

4571, 4591; 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 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.)

Editorial Notes

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 pur-

suant 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.)

Editorial Notes

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.).¹

(Pub. L. 94-437, title V, § 512, as added Pub. L. 102-573, title V, § 503, Oct. 29, 1992, 106 Stat. 4569;

¹ See References in Text note below.

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.)

Editorial Notes

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).

Statutory Notes and Related Subsidiaries

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.

§ 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 sup-

port 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.)

Editorial Notes

AMENDMENTS

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

Statutory Notes and Related Subsidiaries

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.)

Editorial Notes

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 Im-