Subsec. (c)(4). Pub. L. 102–573, § 601, added par. (4).
Subsec. (d)(1)(C). Pub. L. 102–573, § 902(7), substituted ''appropriated'' for ''appropriate''.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1992 AMENDMENT

Pub. L. 102–573, title VI, § 602(a)(2), Oct. 29, 1992, 106 Stat. 4571, provided that: ''The amendment made by paragraph (1) [amending this section] shall take effect January 1, 1993.''

EFFECTIVE DATE

Pub. L. 100–713, title VI, § 601(c), Nov. 23, 1988, 102 Stat. 4826, provided that:
''(1) Except as provided in paragraph (2), section 601 of the Indian Health Care Improvement Act [this section] added by subsection (a) of this section shall take effect 9 months from the date of the enactment of this section [Nov. 23, 1988].
''(2) Notwithstanding subsections (b) [set out below] and (c)(1), any action which carries out such section 601 that is taken by the Secretary before the effective date of such section 601 shall be effective beginning on the date such action was taken.''

INTERIM APPOINTMENT

Pub. L. 102–573, title VI, § 602(b), Oct. 29, 1992, 106 Stat. 4571, authorized the President to appoint an individual to serve as Interim Director of the Service from Jan. 1, 1993, until confirmation of a Director.

TRANSFER OF PERSONNEL, RECORDS, EQUIPMENT, ETC., TO INDIAN HEALTH SERVICE

Pub. L. 100–713, title VI, § 601(b), Nov. 23, 1988, 102 Stat. 4826, provided for the transfer within 9 months of Nov. 23, 1988, of personnel, records, equipment, facilities, and interests in property of the Indian Health Service to the Indian Health Service established by Pub. L. 100–713.

§ 1662. Automated management information system

(a) Establishment

(1) The Secretary shall establish an automated management information system for the Service.

(2) The information system established under paragraph (1) shall include—

(A) a financial management system,

(B) a patient care information system for each area served by the Service,

(C) a privacy component that protects the privacy of patient information held by, or on behalf of, the Service, and

(D) a services-based cost accounting component that provides estimates of the costs associated with the provision of specific medical treatments or services in each area office of the Service.

(b) Provision to Indian tribes and organizations; reimbursement

(1) The Secretary shall provide each Indian tribe and tribal organization that provides health services under a contract entered into with the Service under the Indian Self-Determination Act [25 U.S.C. 5321 et seq.] automated management information systems which—

(A) meet the management information needs of such Indian tribe or tribal organization with respect to the treatment by the Indian tribe or tribal organization of patients of the Service, and

(B) meet the management information needs of the Service.

(2) The Secretary shall reimburse each Indian tribe or tribal organization for the part of the cost of the operation of a system provided under paragraph (1) which is attributable to the treatment by such Indian tribe or tribal organization of patients of the Service.

(3) The Secretary shall provide systems under paragraph (1) to Indian tribes and tribal organizations providing health services in California by no later than September 30, 1990.

(c) Access to records

Notwithstanding any other provision of law, each patient shall have reasonable access to the medical or health records of such patient which are held by, or on behalf of, the Service.

(Pub. L. 94–437, title VI, § 602, as added Pub. L. 100–713, title VI, § 601(a), Nov. 23, 1988, 102 Stat. 4825; amended Pub. L. 102–573, title IX, § 901(3), Oct. 29, 1992, 106 Stat. 4591.)

Editorial Notes

REFERENCES IN TEXT

The Indian Self-Determination Act, referred to in subsec. (b)(1), is title I of Pub. L. 93–638, Jan. 4, 1975, 88 Stat. 2206, which is classified principally to subchapter I (§ 5321 et seq.) of chapter 46 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.

AMENDMENTS

1992—Subsec. (a)(3). Pub. L. 102–573 struck out par. (3) which directed Secretary to submit report to Congress no later than Sept. 30, 1989.

§ 1663. Office of Direct Service Tribes

(a) Establishment

There is established within the Service an office, to be known as the ''Office of Direct Service Tribes''.

(b) Treatment

The Office of Direct Service Tribes shall be located in the Office of the Director.

(c) Duties

The Office of Direct Service Tribes shall be responsible for—

(1) providing Service-wide leadership, guidance and support for direct service tribes to include strategic planning and program evaluation;

(2) ensuring maximum flexibility to tribal health and related support systems for Indian beneficiaries;

(3) serving as the focal point for consultation and participation between direct service tribes and organizations and the Service in the development of Service policy;

(4) holding no less than biannual consultations with direct service tribes in appropriate locations to gather information and aid in the development of health policy; and

(5) directing a national program and providing leadership and advocacy in the development of health policy, program management, budget formulation, resource allocation, and delegation support for direct service tribes.

