

SUBCHAPTER IV—HEALTH SERVICES FOR URBAN
INDIANS

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(1) Area office

The term “Area office” means an administrative entity including a program office, within the Indian Health Service through which services and funds are provided to the service units within a defined geographic area.

(2) Behavioral health**(A) In general**

The term “behavioral health” means the blending of substance (alcohol, drugs, inhalants, and tobacco) abuse and mental health disorders prevention and treatment for the purpose of providing comprehensive services.

(B) Inclusions

The term “behavioral health” includes the joint development of substance abuse and mental health treatment planning and coordinated case management using a multidisciplinary approach.

(3) California Indian

The term “California Indian” means any Indian who is eligible for health services provided by the Service pursuant to section 1679 of this title.

(4) Community college

The term “community college” means—

- (A) a tribal college or university; or
- (B) a junior or community college.

(5) Contract health service

The term “contract health service” means any health service that is—

- (A) delivered based on a referral by, or at the expense of, an Indian health program; and
- (B) provided by a public or private medical provider or hospital that is not a provider or hospital of the Indian health program.

(6) Department

The term “Department”, unless otherwise designated, means the Department of Health and Human Services.

(7) Disease prevention**(A) In general**

The term “disease prevention” means any activity for—

- (i) the reduction, limitation, and prevention of—
 - (I) disease; and
 - (II) complications of disease; and
- (ii) the reduction of consequences of disease.

(B) Inclusions

The term “disease prevention” includes an activity for—

- (i) controlling—
 - (I) the development of diabetes;
 - (II) high blood pressure;
 - (III) infectious agents;
 - (IV) injuries;
 - (V) occupational hazards and disabilities;
 - (VI) sexually transmittable diseases;
- or
- (VII) toxic agents; or

§ 1603. Definitions

In this chapter:

- (ii) providing—
 - (I) fluoridation of water; or
 - (II) immunizations.

(8) FAE

The term “FAE” means fetal alcohol effect.

(9) FAS

The term “fetal alcohol syndrome” or “FAS” means a syndrome in which, with a history of maternal alcohol consumption during pregnancy, the following criteria are met:

- (A) Central nervous system involvement such as mental retardation, developmental delay, intellectual deficit, microcephaly, or neurologic abnormalities.
- (B) Craniofacial abnormalities with at least 2 of the following: microphthalmia, short palpebral fissures, poorly developed philtrum, thin upper lip, flat nasal bridge, and short upturned nose.
- (C) Prenatal or postnatal growth delay.

(10) Health profession

The term “Health profession” means allopathic medicine, family medicine, internal medicine, pediatrics, geriatric medicine, obstetrics and gynecology, podiatric medicine, nursing, public health nursing, dentistry, psychiatry, osteopathy, optometry, pharmacy, psychology, public health, social work, marriage and family therapy, chiropractic medicine, environmental health and engineering, an allied health profession, or any other health profession.

(11) Health promotion

The term “health promotion” means any activity for—

- (A) fostering social, economic, environmental, and personal factors conducive to health, including raising public awareness regarding health matters and enabling individuals to cope with health problems by increasing knowledge and providing valid information;
- (B) encouraging adequate and appropriate diet, exercise, and sleep;
- (C) promoting education and work in accordance with physical and mental capacity;
- (D) making available safe water and sanitary facilities;
- (E) improving the physical, economic, cultural, psychological, and social environment;
- (F) promoting culturally competent care; and
- (G) providing adequate and appropriate programs, including programs for—
 - (i) abuse prevention (mental and physical);
 - (ii) community health;
 - (iii) community safety;
 - (iv) consumer health education;
 - (v) diet and nutrition;
 - (vi) immunization and other methods of prevention of communicable diseases, including HIV/AIDS;
 - (vii) environmental health;
 - (viii) exercise and physical fitness;
 - (ix) avoidance of fetal alcohol spectrum disorders;

- (x) first aid and CPR education;
- (xi) human growth and development;
- (xii) injury prevention and personal safety;
- (xiii) behavioral health;
- (xiv) monitoring of disease indicators between health care provider visits through appropriate means, including Internet-based health care management systems;
- (xv) personal health and wellness practices;
- (xvi) personal capacity building;
- (xvii) prenatal, pregnancy, and infant care;
- (xviii) psychological well-being;
- (xix) reproductive health and family planning;
- (xx) safe and adequate water;
- (xxi) healthy work environments;
- (xxii) elimination, reduction, and prevention of contaminants that create unhealthy household conditions (including mold and other allergens);
- (xxiii) stress control;
- (xxiv) substance abuse;
- (xxv) sanitary facilities;
- (xxvi) sudden infant death syndrome prevention;
- (xxvii) tobacco use cessation and reduction;
- (xxviii) violence prevention; and
- (xxix) such other activities identified by the Service, a tribal health program, or an urban Indian organization to promote achievement of any of the objectives referred to in section 1602(2) of this title.

(12) Indian health program

The term “Indian health program” means—

- (A) any health program administered directly by the Service;
- (B) any tribal health program; and
- (C) any Indian tribe or tribal organization to which the Secretary provides funding pursuant to section 47 of this title.

