

grams administered by the Service, in order to improve and enhance the treatment models of care for Indian women.

(Pub. L. 94-437, title II, §223, as added Pub. L. 102-573, title II, §216, 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 136 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 substituted “Offices of Indian Men’s Health and Indian Women’s Health” for “Office of Indian Women’s Health Care” in section catchline, added subsec. (a), designated existing provisions as subsec. (b), inserted subsec. (b) heading, substituted “The Secretary, acting through the Service, shall establish an office, to be known as the ‘Office of Indian Women’s Health’, to” for “There is established within the Service an Office of Indian Women’s Health Care to oversee efforts of the Service to”, and inserted “(including urban Indian women)” before “of all ages”.

§ 1621w. Repealed. Pub. L. 111-148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935

Section, Pub. L. 94-437, title II, §224, as added Pub. L. 102-573, title II, §217(a), Oct. 29, 1992, 106 Stat. 4559, authorized appropriations to carry out this subchapter through fiscal year 2000.

The repeal is based on section 101(b)(5) 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.

§ 1621x. Limitation on use of funds

Amounts appropriated to carry out this subchapter may not be used in a manner inconsistent with the Assisted Suicide Funding Restriction Act of 1997 [42 U.S.C. 14401 et seq.].

(Pub. L. 94-437, title II, §225, as added Pub. L. 105-12, §9(f), Apr. 30, 1997, 111 Stat. 27.)

Editorial Notes

REFERENCES IN TEXT

The Assisted Suicide Funding Restriction Act of 1997, referred to in text, is Pub. L. 105-12, Apr. 30, 1997, 111 Stat. 23, which is classified principally to chapter 138 (§14401 et seq.) of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see Short Title note set out under section 14401 of Title 42 and Tables.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section effective Apr. 30, 1997, and applicable to Federal payments made pursuant to obligations incurred after Apr. 30, 1997, for items and services provided on or after such date, subject to also being applicable with respect to contracts entered into, renewed, or extended after Apr. 30, 1997, as well as contracts entered into before Apr. 30, 1997, to the extent permitted under such contracts, see section 11 of Pub. L. 105-12, set out as a note under section 14401 of Title 42, The Public Health and Welfare.

§ 1621y. Contract health service administration and disbursement formula

(a) Submission of report

As soon as practicable after March 23, 2010, the Comptroller General of the United States shall submit to the Secretary, the Committee on Indian Affairs of the Senate, and the Committee on Natural Resources of the House of Representatives, and make available to each Indian tribe, a report describing the results of the study of the Comptroller General regarding the funding of the contract health service program (including historic funding levels and a recommendation of the funding level needed for the program) and the administration of the contract health service program (including the distribution of funds pursuant to the program), as requested by Congress in March 2009, or pursuant to section 1680t of this title.

(b) Consultation with tribes

On receipt of the report under subsection (a), the Secretary shall consult with Indian tribes regarding the contract health service program, including the distribution of funds pursuant to the program—

(1) to determine whether the current distribution formula would require modification if the contract health service program were funded at the level recommended by the Comptroller General;

(2) to identify any inequities in the current distribution formula under the current funding level or inequitable results for any Indian tribe under the funding level recommended by the Comptroller General;

(3) to identify any areas of program administration that may result in the inefficient or ineffective management of the program; and

(4) to identify any other issues and recommendations to improve the administration of the contract health services program and correct any unfair results or funding disparities identified under paragraph (2).

(c) Subsequent action by Secretary

If, after consultation with Indian tribes under subsection (b), the Secretary determines that any issue described in subsection (b)(2) exists, the Secretary may initiate procedures under subchapter III of chapter 5 of title 5 to negotiate or promulgate regulations to establish a disbursement formula for the contract health service program funding.

(Pub. L. 94-437, title II, §226, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

Editorial Notes

CODIFICATION

Section 226 of Pub. L. 94-437 is based on section 137 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.

§ 1622. Transferred

Editorial Notes

CODIFICATION

Section, Pub. L. 94-437, title IV, §404, as added Pub. L. 96-537, §6, Dec. 17, 1980, 94 Stat. 3176, which related

to grants to and contracts with tribal organizations, was transferred to section 1644 of this title.

