

**§ 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.).<sup>1</sup> (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

<sup>1</sup> See References in Text note below.

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-

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