(13) Indians or Indian

The term “Indians” or “Indian”, unless otherwise designated, means any person who is a member of an Indian tribe, as defined in subsection (d) hereof,¹ except that, for the purpose of sections 1612 and 1613 of this title, such terms shall mean any individual who²

- (A),³ irrespective of whether he or she lives on or near a reservation, is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second degree, of any such member, or
 - (B) is an Eskimo or Aleut or other Alaska Native, or
 - (C) is considered by the Secretary of the Interior to be an Indian for any purpose, or
 - (D) is determined to be an Indian under regulations promulgated by the Secretary.

¹ See References in Text note below.

² So in original. Probably should be followed by a dash.

³ So in original. The comma probably should not appear.

(14) Indian tribe

The term “Indian tribe” means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C. 1601 et seq.], which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

(15) Junior or community college

The term “junior or community college” has the meaning given the term in section 1058(e)¹ of title 20.

(16) Reservation**(A) In general**

The term “reservation” means a reservation, Pueblo, or colony of any Indian tribe.

(B) Inclusions

The term “reservation” includes—

- (i) former reservations in Oklahoma;
- (ii) Indian allotments; and
- (iii) Alaska Native Regions established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.).

(17) Secretary

The term “Secretary”, unless otherwise designated, means the Secretary of Health and Human Services.

(18) Service

The term “Service” means the Indian Health Service.

(19) Service area

The term “Service area” means the geographical area served by each area office.

(20) Service unit

The term “Service unit” means an administrative entity of the Service or a tribal health program through which services are provided, directly or by contract, to eligible Indians within a defined geographic area.

(21) Substance abuse

The term “Substance abuse” includes inhalant abuse.

(22) Telehealth

The term “telehealth” has the meaning given the term in section 254c-16(a) of title 42.

(23) Telemedicine

The term “telemedicine” means a telecommunications link to an end user through the use of eligible equipment that electronically links health professionals or patients and health professionals at separate sites in order to exchange health care information in audio, video, graphic, or other format for the purpose of providing improved health care services.

(24) Tribal college or university

The term “tribal college or university” has the meaning given the term in section 1059c(b) of title 20.

(25) Tribal health program

The term “tribal health program” means an Indian tribe or tribal organization that oper-

ates any health program, service, function, activity, or facility funded, in whole or part, by the Service through, or provided for in, a contract or compact with the Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

(26) Tribal organization

The term “tribal organization” has the meaning given the term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b).

(27) Urban center

The term “Urban center” means any community which has a sufficient urban Indian population with unmet health needs to warrant assistance under subchapter IV, as determined by the Secretary.

(28) Urban Indian

The term “Urban Indian” means any individual who resides in an urban center, as defined in subsection (g) hereof,¹ and who meets one or more of the four criteria in subsection (c)(1) through (4) of this section.¹

(29) Urban Indian organization

The term “Urban Indian organization” means a nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 1653(a) of this title.

(Pub. L. 94-437, §4, Sept. 30, 1976, 90 Stat. 1401; Pub. L. 96-537, §2, Dec. 17, 1980, 94 Stat. 3173; Pub. L. 100-713, title II, §§201(b), 203(b), title V, §502, Nov. 23, 1988, 102 Stat. 4803, 4804, 4824; Pub. L. 102-573, §3(c), title IX, §902(1), Oct. 29, 1992, 106 Stat. 4529, 4591; Pub. L. 104-313, §2(a), Oct. 19, 1996, 110 Stat. 3820; Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

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.

Subsection (d) hereof, referred to in par. (13), was redesignated par. (14) of this section by section 10221(a) of Pub. L. 111-148.

The Alaska Native Claims Settlement Act, referred to in pars. (14) and (16)(B)(iii), is Pub. L. 92-203, Dec. 18, 1971, 85 Stat. 688, which is classified generally to chapter 33 (§1601 et seq.) of Title 43, Public Lands. For complete classification of this Act to the Code, see Short Title note set out under section 1601 of Title 43, and Tables.

Section 1058(e) of title 20, referred to in par. (15), probably means section 1058(f) of title 20, which defines “junior or community college”. Section 1058(e) of title 20 was redesignated section 1058(f) of title 20 by Pub. L. 105-244, title III, §303(b)(1), Oct. 7, 1998, 112 Stat. 1639.

The Indian Self-Determination and Education Assistance Act, referred to in par. (25), is Pub. L. 93-638, Jan. 4, 1975, 88 Stat. 2203, which is classified principally to subchapter II (§450 et seq.) of chapter 14 of this title. For complete classification of this Act to the Code, see

Short Title note set out under section 450 of this title and Tables.

Subsection (g) hereof, referred to in par. (28), was redesignated par. (27) of this section by section 10221(a) of Pub. L. 111-148.

Subsection (c)(1) through (4) of this section, referred to in par. (28), was redesignated par. (13)(A) to (D) of this section by section 10221(a) of Pub. L. 111-148.

