

gram advisory board, which may be composed of representatives of tribal governments, Indian health programs, and Indian communities in the areas to be served by the demonstration programs.

(Pub. L. 94-437, title I, §123, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

Editorial Notes

CODIFICATION

Section 123 of Pub. L. 94-437 is based on section 112 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 1616p, Pub. L. 94-437, title I, §123, as added Pub. L. 102-573, title I, §117(a), Oct. 29, 1992, 106 Stat. 4544, 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 is based on section 101(b)(1) 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.

§ 1616q. Exemption from payment of certain fees

Employees of a tribal health program or urban Indian organization shall be exempt from payment of licensing, registration, and any other fees imposed by a Federal agency to the same extent that officers of the commissioned corps of the Public Health Service and other employees of the Service are exempt from those fees.

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

Editorial Notes

CODIFICATION

Section 124 of Pub. L. 94-437 is based on section 113 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.

§ 1616r. Repealed. Pub. L. 111-148, title X, § 10221(b)(2), Mar. 23, 2010, 124 Stat. 936

Section, Pub. L. 94-437, title I, §125, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935, was based on section 134(b) 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 and related to treatment of a scholarship provided to an individual under this subchapter as a qualified scholarship for purposes of section 117 of Title 26, Internal Revenue Code.

SUBCHAPTER II—HEALTH SERVICES

§ 1621. Indian Health Care Improvement Fund

(a) Use of funds

The Secretary, acting through the Service, is authorized to expend funds, directly or under the authority of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et

seq.),¹ which are appropriated under the authority of this section, for the purposes of—

(1) eliminating the deficiencies in health status and health resources of all Indian tribes;

(2) eliminating backlogs in the provision of health care services to Indians;

(3) meeting the health needs of Indians in an efficient and equitable manner, including the use of telehealth and telemedicine when appropriate;

(4) eliminating inequities in funding for both direct care and contract health service programs; and

(5) augmenting the ability of the Service to meet the following health service responsibilities with respect to those Indian tribes with the highest levels of health status deficiencies and resource deficiencies:

(A) Clinical care, including inpatient care, outpatient care (including audiology, clinical eye, and vision care), primary care, secondary and tertiary care, and long-term care.

(B) Preventive health, including mammography and other cancer screening.

(C) Dental care.

(D) Mental health, including community mental health services, inpatient mental health services, dormitory mental health services, therapeutic and residential treatment centers, and training of traditional health care practitioners.

(E) Emergency medical services.

(F) Treatment and control of, and rehabilitative care related to, alcoholism and drug abuse (including fetal alcohol syndrome) among Indians.

(G) Injury prevention programs, including data collection and evaluation, demonstration projects, training, and capacity building.

(H) Home health care.

(I) Community health representatives.

(J) Maintenance and improvement.

(b) No offset or limitation

Any funds appropriated under the authority of this section shall not be used to offset or limit any other appropriations made to the Service under this chapter or section 13 of this title, or any other provision of law.

(c) Allocation; use

(1) In general

Funds appropriated under the authority of this section shall be allocated to Service units, Indian tribes, or tribal organizations. The funds allocated to each Indian tribe, tribal organization, or Service unit under this paragraph shall be used by the Indian tribe, tribal organization, or Service unit under this paragraph to improve the health status and reduce the resource deficiency of each Indian tribe served by such Service unit, Indian tribe, or tribal organization.

(2) Apportionment of allocated funds

The apportionment of funds allocated to a Service unit, Indian tribe, or tribal organiza-

¹ See References in Text note below.