Senate in Dec. 2009, which was 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 grants to Indian tribes and tribal organizations for prevention, control, and elimination of tuberculosis.

1994—Subsec. (d)(4). Pub. L. 103–437 substituted ''Committee on Indian'' for ''Select Committee on Indian'' and ''Natural Resources'' for ''Interior and Insular Affairs''.

Statutory Notes and Related Subsidiaries

COVERAGE OF TESTING FOR COVID–19 AT NO COST SHARING FOR INDIANS RECEIVING PURCHASED/REFERRED CARE

Pub. L. 116–127, div. F, § 6007, Mar. 18, 2020, 134 Stat. 208, provided that: ''The Secretary of Health and Human Services shall cover, without the imposition of any cost sharing requirements, the cost of providing any COVID–19 related items and services as described in paragraph (1) of section 6001(a) [of Pub. L. 116–127, 42 U.S.C. 1320b–5 note] (or the administration of such products) or visits described in paragraph (2) of such section furnished during any portion of the emergency period defined in paragraph (1)(B) of section 1135(g) of the Social Security Act (42 U.S.C. 320b–5(g) [1320b–5(g)]) beginning on or after the date of the enactment of this Act [Mar. 18, 2020] to Indians (as defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)) receiving health services through the Indian Health Service, including through an Urban Indian Organization, regardless of whether such items or services have been authorized under the purchased/referred care system funded by the Indian Health Service or is covered as a health service of the Indian Health Service.''

§ 1621r. Contract health services payment study

(a) Duty of Secretary

The Secretary, acting through the Service and in consultation with representatives of Indian tribes and tribal organizations operating contract health care programs under the Indian Self-Determination Act (25 U.S.C. 450f et seq.)[1] or under self-governance compacts, Service personnel, private contract health services providers, the Indian Health Service Fiscal Intermediary, and other appropriate experts, shall conduct a study—

(1) to assess and identify administrative barriers that hinder the timely payment for services delivered by private contract health services providers to individual Indians by the Service and the Indian Health Service Fiscal Intermediary;

(2) to assess and identify the impact of such delayed payments upon the personal credit histories of individual Indians who have been treated by such providers; and

(3) to determine the most efficient and effective means of improving the Service's contract health services payment system and ensuring the development of appropriate consumer protection policies to protect individual Indians who receive authorized services from private contract health services providers from billing and collection practices, including the development of materials and programs explaining patients' rights and responsibilities.

(b) Functions of study

The study required by subsection (a) shall—

(1) assess the impact of the existing contract health services regulations and policies upon the ability of the Service and the Indian Health Service Fiscal Intermediary to process, on a timely and efficient basis, the payment of bills submitted by private contract health services providers;

(2) assess the financial and any other burdens imposed upon individual Indians and private contract health services providers by delayed payments;

(3) survey the policies and practices of collection agencies used by contract health services providers to collect payments for services rendered to individual Indians;

(4) identify appropriate changes in Federal policies, administrative procedures, and regulations, to eliminate the problems experienced by private contract health services providers and individual Indians as a result of delayed payments; and

(5) compare the Service's payment processing requirements with private insurance claims processing requirements to evaluate the systemic differences or similarities employed by the Service and private insurers.

(c) Report to Congress

Not later than 12 months after October 29, 1992, the Secretary shall transmit to the Congress a report that includes—

(1) a detailed description of the study conducted pursuant to this section; and

(2) a discussion of the findings and conclusions of such study.

(Pub. L. 94–437, title II, § 219, as added Pub. L. 102–573, title II, § 215, Oct. 29, 1992, 106 Stat. 4557.)

Editorial Notes

REFERENCES IN TEXT

The Indian Self-Determination Act (25 U.S.C. 450f et seq.), referred to in subsec. (a), is title I of Pub. L. 93–638, Jan. 4, 1975, 88 Stat. 2206, which was classified principally to part A (§ 450f et seq.) of subchapter II of chapter 14 of this title prior to editorial reclassification as subchapter I (§ 5321 et seq.) of chapter 46 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.

§ 1621s. Prompt action on payment of claims

(a) Time of response

The Service shall respond to a notification of a claim by a provider of a contract care service with either an individual purchase order or a denial of the claim within 5 working days after the receipt of such notification.