CODIFICATION

Amendment by Pub. L. 111-148 is based on section 104 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 “In this chapter:” for “For purposes of this chapter—” in introductory provisions, redesignated pars. in subsecs. (c), (j), (k), and (l) as subpars. and realigned margins, redesignated subsecs. (a) to (q) as pars. (17), (18), (13), (14), (26), (28), (27), (29), (1), (20), (11), (7), (19), (10), (21), (8), and (9), respectively, and realigned margins, struck out former pars. (7), (9), (11), (20), and (26), as so redesignated, added pars. (2) to (7), (9), (11), (12), (15), (16), (20), and (22) to (26), arranged pars. in numerical order, and inserted heading and “The term” after each par. designation. Prior to amendment, pars. (7), (9), (11), (20), and (26), as so redesignated, defined disease prevention, FAS, health promotion, service unit, and tribal organization, respectively. Amendment directing redesignation of pars. contained in subsec. (c) as subpars. was executed by redesignating pars. (1) to (4) as subpars. (A) to (D), respectively, as the probable intent of Congress. Amendment directing the striking of paragraph “(12) (as redesignated by paragraph (3))” could not be executed because there was no par. (12) redesignated by par. (3).

1996—Subsec. (n). Pub. L. 104-313 inserted “allopathic medicine,” before “family medicine” and substituted “an allied health profession, or any other health profession” for “and allied health professions”.

1992—Subsec. (c). Pub. L. 102-573, §902(1), substituted “sections 1612 and 1613 of this title” for “sections 1612, 1613, and 1621(c)(5) of this title”.

Subsecs. (m) to (q). Pub. L. 102-573, §3(c), added subsecs. (m) to (q).

1988—Subsec. (h). Pub. L. 100-713, §502, inserted “urban” after “governed by an”.

Subsec. (i). Pub. L. 100-713, §201(b), added subsec. (i) and struck out former subsec. (i) which defined “rural Indian”.

Subsec. (j). Pub. L. 100-713, §201(b), added subsec. (j) and struck out former subsec. (j) which defined “rural community”.

Subsec. (k). Pub. L. 100-713, §§201(b), 203(b), added subsec. (k) and struck out former subsec. (k) which defined “rural Indian organization”.

Subsec. (l). Pub. L. 100-713, §203(b), added subsec. (l).

1980—Subsec. (a). Pub. L. 96-537, §2(a), substituted “Secretary of Health and Human Services” for “Secretary of Health, Education, and Welfare”.

Subsec. (h). Pub. L. 96-537, §2(b), substituted “governed by an Indian controlled board of directors” for “composed of urban Indians”.

Subsecs. (i) to (k). Pub. L. 96-537, §2(c), added subsecs. (i) to (k).

into contracts with, or make grants to, urban Indian organizations to assist the urban Indian organizations in the establishment and administration, within urban centers, of programs that meet the requirements of this subchapter.

(b) Conditions

Subject to section 1656 of this title, the Secretary, acting through the Service, shall include such conditions as the Secretary considers necessary to effect the purpose of this subchapter in any contract into which the Secretary enters with, or in any grant the Secretary makes to, any urban Indian organization pursuant to this subchapter.

(Pub. L. 94-437, title V, § 502, as added Pub. L. 100-713, title V, § 501, Nov. 23, 1988, 102 Stat. 4820; amended Pub. L. 102-573, title V, § 501(a), Oct. 29, 1992, 106 Stat. 4567; Pub. L. 111-148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Amendment by Pub. L. 111-148 is based on section 163(b) 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 1652, Pub. L. 94-437, title V, § 502, Sept. 30, 1976, 90 Stat. 1410; Pub. L. 96-537, § 7, Dec. 17, 1980, 94 Stat. 3177, related to contracts with urban and rural Indian organizations, prior to the general revision of this subchapter by Pub. L. 100-713.

AMENDMENTS

2010—Pub. L. 111-148 amended section generally. Prior to amendment, text read as follows: “Under authority of section 13 of this title, the Secretary, through the Service, shall enter into contracts with, or make grants to, urban Indian organizations to assist such organizations in the establishment and administration, within the urban centers in which such organizations are situated, of programs which meet the requirements set forth in this subchapter. The Secretary, through the Service, shall include such conditions as the Secretary considers necessary to effect the purpose of this subchapter in any contract which the Secretary enters into with, or in any grant the Secretary makes to, any urban Indian organization pursuant to this subchapter.”

1992—Pub. L. 102-573 substituted “Contracts with, and grants to, urban Indian organizations” for “Contracts with urban Indian organizations” in section catchline, and in text substituted “contracts with, or make grants to,” for “contracts with” and inserted “, or in any grant the Secretary makes to,” after “enters into with”.

§ 1653. Contracts and grants for provision of health care and referral services

(a) Requirements

Under authority of section 13 of this title, the Secretary, through the Service, shall enter into contracts with, or make grants to, urban Indian organizations for the provision of health care and referral services for urban Indians residing in the urban centers in which such organizations are situated. Any such contract or grant shall include requirements that the urban Indian organization successfully undertake to—

- (1) estimate the population of urban Indians residing in the urban center in which such organization is situated who are or could be recipients of health care or referral services;

SUBCHAPTER IV—HEALTH SERVICES FOR URBAN INDIANS

CODIFICATION

This subchapter was in the original title V of Pub. L. 94-437. Title IV of Pub. L. 94-437 is classified to subchapter III-A of this chapter.

§ 1651. Purpose

The purpose of this subchapter is to establish programs in urban centers to make health services more accessible to urban Indians.

