

The Congressional Accountability Act of 1995, referred to in subsec. (b), is Pub. L. 104-1, Jan. 23, 1995, 109 Stat. 3, which is classified principally to chapter 24 (§1301 et seq.) of Title 2, The Congress. For complete classification of this Act to the Code, see Short Title note under section 1301 of Title 2 and Tables.

The Government Employee Rights Act of 1991, referred to in subsec. (d), is title III of Pub. L. 102-166, Nov. 21, 1991, 105 Stat. 1088, which is classified generally to sections 2000e-16a to 2000e-16c of this title. For complete classification of this Act to the Code, see section 2000e-16a(a) of this title and Tables.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section effective 180 days after Dec. 29, 2022, see section 109 of div. II of Pub. L. 117-328, set out as a note under section 2000gg of this title.

§ 2000gg-3. Rulemaking

(a) EEOC rulemaking

Not later than 1 year after December 29, 2022, the Commission shall issue regulations in an accessible format in accordance with subchapter II of chapter 5 of title 5 to carry out this chapter. Such regulations shall provide examples of reasonable accommodations addressing known limitations related to pregnancy, childbirth, or related medical conditions.

(b) OCWR rulemaking

(1) In general

Not later than 6 months after the Commission issues regulations under subsection (a), the Board (as defined in section 1301 of title 2) shall (in accordance with section 1384 of title 2), issue regulations to implement the provisions of this chapter made applicable to employees described in section 2000gg(3)(B) of this title, under section 2000gg-2(b) of this title.

(2) Parallel with agency regulations

The regulations issued under paragraph (1) shall be the same as substantive regulations issued by the Commission under subsection (a) except to the extent that the Board may determine, for good cause shown and stated together with the regulations issued under paragraph (1) that a modification of such substantive regulations would be more effective for the implementation of the rights and protection under this chapter.

(Pub. L. 117-328, div. II, §105, Dec. 29, 2022, 136 Stat. 6088.)

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section effective 180 days after Dec. 29, 2022, see section 109 of div. II of Pub. L. 117-328, set out as a note under section 2000gg of this title.

§ 2000gg-4. Waiver of State immunity

A State shall not be immune under the 11th Amendment to the Constitution from an action in a Federal or State court of competent jurisdiction for a violation of this chapter. In any action against a State for a violation of this chapter, remedies (including remedies both at law and in equity) are available for such a violation to the same extent as such remedies are avail-

able for such a violation in an action against any public or private entity other than a State. (Pub. L. 117-328, div. II, §106, Dec. 29, 2022, 136 Stat. 6089.)

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section effective 180 days after Dec. 29, 2022, see section 109 of div. II of Pub. L. 117-328, set out as a note under section 2000gg of this title.

§ 2000gg-5. Relationship to other laws

(a) In general

Nothing in this chapter shall be construed—

(1) to invalidate or limit the powers, remedies, and procedures under any Federal law or law of any State or political subdivision of any State or jurisdiction that provides greater or equal protection for individuals affected by pregnancy, childbirth, or related medical conditions; or

(2) by regulation or otherwise, to require an employer-sponsored health plan to pay for or cover any particular item, procedure, or treatment or to affect any right or remedy available under any other Federal, State, or local law with respect to any such payment or coverage requirement.

(b) Rule of construction

This chapter is subject to the applicability to religious employment set forth in section 2000e-1(a) of this title.

(Pub. L. 117-328, div. II, §107, Dec. 29, 2022, 136 Stat. 6089.)

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section effective 180 days after Dec. 29, 2022, see section 109 of div. II of Pub. L. 117-328, set out as a note under section 2000gg of this title.

§ 2000gg-6. Severability

If any provision of this chapter or the application of that provision to particular persons or circumstances is held invalid or found to be unconstitutional, the remainder of this chapter and the application of that provision to other persons or circumstances shall not be affected.

(Pub. L. 117-328, div. II, §108, Dec. 29, 2022, 136 Stat. 6089.)

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section effective 180 days after Dec. 29, 2022, see section 109 of div. II of Pub. L. 117-328, set out as a note under section 2000gg of this title.