(b) Failure to timely respond

If the Service fails to respond to a notification of a claim in accordance with subsection (a), the Service shall accept as valid the claim submitted by the provider of a contract care service.

(c) Time of payment

The Service shall pay a completed contract care service claim within 30 days after completion of the claim.

(Pub. L. 94–437, title II, § 220, as added Pub. L. 102–573, title II, § 215, Oct. 29, 1992, 106 Stat. 4558.)

[1] See References in Text note below.

§ 1621t. Licensing

Licensed health professionals employed by a tribal health program shall be exempt, if licensed in any State, from the licensing requirements of the State in which the tribal health program performs the services described in the contract or compact of the tribal health program under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).[1]

(Pub. L. 94–437, title II, § 221, as added Pub. L. 102–573, title II, § 215, Oct. 29, 1992, 106 Stat. 4559; amended Pub. L. 111–148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

Editorial Notes

REFERENCES IN TEXT

The Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), referred to in text, 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 section 134(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.

AMENDMENTS

2010—Pub. L. 111–148 amended section generally. Prior to amendment, section related to demonstration of electronic claims processing.

§ 1621u. Liability for payment

(a) No patient liability

A patient who receives contract health care services that are authorized by the Service shall not be liable for the payment of any charges or costs associated with the provision of such services.

(b) Notification

The Secretary shall notify a contract care provider and any patient who receives contract health care services authorized by the Service that such patient is not liable for the payment of any charges or costs associated with the provision of such services not later than 5 business days after receipt of a notification of a claim by a provider of contract care services.

(c) No recourse

Following receipt of the notice provided under subsection (b), or, if a claim has been deemed accepted under section 1621s(b) of this title, the provider shall have no further recourse against the patient who received the services.

(Pub. L. 94–437, title II, § 222, as added Pub. L. 102–573, title II, § 215, Oct. 29, 1992, 106 Stat. 4559; amended Pub. L. 111–148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

Editorial Notes

CODIFICATION

Amendment by Pub. L. 111–148 is based on section 135 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 amended section generally. Prior to amendment, section related to absence of patient liability for payment of charges or costs for contract health care services and requirement that Secretary notify contract care provider and patient of absence of patient's liability.

Statutory Notes and Related Subsidiaries

RULE OF CONSTRUCTION

Pub. L. 116–260, div. BB, title I, § 102(d)(3), Dec. 27, 2020, 134 Stat. 2797, provided that: ''Nothing in this title [probably means ''this section'', enacting sections 9816 and 9822 of Title 26, Internal Revenue Code, sections 1185e and 1185k of Title 29, Labor, and sections 300gg–111 and 300gg–117 of Title 42, The Public Health and Welfare, amending section 8902 of Title 5, Government Organization and Employees, section 223 of Title 26, and sections 300gg–19a, 300gg–21, 300gg–22, 300gg–23, and 18011 of Title 42, and enacting provisions set out as notes under section 8902 of Title 5 and section 223 of Title 26], including the amendments made by this title [probably means ''this section''] may be construed as modifying, reducing, or eliminating—

''(A) the protections under section 222 of the Indian Health Care Improvement Act (25 U.S.C. 1621u) and under subpart I of part 136 of title 42, Code of Federal Regulations (or any successor regulation), against payment liability for a patient who receives contract health services that are authorized by the Indian Health Service; or

''(B) the requirements under section 1866(a)(1)(U) of the Social Security Act (42 U.S.C. 1395cc(a)(1)(U)).''

§ 1621v. Offices of Indian Men's Health and Indian Women's Health

(a) Office of Indian Men's Health

(1) Establishment

The Secretary may establish within the Service an office, to be known as the ''Office of Indian Men's Health''.

(2) Director

(A) In general

The Office of Indian Men's Health shall be headed by a director, to be appointed by the Secretary.

(B) Duties

The director shall coordinate and promote the health status of Indian men in the United States.

(3) Report

Not later than 2 years after March 23, 2010, the Secretary, acting through the Service, shall submit to Congress a report describing—

(A) any activity carried out by the director as of the date on which the report is prepared; and

(B) any finding of the director with respect to the health of Indian men.

(b) Office of Indian Women's Health

The Secretary, acting through the Service, shall establish an office, to be known as the ''Office of Indian Women's Health'', to monitor and improve the quality of health care for Indian women (including urban Indian women) of all ages through the planning and delivery of pro-

[1] See References in Text note below.