(Pub. L. 94-437, title V, § 501, as added Pub. L. 100-713, title V, § 501, Nov. 23, 1988, 102 Stat. 4820.)

PRIOR PROVISIONS

A prior section 1651, Pub. L. 94-437, title V, § 501, Sept. 30, 1976, 90 Stat. 1410; Pub. L. 96-537, § 7, Dec. 17, 1980, 94 Stat. 3176, related to Congressional statement of purpose, prior to the general revision of this subchapter by Pub. L. 100-713.

§ 1652. Contracts with, and grants to, urban Indian organizations

(a) In general

Pursuant to section 13 of this title, the Secretary, acting through the Service, shall enter

(2) estimate the current health status of urban Indians residing in such urban center;

(3) estimate the current health care needs of urban Indians residing in such urban center;

(4) identify all public and private health services resources within such urban center which are or may be available to urban Indians;

(5) determine the use of public and private health services resources by the urban Indians residing in such urban center;

(6) assist such health services resources in providing services to urban Indians;

(7) assist urban Indians in becoming familiar with and utilizing such health services resources;

(8) provide basic health education, including health promotion and disease prevention education, to urban Indians;

(9) establish and implement training programs to accomplish the referral and education tasks set forth in paragraphs (6) through (8) of this subsection;

(10) identify gaps between unmet health needs of urban Indians and the resources available to meet such needs;

(11) make recommendations to the Secretary and Federal, State, local, and other resource agencies on methods of improving health service programs to meet the needs of urban Indians; and

(12) where necessary, provide, or enter into contracts for the provision of, health care services for urban Indians.

(b) Criteria for selection of organizations to enter into contracts or receive grants

The Secretary, through the Service, shall by regulation prescribe the criteria for selecting urban Indian organizations to enter into contracts or receive grants under this section. Such criteria shall, among other factors, include—

(1) the extent of unmet health care needs of urban Indians in the urban center involved;

(2) the size of the urban Indian population in the urban center involved;

(3) the accessibility to, and utilization of, health care services (other than services provided under this subchapter) by urban Indians in the urban center involved;

(4) the extent, if any, to which the activities set forth in subsection (a) of this section would duplicate—

(A) any previous or current public or private health services project in an urban center that was or is funded in a manner other than pursuant to this subchapter; or

(B) any project funded under this subchapter;

(5) the capability of an urban Indian organization to perform the activities set forth in subsection (a) of this section and to enter into a contract with the Secretary or to meet the requirements for receiving a grant under this section;

(6) the satisfactory performance and successful completion by an urban Indian organization of other contracts with the Secretary under this subchapter;

(7) the appropriateness and likely effectiveness of conducting the activities set forth in

subsection (a) of this section in an urban center; and

(8) the extent of existing or likely future participation in the activities set forth in subsection (a) of this section by appropriate health and health-related Federal, State, local, and other agencies.

(c) Grants for health promotion and disease prevention services

The Secretary, acting through the Service, shall facilitate access to, or provide, health promotion and disease prevention services for urban Indians through grants made to urban Indian organizations administering contracts entered into pursuant to this section or receiving grants under subsection (a) of this section.

(d) Grants for immunization services

(1) The Secretary, acting through the Service, shall facilitate access to, or provide, immunization services for urban Indians through grants made to urban Indian organizations administering contracts entered into pursuant to this section or receiving grants under subsection (a) of this section.

(2) In making any grant to carry out this subsection, the Secretary shall take into consideration—

(A) the size of the urban Indian population to be served;

(B) the immunization levels of the urban Indian population, particularly the immunization levels of infants, children, and the elderly;

(C) the utilization by the urban Indians of alternative resources from State and local governments for no-cost or low-cost immunization services to the general population; and

(D) the capability of the urban Indian organization to carry out services pursuant to this subsection.

(3) For purposes of this subsection, the term “immunization services” means services to provide without charge immunizations against vaccine-preventable diseases.

(e) Grants for mental health services

(1) The Secretary, acting through the Service, shall facilitate access to, or provide, mental health services for urban Indians through grants made to urban Indian organizations administering contracts entered into pursuant to this section or receiving grants under subsection (a) of this section.

(2) A grant may not be made under this subsection to an urban Indian organization until that organization has prepared, and the Service has approved, an assessment of the mental health needs of the urban Indian population concerned, the mental health services and other related resources available to that population, the barriers to obtaining those services and resources, and the needs that are unmet by such services and resources.

(3) Grants may be made under this subsection—

(A) to prepare assessments required under paragraph (2);

(B) to provide outreach, educational, and referral services to urban Indians regarding the availability of direct mental health services,

to educate urban Indians about mental health issues and services, and effect coordination with existing mental health providers in order to improve services to urban Indians;

(C) to provide outpatient mental health services to urban Indians, including the identification and assessment of illness, therapeutic treatments, case management, support groups, family treatment, and other treatment; and

(D) to develop innovative mental health service delivery models which incorporate Indian cultural support systems and resources.

(f) Grants for prevention and treatment of child abuse

(1) The Secretary, acting through the Service, shall facilitate access to, or provide, services for urban Indians through grants to urban Indian organizations administering contracts entered into pursuant to this section or receiving grants under subsection (a) of this section to prevent and treat child abuse (including sexual abuse) among urban Indians.