CHAPTER 22—INDIAN HOSPITALS AND HEALTH FACILITIES

SUBCHAPTER I—MAINTENANCE AND OPERATION

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SUBCHAPTER I—MAINTENANCE AND OPERATION

§ 2001. Hospitals and health facilities transferred to Public Health Service; restriction on closing hospitals

(a) All functions, responsibilities, authorities, and duties of the Department of the Interior, the Bureau of Indian Affairs, Secretary of the Interior, and the Commissioner of Indian Affairs relating to the maintenance and operation of hospital and health facilities for Indians, and the conservation of the health of Indians, are transferred to, and shall be administered by, the Surgeon General of the United States Public Health Service, under the supervision and direction of the Secretary of Health and Human Services: *Provided*, That hospitals now in operation for a specific tribe or tribes of Indians shall not be closed prior to July 1, 1956, without the consent of the governing body of the tribe or its organized council.

(b) In carrying out his functions, responsibilities, authorities, and duties under this subchapter, the Secretary is authorized, with the consent of the Indian people served, to contract with private or other non-Federal health agencies or organizations for the provision of health services to such people on a fee-for-service basis or on a prepayment or other similar basis.

(Aug. 5, 1954, ch. 658, §1, 68 Stat. 674; Pub. L. 93-222, §6(a), Dec. 29, 1973, 87 Stat. 935; Pub. L. 96-88, title V, §509(b), Oct. 17, 1979, 93 Stat. 695.)

Editorial Notes

AMENDMENTS

1973—Pub. L. 93-222 designated existing provisions as subsec. (a) and added subsec. (b).

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Act Aug. 5, 1954, ch. 658, §6, 68 Stat. 675, as amended by Pub. L. 86-121, §2, July 31, 1959, 73 Stat. 268, provided that: "Sections 1 to 5, inclusive, of this Act [enacting this subchapter and repealing sections 444 to 449 of Title 25, Indians] shall take effect July 1, 1959."

SHORT TITLE

This subchapter is popularly known as the "Transfer Act".

Executive Documents

TRANSFER OF FUNCTIONS

Office of Surgeon General abolished by section 3 of Reorg. Plan No. 3 of 1966, eff. June 25, 1966, 31 F.R. 8855, 80 Stat. 1610, and functions thereof transferred to Secretary of Health, Education, and Welfare by section 1 of Reorg. Plan No. 3 of 1966, set out as a note under section 202 of this title. Secretary of Health, Education, and Welfare redesignated Secretary of Health and Human Services by section 509(b) of Pub. L. 96-88, which is classified to section 3508(b) of Title 20, Education. Office of Surgeon General reestablished within the Office of the Assistant Secretary for Health, see Notice of Department of Health and Human Services, Office of the Assistant Secretary for Health, Mar. 30, 1987, 52 F.R. 11754.

§ 2002. Transfer of hospitals and facilities to State or private institutions; conditions and restrictions; failure to meet requirements

Whenever the health needs of the Indians can be better met thereby, the Secretary of Health and Human Services is authorized in his discretion to enter into contracts with any State, Territory, or political subdivision thereof, or any private nonprofit corporation, agency or institution providing for the transfer by the United States Public Health Service of Indian hospitals or health facilities, including initial operating equipment and supplies.

It shall be a condition of such transfer that all facilities transferred shall be available to meet the health needs of the Indians and that such health needs shall be given priority over those of the non-Indian population. No hospital or health facility that has been constructed or maintained for a specific tribe of Indians, or for a specific group of tribes, shall be transferred by the Secretary of Health and Human Services to a non-Indian entity or organization under this subchapter unless such action has been approved by the governing body of the tribe, or by the governing bodies of a majority of the tribes, for which such hospital or health facility has been constructed or maintained: *Provided*, That if, following such transfer by the United States Public Health Service, the Secretary of Health and Human Services finds the hospital or health facility transferred under this section is not thereafter serving the need of the Indians, the Secretary of Health and Human Services shall notify those charged with management thereof, setting forth needed improvements, and in the event such improvements are not made within a time to be specified, shall immediately assume management and operation of such hospital or health facility.

(Aug. 5, 1954, ch. 658, §2, 68 Stat. 674; Pub. L. 96-88, title V, §509(b), Oct. 17, 1979, 93 Stat. 695.)

Statutory Notes and Related Subsidiaries

CHANGE OF NAME

"Secretary of Health and Human Services" substituted in text for "Secretary of Health, Education, and Welfare" pursuant to section 509(b) of Pub. L. 96-88, which is classified to section 3508(b) of Title 20, Education.

EFFECTIVE DATE

Section effective July 1, 1959, see section 6 of act Aug. 5, 1954, set out as a note under section 2001 of this title.