

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.

**§ 1660c. Urban NIAAA transferred programs****(a) Duty of Secretary**

The Secretary shall, within the Branch of Urban Health Programs of the Service, make grants or enter into contracts for the administration of urban Indian alcohol programs that were originally established under the National Institute on Alcoholism and Alcohol Abuse (hereafter in this section referred to as “NIAAA”) and transferred to the Service.

**(b) Use of grants**

Grants provided or contracts entered into under this section shall be used to provide support for the continuation of alcohol prevention and treatment services for urban Indian populations and such other objectives as are agreed upon between the Service and a recipient of a grant or contract under this section.

**(c) Eligibility for grants**

Urban Indian organizations that operate Indian alcohol programs originally funded under NIAAA and subsequently transferred to the Service are eligible for grants or contracts under this section.

**(d) Combination of funds**

For the purpose of carrying out this section, the Secretary may combine NIAAA alcohol funds with other substance abuse funds currently administered through the Branch of Urban Health Programs of the Service.

**(e) Evaluation and report to Congress**

The Secretary shall evaluate and report to the Congress on the activities of programs funded under this section at least every 5 years.

(Pub. L. 94-437, title V, §513, as added Pub. L. 102-573, title V, §504, Oct. 29, 1992, 106 Stat. 4570; amended Pub. L. 105-362, title VI, §602(a), Nov. 10, 1998, 112 Stat. 3286.)

## AMENDMENTS

1998—Subsec. (e). Pub. L. 105-362 substituted “every 5 years” for “every two years”.

## TERMINATION OF REPORTING REQUIREMENTS

For termination, effective May 15, 2000, of provisions in subsec. (e) of this section relating to reporting to Congress on the activities of programs funded under this section, see section 3003 of Pub. L. 104-66, as amended, set out as a note under section 1113 of Title 31, Money and Finance, and page 97 of House Document No. 103-7.

**§ 1660d. Conferring with urban Indian organizations****(a) Definition of confer**

In this section, the term “confer” means to engage in an open and free exchange of information and opinions that—

- (1) leads to mutual understanding and comprehension; and
- (2) emphasizes trust, respect, and shared responsibility.

**(b) Requirement**

The Secretary shall ensure that the Service confers, to the maximum extent practicable, with urban Indian organizations in carrying out this chapter.

(Pub. L. 94-437, title V, §514, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

## REFERENCES IN TEXT

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

## CODIFICATION

Section 514 of Pub. L. 94-437 is based on section 163(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.

## PRIOR PROVISIONS

A prior section 1660d, Pub. L. 94-437, title V, §514, as added Pub. L. 102-573, title V, §505(a), Oct. 29, 1992, 106 Stat. 4570, authorized appropriations through fiscal year 2000 to carry out this subchapter, prior to repeal by Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935. The repeal by Pub. L. 111-148 is based on section 101(b)(9) 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.

**§ 1660e. Expanded program authority for urban Indian organizations**

Notwithstanding any other provision of this chapter, the Secretary, acting through the Service, is authorized to establish programs, including programs for awarding grants, for urban Indian organizations that are identical to any programs established pursuant to sections 1621q, 1665a, and 1665g(g) of this title.

(Pub. L. 94-437, title V, §515, 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.

## CODIFICATION

Section 515 of Pub. L. 94-437 is based on section 164 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.

**§ 1660f. Community Health Representatives**

The Secretary, acting through the Service, may enter into contracts with, and make grants to, urban Indian organizations for the employment of Indians trained as health service providers through the Community Health Representative Program under section 1616 of this title in the provision of health care, health promotion, and disease prevention services to urban Indians.

(Pub. L. 94-437, title V, §516, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)