(2) A grant may not be made under this subsection to an urban Indian organization until that organization has prepared, and the Service has approved, an assessment that documents the prevalence of child abuse in the urban Indian population concerned and specifies the services and programs (which may not duplicate existing services and programs) for which the grant is requested.

(3) Grants may be made under this subsection—

(A) to prepare assessments required under paragraph (2);

(B) for the development of prevention, training, and education programs for urban Indian populations, including child education, parent education, provider training on identification and intervention, education on reporting requirements, prevention campaigns, and establishing service networks of all those involved in Indian child protection; and

(C) to provide direct outpatient treatment services (including individual treatment, family treatment, group therapy, and support groups) to urban Indians who are child victims of abuse (including sexual abuse) or adult survivors of child sexual abuse, to the families of such child victims, and to urban Indian perpetrators of child abuse (including sexual abuse).

(4) In making grants to carry out this subsection, the Secretary shall take into consideration—

(A) the support for the urban Indian organization demonstrated by the child protection authorities in the area, including committees or other services funded under the Indian Child Welfare Act of 1978 (25 U.S.C. 1901 et seq.), if any;

(B) the capability and expertise demonstrated by the urban Indian organization to address the complex problem of child sexual abuse in the community; and

(C) the assessment required under paragraph (2).

(Pub. L. 94-437, title V, § 503, as added Pub. L. 100-713, title V, § 501, Nov. 23, 1988, 102 Stat. 4821;

amended Pub. L. 101-630, title V, § 505, Nov. 28, 1990, 104 Stat. 4564; Pub. L. 102-573, title V, §§ 501(b)(1), 505(b)(1), Oct. 29, 1992, 106 Stat. 4567, 4570.)

REFERENCES IN TEXT

The Indian Child Welfare Act of 1978, referred to in subsec. (f)(4)(A), is Pub. L. 95-608, Nov. 8, 1978, 92 Stat. 3069, as amended, which is classified principally to chapter 21 (§1901 et seq.) of this title. For complete classification of this Act to the Code, see Short Title note set out under section 1901 of this title and Tables.

PRIOR PROVISIONS

A prior section 1653, Pub. L. 94-437, title V, § 503, Sept. 30, 1976, 90 Stat. 1410; Pub. L. 96-537, § 7, Dec. 17, 1980, 94 Stat. 3177, related to contract eligibility, prior to the general revision of this subchapter by Pub. L. 100-713.

AMENDMENTS

1992—Pub. L. 102-573, § 501(b)(1)(G), inserted “and grants” in section catchline.

Subsec. (a). Pub. L. 102-573, § 501(b)(1)(A), inserted “, or make grants to,” after “contracts with” and “or grant” after “such contract”.

Subsec. (b). Pub. L. 102-573, § 501(b)(1)(B), inserted “or receive grants” after “enter into contracts” in introductory provisions and “or to meet the requirements for receiving a grant” after “Secretary” in par. (5).

Subsec. (c). Pub. L. 102-573, § 505(b)(1)(A), struck out par. (1) designation before “The Secretary, acting” and struck out par. (2) which authorized appropriation of \$1,000,000 for fiscal year 1992 to carry out this subsec.

Subsec. (c)(1). Pub. L. 102-573, § 501(b)(1)(C), inserted before period at end “or receiving grants under subsection (a) of this section”.

Subsec. (d)(1). Pub. L. 102-573, § 501(b)(1)(D), inserted before period at end “or receiving grants under subsection (a) of this section”.

Subsec. (d)(4). Pub. L. 102-573, § 505(b)(1)(B), struck out par. (4) which authorized appropriation of \$1,000,000 for fiscal year 1992 to carry out this subsec.

Subsec. (e)(1). Pub. L. 102-573, § 501(b)(1)(E), inserted before period at end “or receiving grants under subsection (a) of this section”.

Subsec. (e)(4). Pub. L. 102-573, § 505(b)(1)(C), struck out par. (4) which authorized appropriations of \$500,000 for fiscal year 1991 and \$2,000,000 for fiscal year 1992 to carry out this subsec.

Subsec. (f)(1). Pub. L. 102-573, § 501(b)(1)(F), inserted “or receiving grants under subsection (a) of this section” after “pursuant to this section”.

Subsec. (f)(5). Pub. L. 102-573, § 505(b)(1)(D), struck out par. (5) which authorized appropriations of \$500,000 for fiscal year 1991 and \$2,000,000 for fiscal year 1992 to carry out this subsec.

1990—Subsecs. (c) to (f). Pub. L. 101-630 added subsecs. (c) to (f).

FACILITIES ASSESSMENT

Section 506(a), (b) of Pub. L. 101-630 provided that:

“(a) SURVEY.—The Secretary shall conduct a survey of all facilities used by contractors under title V of the Indian Health Care Improvement Act [25 U.S.C. 1651 et seq.] and shall submit a report to the Congress on such survey not later than one year after the date of enactment of this Act [Nov. 28, 1990]. The report shall, at a minimum, contain the following information for each location:

“(1) The extent to which the facility meets safety and building codes and, if direct care is provided, the extent of compliance with Joint Commission for Accreditation of Health Care Organizations (JCAHO) standards.