(Pub. L. 94–437, title VI, § 603, as added Pub. L. 111–148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

Editorial Notes

CODIFICATION

Section 603 of Pub. L. 94–437 is based on section 172 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.

PRIOR PROVISIONS

A prior section 1663, Pub. L. 94–437, title VI, § 603, as added Pub. L. 102–573, title VI, § 603, Oct. 29, 1992, 106 Stat. 4571, authorized appropriations through fiscal year 2000 to carry out this subchapter, prior to repeal by Pub. L. 111–148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935. The repeal is based on section 101(b)(10) 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.

§ 1663a. Nevada Area Office

(a) In general

Not later than 1 year after March 23, 2010, in a manner consistent with the tribal consultation policy of the Service, the Secretary shall submit to Congress a plan describing the manner and schedule by which an area office, separate and distinct from the Phoenix Area Office of the Service, can be established in the State of Nevada.

(b) Failure to submit plan

(1) Definition of operations funds

In this subsection, the term ''operations funds'' means only the funds used for—

(A) the administration of services, including functional expenses such as overtime, personnel salaries, and associated benefits; or

(B) related tasks that directly affect the operations described in subparagraph (A).

(2) Withholding of funds

If the Secretary fails to submit a plan in accordance with subsection (a), the Secretary shall withhold the operations funds reserved for the Office of the Director, subject to the condition that the withholding shall not adversely impact the capacity of the Service to deliver health care services.

(3) Restoration

The operations funds withheld pursuant to paragraph (2) may be restored, at the discretion of the Secretary, to the Office of the Director on achievement by that Office of compliance with this section.

(Pub. L. 94–437, title VI, § 604, as added Pub. L. 111–148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

Editorial Notes

CODIFICATION

Section 604 of Pub. L. 94–437 is based on section 173 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.

SUBCHAPTER V–A—BEHAVIORAL HEALTH PROGRAMS

Editorial Notes

CODIFICATION

Title VII of the Indian Health Care Improvement Act, comprising this subchapter, was originally enacted by Pub. L. 94–437, title VII, as added Pub. L. 102–573, title VII, § 702(a), Oct. 29, 1992, 106 Stat. 4572, and amended by Pub. L. 104–313, Oct. 19, 1996, 110 Stat. 3820; Pub. L. 105–244, Oct. 7, 1998, 112 Stat. 1581; Pub. L. 105–256, Oct. 14, 1998, 112 Stat. 1896; Pub. L. 110–315, Aug. 14, 2008, 122 Stat. 3078. Such title is shown herein, however, as having been added by Pub. L. 111–148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935, without reference to such intervening amendments because of the extensive revision of the title's provisions by Pub. L. 111–148. A prior title VII was renumbered VIII by Pub. L. 102–573 and is classified to subchapter VI of this chapter.

PART A—GENERAL PROGRAMS

§ 1665. Definitions

In this part:

(1) Alcohol-related neurodevelopmental disorders; ARND

The term ''alcohol-related neurodevelopmental disorders'' or ''ARND'' means, with a history of maternal alcohol consumption during pregnancy, central nervous system abnormalities, which may range from minor intellectual deficits and developmental delays to mental retardation. ARND children may have behavioral problems, learning disabilities, problems with executive functioning, and attention disorders. The neurological defects of ARND may be as severe as FAS, but facial anomalies and other physical characteristics are not present in ARND, thus making diagnosis difficult.

(2) Assessment

The term ''assessment'' means the systematic collection, analysis, and dissemination of information on health status, health needs, and health problems.

(3) Behavioral health aftercare

The term ''behavioral health aftercare'' includes those activities and resources used to support recovery following inpatient, residential, intensive substance abuse, or mental health outpatient or outpatient treatment. The purpose is to help prevent or deal with relapse by ensuring that by the time a client or patient is discharged from a level of care, such as outpatient treatment, an aftercare plan has been developed with the client. An aftercare plan may use such resources as a community-based therapeutic group, transitional living facilities, a 12-step sponsor, a local 12-step or other related support group, and other community-based providers.

(4) Dual diagnosis

The term ''dual diagnosis'' means coexisting substance abuse and mental illness conditions or diagnosis. Such clients are sometimes referred to as mentally ill chemical abusers (MICAs).