § 902(5)(B), made technical amendment to section catchline.

Subsec. (a). Pub. L. 102-573, § 501(b)(7), inserted “and for providing central oversight of the programs and

services authorized under this subchapter” before period at end.

**§ 1660a. Grants for alcohol and substance abuse related services**

**(a) Grants**

The Secretary may make grants for the provision of health-related services in prevention of, treatment of, rehabilitation of, or school and community-based education in, alcohol and substance abuse in urban centers to those urban Indian organizations with whom the Secretary has entered into a contract under this subchapter or under section 1621 of this title.

**(b) Goals of grant**

Each grant made pursuant to subsection (a) shall set forth the goals to be accomplished pursuant to the grant. The goals shall be specific to each grant as agreed to between the Secretary and the grantee.

**(c) Criteria**

The Secretary shall establish criteria for the grants made under subsection (a), including criteria relating to the—

- (1) size of the urban Indian population;
- (2) accessibility to, and utilization of, other health resources available to such population;
- (3) duplication of existing Service or other Federal grants or contracts;
- (4) capability of the organization to adequately perform the activities required under the grant;
- (5) satisfactory performance standards for the organization in meeting the goals set forth in such grant, which standards shall be negotiated and agreed to between the Secretary and the grantee on a grant-by-grant basis; and
- (6) identification of need for services.

The Secretary shall develop a methodology for allocating grants made pursuant to this section based on such criteria.

**(d) Treatment of funds received by urban Indian organizations**

Any funds received by an urban Indian organization under this chapter for substance abuse prevention, treatment, and rehabilitation shall be subject to the criteria set forth in subsection (c).

(Pub. L. 94-437, title V, § 511, as added Pub. L. 102-573, title V, § 502, Oct. 29, 1992, 106 Stat. 4569.)

REFERENCES IN TEXT

This chapter, referred to in subsec. (d), 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.

PRIOR PROVISIONS

A prior section 511 of Pub. L. 94-437 was renumbered section 510 and is classified to section 1660 of this title.

**§ 1660b. Treatment of certain demonstration projects**

Notwithstanding any other provision of law, the Tulsa Clinic and Oklahoma City Clinic demonstration projects shall—

(1) be permanent programs within the Service’s direct care program;

(2) continue to be treated as Service units and operating units in the allocation of resources and coordination of care; and

(3) continue to meet the requirements and definitions of an urban Indian organization in this chapter, and shall not be subject to the provisions of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).<sup>1</sup>

(Pub. L. 94-437, title V, § 512, as added Pub. L. 102-573, title V, § 503, Oct. 29, 1992, 106 Stat. 4569; amended Pub. L. 105-256, § 4(b), Oct. 14, 1998, 112 Stat. 1897; Pub. L. 111-148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

REFERENCES IN TEXT

This chapter, referred to in par. (3), 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 par. (3), 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 sections 101(b)(8) and 162 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 were 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 treatment of certain demonstration projects as Service units in the allocation of resources and coordination of care.

Subsec. (c). Pub. L. 111-148 struck out subsec. (c), which authorized appropriations to carry out this section through fiscal year 2002, prior to general amendment of section. See above.

1998—Subsec. (c). Pub. L. 105-256 added subsec. (c).

PERMANENT PROGRAMS UNDER THE DIRECT CARE PROGRAM OF THE INDIAN HEALTH SERVICE

Pub. L. 108-447, div. E, title II, Dec. 8, 2004, 118 Stat. 3087, provided in part that: “Notwithstanding any other provision of law, the Tulsa and Oklahoma City Clinic demonstration projects shall be permanent programs under the direct care program of the Indian Health Service; shall be treated as service units and operating units in the allocation of resources and coordination of care; shall continue to meet the requirements applicable to an Urban Indian organization under this title [title II of div. E of Pub. L. 108-447, see Tables for classification]; and shall not be subject to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) [now 25 U.S.C. 5301 et seq.]”

EXTENSION OF TERMS OF PROJECTS

Pub. L. 105-256, § 4(a), Oct. 14, 1998, 112 Stat. 1897, provided for extension of terms of projects referred to in section 1660b of this title to Oct. 1, 2002.

<sup>1</sup> See References in Text note below.