“(2) The extent to which improvements, expansion, or relocation is necessary to meet program requirements, provide adequate services, or achieve building code compliance.

“(3) Any lease restriction that would hamper accomplishment of needed improvement, expansion, or relocation.

“(4) The term of the lease, if appropriate, the age of the structure, and the structure’s life expectancy with and without improvement.

“(5) An assessment of the deficiencies of the facility.

“(b) REPORT.—The report shall contain general recommendations for addressing the deficiencies of facilities in which programs funded under title V of the Indian Health Care Improvement Act [25 U.S.C. 1651 et seq.] are located and shall propose specific policies for accomplishing those recommendations.”

§ 1654. Contracts and grants for determination of unmet health care needs

(a) Authority

Under authority of section 13 of this title, the Secretary, through the Service, may enter into contracts with, or make grants to, urban Indian organizations situated in urban centers for which contracts have not been entered into, or grants have not been made, under section 1653 of this title. The purpose of a contract or grant made under this section shall be the determination of the matters described in subsection (b)(1) of this section in order to assist the Secretary in assessing the health status and health care needs of urban Indians in the urban center involved and determining whether the Secretary should enter into a contract or make a grant under section 1653 of this title with respect to the urban Indian organization which the Secretary has entered into a contract with, or made a grant to, under this section.

(b) Requirements

Any contract entered into, or grant made, by the Secretary under this section shall include requirements that—

(1) the urban Indian organization successfully undertake to—

(A) document the health care status and unmet health care needs of urban Indians in the urban center involved; and

(B) with respect to urban Indians in the urban center involved, determine the matters described in clauses (2), (3), (4), and (8) of section 1653(b) of this title; and

(2) the urban Indian organization complete performance of the contract, or carry out the requirements of the grant, within one year after the date on which the Secretary and such organization enter into such contract, or within one year after such organization receives such grant, whichever is applicable.

(c) Renewal

The Secretary may not renew any contract entered into, or grant made, under this section.

(Pub. L. 94-437, title V, §504, as added Pub. L. 100-713, title V, §501, Nov. 23, 1988, 102 Stat. 4822; amended Pub. L. 102-573, title V, §501(b)(2), Oct. 29, 1992, 106 Stat. 4567.)

PRIOR PROVISIONS

A prior section 1654, Pub. L. 94-437, title V, §504, Sept. 30, 1976, 90 Stat. 1411; Pub. L. 96-537, §7, Dec. 17, 1980, 94 Stat. 3178, related to other contract requirements, prior to the general revision of this subchapter by Pub. L. 100-713.

AMENDMENTS

1992—Pub. L. 102-573, §501(b)(2)(D), inserted “and grants” in section catchline.

Subsec. (a). Pub. L. 102-573, §501(b)(2)(A), added subsec. (a) and struck out former subsec. (a) which read as follows: “Under authority of section 13 of this title, the Secretary, through the Service, may enter into contracts with urban Indian organizations situated in urban centers for which contracts have not been entered into under section 1653 of this title. The purpose of a contract under this section shall be the determination of the matters described in subsection (b)(1) of this section in order to assist the Secretary in assessing the health status and health care needs of urban Indians in the urban center involved and determining whether the Secretary should enter into a contract under section 1653 of this title with the urban Indian organization with which the Secretary has entered into a contract under this section.”

Subsec. (b). Pub. L. 102-573, §501(b)(2)(B), inserted “, or grant made,” after “contract entered into” in introductory provisions and substituted “, or carry out the requirements of the grant, within one year after the date on which the Secretary and such organization enter into such contract, or within one year after such organization receives such grant, whichever is applicable.” for “within one year after the date on which the Secretary and such organization enter into such contract.” in par. (2).

Subsec. (c). Pub. L. 102-573, §501(b)(2)(C), inserted “, or grant made,” after “entered into”.

§ 1655. Evaluations; renewals

(a) Contract compliance and performance

The Secretary, through the Service, shall develop procedures to evaluate compliance with grant requirements under this subchapter and compliance with, and performance of contracts entered into by urban Indian organizations under this subchapter. Such procedures shall include provisions for carrying out the requirements of this section.

(b) Annual onsite evaluation

The Secretary, through the Service, shall conduct an annual onsite evaluation of each urban Indian organization which has entered into a contract or received a grant under section 1653 of this title for purposes of determining the compliance of such organization with, and evaluating the performance of such organization under, such contract or the terms of such grant.

(c) Noncompliance or unsatisfactory performance

If, as a result of the evaluations conducted under this section, the Secretary determines that an urban Indian organization has not complied with the requirements of a grant or complied with or satisfactorily performed a contract under section 1653 of this title, the Secretary shall, prior to renewing such contract or grant, attempt to resolve with such organization the areas of noncompliance or unsatisfactory performance and modify such contract or grant to prevent future occurrences of such noncompliance or unsatisfactory performance. If the Secretary determines that such noncompliance or unsatisfactory performance cannot be resolved and prevented in the future, the Secretary shall not renew such contract or grant with such organization and is authorized to enter into a contract or make a grant under section 1653 of this title with another urban Indian organization

which is situated in the same urban center as the urban Indian organization whose contract or grant is not renewed under this section.