§ 1623. Special rules relating to Indians

(a) No Cost-sharing for Indians with income at or below 300 percent of poverty enrolled in coverage through a State Exchange

For provisions prohibiting cost sharing for Indians enrolled in any qualified health plan in the individual market through an Exchange, see section 18071(d) of title 42.

(b) Payer of last resort

Health programs operated by the Indian Health Service, Indian tribes, tribal organizations, and Urban Indian organizations (as those terms are defined in section 1603 of this title) shall be the payer of last resort for services provided by such Service, tribes, or organizations to individuals eligible for services through such programs, notwithstanding any Federal, State, or local law to the contrary.

(Pub. L. 111-148, title II, §2901(a), (b), Mar. 23, 2010, 124 Stat. 333.)

Editorial Notes

CODIFICATION

Section is comprised of subssecs. (a) and (b) of section 2901 of Pub. L. 111-148. Subsections (c) and (d) of section 2901 amended sections 1396a and 1320b-9, respectively, of Title 42, The Public Health and Welfare.

Section was enacted as part of the Patient Protection and Affordable Care Act, and not as part of the Indian Health Care Improvement Act which comprises this chapter.

SUBCHAPTER III—HEALTH FACILITIES

§ 1631. Consultation; closure of facilities; reports

(a) Consultation; standards for accreditation

Prior to the expenditure of, or the making of any firm commitment to expend, any funds appropriated for the planning, design, construction, or renovation of facilities pursuant to section 13 of this title, the Secretary, acting through the Service, shall—

(1) consult with any Indian tribe that would be significantly affected by such expenditure for the purpose of determining and, whenever practicable, honoring tribal preferences concerning size, location, type, and other characteristics of any facility on which such expenditure is to be made, and

(2) ensure, whenever practicable, that such facility meets the standards of the Joint Commission on Accreditation of Health Care Organizations by not later than 1 year after the date on which the construction or renovation of such facility is completed.

(b) Closure; report on proposed closure

(1) Notwithstanding any provision of law other than this subsection, no Service hospital or outpatient health care facility of the Service, or any portion of such a hospital or facility, may be closed if the Secretary has not submitted to the Congress at least 1 year prior to the date such hospital or facility (or portion thereof) is proposed to be closed an evaluation of the impact of such proposed closure which specifies, in addition to other considerations—

(A) the accessibility of alternative health care resources for the population served by such hospital or facility;

(B) the cost effectiveness of such closure;

(C) the quality of health care to be provided to the population served by such hospital or facility after such closure;

(D) the availability of contract health care funds to maintain existing levels of service;

(E) the views of the Indian tribes served by such hospital or facility concerning such closure;

(F) the level of utilization of such hospital or facility by all eligible Indians; and

(G) the distance between such hospital or facility and the nearest operating Service hospital.

(2) Paragraph (1) shall not apply to any temporary closure of a facility or of any portion of a facility if such closure is necessary for medical, environmental, or safety reasons.

(c) Health care facility priority system

(1) In general

(A) Priority system

The Secretary, acting through the Service, shall maintain a health care facility priority system, which—

(i) shall be developed in consultation with Indian tribes and tribal organizations;

(ii) shall give Indian tribes' needs the highest priority;

(iii)(I) may include the lists required in paragraph (2)(B)(ii); and

(II) shall include the methodology required in paragraph (2)(B)(v); and

(III) may include such health care facilities, and such renovation or expansion needs of any health care facility, as the Service may identify; and

(iv) shall provide an opportunity for the nomination of planning, design, and construction projects by the Service, Indian tribes, and tribal organizations for consideration under the priority system at least once every 3 years, or more frequently as the Secretary determines to be appropriate.

(B) Needs of facilities under ISDEAA agreements

The Secretary shall ensure that the planning, design, construction, renovation, and expansion needs of Service and non-Service facilities operated under contracts or compacts in accordance with the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)¹ are fully and equitably integrated into the health care facility priority system.

(C) Criteria for evaluating needs

For purposes of this subsection, the Secretary, in evaluating the needs of facilities operated under a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)¹ shall use the criteria used by the Secretary

¹ See References in Text note below.