

AMENDMENTS

2010—Pub. L. 111-148 amended section generally. Prior to amendment, section related to establishment of Indian Catastrophic Health Emergency Fund with provisions for its administration, promulgation of regulations, procedures for payment, effect of appropriated funds on other appropriations, and deposit of reimbursements.

1992—Subsec. (a)(1)(B). Pub. L. 102-573, §202(a)(1), substituted “to the Fund under this section” for “under subsection (e) of this section”.

Subsec. (b)(2). Pub. L. 102-573, §202(a)(2), substituted “shall establish at—” and subpars. (A) and (B) for “shall establish at not less than \$10,000 or not more than \$20,000;”.

Subsec. (c). Pub. L. 102-573, §202(a)(3), substituted “Amounts appropriated to the Fund under this section” for “Funds appropriated under subsection (e) of this section”.

Subsec. (e). Pub. L. 102-573, §217(b)(2), struck out subsec. (e) which authorized appropriations for fiscal years 1989 to 1992.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1992 AMENDMENT

Pub. L. 102-573, title II, §202(b), Oct. 29, 1992, 106 Stat. 4546, provided that: “The amendment made by subsection (a)(2) [amending this section] shall take effect January 1, 1993.”

§ 1621b. Health promotion and disease prevention services**(a) Authorization**

The Secretary, acting through the Service, shall provide health promotion and disease prevention services to Indians so as to achieve the health status objectives set forth in section 1602(b)¹ of this title.

(b) Evaluation statement for Presidential budget

The Secretary shall submit to the President for inclusion in each statement which is required to be submitted to the Congress under section 1671 of this title an evaluation of—

- (1) the health promotion and disease prevention needs of Indians,
- (2) the health promotion and disease prevention activities which would best meet such needs,
- (3) the internal capacity of the Service to meet such needs, and
- (4) the resources which would be required to enable the Service to undertake the health promotion and disease prevention activities necessary to meet such needs.

(Pub. L. 94-437, title II, §203, as added Pub. L. 100-713, title II, §203(c), Nov. 23, 1988, 102 Stat. 4805; amended Pub. L. 102-573, title II, §203, Oct. 29, 1992, 106 Stat. 4546.)

Editorial Notes

REFERENCES IN TEXT

Section 1602 of this title, referred to in subsec. (a), was amended generally by Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935, and, as so amended, no longer contains a subsec. (b).

AMENDMENTS

1992—Subsec. (a). Pub. L. 102-573, §203(1), inserted before period at end “so as to achieve the health status objectives set forth in section 1602(b) of this title”.

Subsec. (b). Pub. L. 102-573, §203(2), in introductory provisions, substituted “section 1671” for “section 1621(f)”.

Subsec. (c). Pub. L. 102-573, §203(3), struck out subsec. (c) which directed establishment of between 1 and 4 health-related demonstration projects to terminate 30 months after Nov. 23, 1988.

Statutory Notes and Related Subsidiaries

CONGRESSIONAL FINDINGS ON HEALTH PROMOTION AND DISEASE PREVENTION

Pub. L. 100-713, title II, §203(a), Nov. 23, 1988, 102 Stat. 4804, provided that: “The Congress finds that health promotion and disease prevention activities will—

- “(1) improve the health and well being of Indians, and
- “(2) reduce the expenses for medical care of Indians.”

§ 1621c. Diabetes prevention, treatment, and control**(a) Determinations regarding diabetes**

The Secretary, acting through the Service, and in consultation with Indian tribes and tribal organizations, shall determine—

- (1) by Indian tribe and by Service unit, the incidence of, and the types of complications resulting from, diabetes among Indians; and
- (2) based on the determinations made pursuant to paragraph (1), the measures (including patient education and effective ongoing monitoring of disease indicators) each Service unit should take to reduce the incidence of, and prevent, treat, and control the complications resulting from, diabetes among Indian tribes within that Service unit.

(b) Diabetes screening

To the extent medically indicated and with informed consent, the Secretary shall screen each Indian who receives services from the Service for diabetes and for conditions which indicate a high risk that the individual will become diabetic and establish a cost-effective approach to ensure ongoing monitoring of disease indicators. Such screening and monitoring may be conducted by a tribal health program and may be conducted through appropriate Internet-based health care management programs.

(c) Diabetes projects

The Secretary shall continue to maintain each model diabetes project in existence on March 23, 2010, any such other diabetes programs operated by the Service or tribal health programs, and any additional diabetes projects, such as the Medical Vanguard program provided for in title IV of Public Law 108-87, as implemented to serve Indian tribes. tribal¹ health programs shall receive recurring funding for the diabetes projects that they operate pursuant to this section, both at March 23, 2010, and for projects which are added and funded thereafter.

(d) Dialysis programs

The Secretary is authorized to provide, through the Service, Indian tribes, and tribal organizations, dialysis programs, including the purchase of dialysis equipment and the provision of necessary staffing.

¹ See References in Text note below.

¹ So in original. Probably should be capitalized.