(d) Contract and grant renewals

In determining whether to renew a contract or grant with an urban Indian organization under section 1653 of this title which has completed performance of a contract or grant under section 1654 of this title, the Secretary shall review the records of the urban Indian organization, the reports submitted under section 1657 of this title, and, in the case of a renewal of a contract or grant under section 1653 of this title, shall consider the results of the onsite evaluations conducted under subsection (b) of this section.

(Pub. L. 94-437, title V, §505, as added Pub. L. 100-713, title V, §501, Nov. 23, 1988, 102 Stat. 4822; amended Pub. L. 102-573, title V, §501(b)(3), Oct. 29, 1992, 106 Stat. 4568.)

PRIOR PROVISIONS

A prior section 1655, Pub. L. 94-437, title V, §505, Sept. 30, 1976, 90 Stat. 1412; Pub. L. 96-537, §7, Dec. 17, 1980, 94 Stat. 3179, related to reports by urban Indian organizations and rural Indian organizations to Secretary, contents, audit of reports and records, prior to the general revision of this subchapter by Pub. L. 100-713.

AMENDMENTS

1992—Pub. L. 102-573, §501(b)(3)(E), substituted “renewals” for “contract renewals” in section catchline.

Subsec. (a). Pub. L. 102-573, §501(b)(3)(A), inserted “compliance with grant requirements under this subchapter and” before “compliance with, and”.

Subsec. (b). Pub. L. 102-573, §501(b)(3)(B), inserted “or received a grant” after “entered into a contract” and “or the terms of such grant” before period at end.

Subsec. (c). Pub. L. 102-573, §501(b)(3)(C), inserted “the requirements of a grant or complied with” after “has not complied with”, “or grant” after “such contract” wherever appearing, “or make a grant” after “enter into a contract”, and “or grant” after “whose contract”.

Subsec. (d). Pub. L. 102-573, §501(b)(3)(D), inserted “or grant” after “a contract” wherever appearing.

§ 1656. Other contract and grant requirements

(a) Federal regulations; exceptions

Contracts with urban Indian organizations entered into pursuant to this subchapter shall be in accordance with all Federal contracting laws and regulations except that, in the discretion of the Secretary, such contracts may be negotiated without advertising and need not conform to the provisions of sections 3131 and 3133 of title 40.

(b) Payment

Payments under any contracts or grants pursuant to this subchapter may be made in advance or by way of reimbursement and in such installments and on such conditions as the Secretary deems necessary to carry out the purposes of this subchapter.

(c) Revision or amendment

Notwithstanding any provision of law to the contrary, the Secretary may, at the request or consent of an urban Indian organization, revise or amend any contract entered into by the Secretary with such organization under this subchapter as necessary to carry out the purposes of this subchapter.

(d) Existing Government facilities

In connection with any contract or grant entered into pursuant to this subchapter, the Secretary may permit an urban Indian organization to utilize, in carrying out such contract or grant, existing facilities owned by the Federal Government within the Secretary’s jurisdiction under such terms and conditions as may be agreed upon for the use and maintenance of such facilities.

(e) Uniform provision of services and assistance

Contracts with, or grants to, urban Indian organizations and regulations adopted pursuant to this subchapter shall include provisions to assure the fair and uniform provision to urban Indians of services and assistance under such contracts or grants by such organizations.

(f) Eligibility for health care or referral services

Urban Indians, as defined in section 1603(f)¹ of this title, shall be eligible for health care or referral services provided pursuant to this subchapter.

(Pub. L. 94-437, title V, §506, as added Pub. L. 100-713, title V, §501, Nov. 23, 1988, 102 Stat. 4823; amended Pub. L. 102-573, title V, §501(b)(4), Oct. 29, 1992, 106 Stat. 4568.)

REFERENCES IN TEXT

Section 1603(f) of this title, referred to in subsec. (f), was redesignated section 1603(28) of this title by Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.

CODIFICATION

“Sections 3131 and 3133 of title 40” substituted in subsec. (a) for “the Act of August 24, 1935 (40 U.S.C. 270a, et seq.)” on authority of Pub. L. 107-217, §5(c), Aug. 21, 2002, 116 Stat. 1303, the first section of which enacted Title 40, Public Buildings, Property, and Works.

PRIOR PROVISIONS

A prior section 1656, Pub. L. 94-437, title V, §506, Sept. 30, 1976, 90 Stat. 1412; Pub. L. 96-537, §7, Dec. 17, 1980, 94 Stat. 3179, authorized appropriations, prior to the general revision of this subchapter by Pub. L. 100-713.

AMENDMENTS

1992—Pub. L. 102-573, §501(b)(4)(D), inserted “and grant” in section catchline.

Subsec. (b). Pub. L. 102-573, §501(b)(4)(A), inserted “or grants” after “any contracts”.

Subsec. (d). Pub. L. 102-573, §501(b)(4)(B), inserted “or grant” after “contract” in two places.

Subsec. (e). Pub. L. 102-573, §501(b)(4)(C), inserted “, or grants to,” after “Contracts with” and “or grants” after “such contracts”.

