

(Pub. L. 94-437, title VIII, § 829, as added Pub. L. 111-148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

Editorial Notes

CODIFICATION

Section 829 of Pub. L. 94-437 is based on section 198 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.

§ 1680t. Other GAO reports

(a) Coordination of services

(1) Study and evaluation

The Comptroller General of the United States shall conduct a study, and evaluate the effectiveness, of coordination of health care services provided to Indians—

- (A) through Medicare, Medicaid, or SCHIP;
- (B) by the Service; or
- (C) using funds provided by—
 - (i) State or local governments; or
 - (ii) Indian tribes.

(2) Report

Not later than 18 months after March 23, 2010, the Comptroller General shall submit to Congress a report—

- (A) describing the results of the evaluation under paragraph (1); and
- (B) containing recommendations of the Comptroller General regarding measures to support and increase coordination of the provision of health care services to Indians as described in paragraph (1).

(b) Payments for contract health services

(1) In general

The Comptroller General shall conduct a study on the use of health care furnished by health care providers under the contract health services program funded by the Service and operated by the Service, an Indian tribe, or a tribal organization.

(2) Analysis

The study conducted under paragraph (1) shall include an analysis of—

- (A) the amounts reimbursed under the contract health services program described in paragraph (1) for health care furnished by entities, individual providers, and suppliers, including a comparison of reimbursement for that health care through other public programs and in the private sector;
- (B) barriers to accessing care under such contract health services program, including barriers relating to travel distances, cultural differences, and public and private sector reluctance to furnish care to patients under the program;
- (C) the adequacy of existing Federal funding for health care under the contract health services program;
- (D) the administration of the contract health service program, including the distribution of funds to Indian health programs pursuant to the program; and
- (E) any other items determined appropriate by the Comptroller General.

(3) Report

Not later than 18 months after March 23, 2010, the Comptroller General shall submit to Congress a report on the study conducted under paragraph (1), together with recommendations regarding—

- (A) the appropriate level of Federal funding that should be established for health care under the contract health services program described in paragraph (1);
- (B) how to most efficiently use that funding; and
- (C) the identification of any inequities in the current distribution formula or inequitable results for any Indian tribe under the funding level, and any recommendations for addressing any inequities or inequitable results identified.

(4) Consultation

In conducting the study under paragraph (1) and preparing the report under paragraph (3), the Comptroller General shall consult with the Service, Indian tribes, and tribal organizations.

(Pub. L. 94-437, title VIII, § 830, as added Pub. L. 111-148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

Editorial Notes

CODIFICATION

Section 830 of Pub. L. 94-437 is based on section 199 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.

§ 1680u. Traditional health care practices

Although the Secretary may promote traditional health care practices, consistent with the Service standards for the provision of health care, health promotion, and disease prevention under this chapter, the United States is not liable for any provision of traditional health care practices pursuant to this chapter that results in damage, injury, or death to a patient. Nothing in this subsection shall be construed to alter any liability or other obligation that the United States may otherwise have under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)¹ or this chapter.

(Pub. L. 94-437, title VIII, § 831, 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 text, 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 text, is Pub. L. 93-638, Jan. 4, 1975, 88 Stat. 2203, which was clas-

¹ See References in Text note below.