§ 1657. Reports and records

(a) Quarterly reports

For each fiscal year during which an urban Indian organization receives or expends funds pursuant to a contract entered into, or a grant received, pursuant to this subchapter, such organization shall submit to the Secretary a quarterly report including—

- (1) in the case of a contract or grant under section 1653 of this title, information gathered pursuant to clauses (10) and (11) of subsection (a) of such section;

¹ See References in Text note below.

(2) information on activities conducted by the organization pursuant to the contract or grant;

(3) an accounting of the amounts and purposes for which Federal funds were expended; and

(4) such other information as the Secretary may request.

(b) Audit by Secretary and Comptroller General

The reports and records of the urban Indian organization with respect to a contract or grant under this subchapter shall be subject to audit by the Secretary and the Comptroller General of the United States.

(c) Cost of annual private audit

The Secretary shall allow as a cost of any contract or grant entered into under section 1653 of this title the cost of an annual private audit conducted by a certified public accountant.

(d) Health status, services, and areas of unmet needs; child welfare

(1) The Secretary, acting through the Service, shall submit a report to the Congress not later than March 31, 1992, evaluating—

(A) the health status of urban Indians;

(B) the services provided to Indians through this subchapter;

(C) areas of unmet needs in urban areas served under this subchapter; and

(D) areas of unmet needs in urban areas not served under this subchapter.

(2) In preparing the report under paragraph (1), the Secretary shall consult with urban Indian health providers and may contract with a national organization representing urban Indian health concerns to conduct any aspect of the report.

(3) The Secretary and the Secretary of the Interior shall—

(A) assess the status of the welfare of urban Indian children, including the volume of child protection cases, the prevalence of child sexual abuse, and the extent of urban Indian coordination with tribal authorities with respect to child sexual abuse; and

(B) submit a report on the assessment required under subparagraph (A), together with recommended legislation to improve Indian child protection in urban Indian populations, to the Congress no later than March 31, 1992.

(Pub. L. 94-437, title V, § 507, as added Pub. L. 100-713, title V, § 501, Nov. 23, 1988, 102 Stat. 4823; amended Pub. L. 101-630, title V, § 507, Nov. 28, 1990, 104 Stat. 4566; Pub. L. 102-573, title V, § 501(b)(5), Oct. 29, 1992, 106 Stat. 4568.)

PRIOR PROVISIONS

A prior section 1657, Pub. L. 94-437, title V, § 507, Sept. 30, 1976, 90 Stat. 1412; Pub. L. 96-537, § 7, Dec. 17, 1980, 94 Stat. 3179, related to review of program by Secretary and report to Congress, prior to the general revision of this subchapter by Pub. L. 100-713.

AMENDMENTS

1992—Subsec. (a). Pub. L. 102-573, § 501(b)(5)(A), inserted “, or a grant received,” after “entered into” in introductory provisions and “or grant” after “contract” in pars. (1) and (2).

Subsecs. (b), (c). Pub. L. 102-573, § 501(b)(5)(B), inserted “or grant” after “contract”.

1990—Subsec. (d). Pub. L. 101-630 added subsec. (d).

§ 1658. Limitation on contract authority

The authority of the Secretary to enter into contracts under this subchapter shall be to the extent, and in an amount, provided for in appropriation Acts.

(Pub. L. 94-437, title V, § 508, as added Pub. L. 100-713, title V, § 501, Nov. 23, 1988, 102 Stat. 4824.)

PRIOR PROVISIONS

A prior section 1658, Pub. L. 94-437, title V, § 508, Sept. 30, 1976, 90 Stat. 1412, provided that not to exceed 1 per centum of the amounts authorized by section 1656 of this title be available for not to exceed two pilot projects providing outreach services to eligible Indians residing in rural communities near Indian reservations, prior to the general revision of this subchapter by Pub. L. 96-537, § 7, Dec. 17, 1980, 94 Stat. 3176.

§ 1659. Facilities renovation

The Secretary may make funds available to contractors or grant recipients under this subchapter for minor renovations to facilities or construction or expansion of facilities, including leased facilities, to assist such contractors or grant recipients in meeting or maintaining the Joint Commission for Accreditation of Health Care Organizations (JCAHO) standards.

(Pub. L. 94-437, title V, § 509, formerly § 409, as added Pub. L. 101-630, title V, § 506(c), Nov. 28, 1990, 104 Stat. 4566; renumbered § 509 and amended Pub. L. 102-573, title V, §§ 501(b)(6), 505(b)(2), title IX, § 902(5)(A), Oct. 29, 1992, 106 Stat. 4569, 4571, 4591; Pub. L. 111-148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Amendment by Pub. L. 111-148 is based on section 161 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 inserted “or construction or expansion of facilities” after “renovations to facilities”.

1992—Pub. L. 102-573, § 902(5)(A), made technical amendment to section catchline.

Pub. L. 102-573, § 505(b)(2), struck out last sentence which authorized appropriation of \$1,000,000 for fiscal year 1992 to carry out this section.

Pub. L. 102-573, § 501(b)(6), inserted “or grant recipients” after “contractors” in two places.

§ 1660. Urban Health Programs Branch

(a) Establishment

There is hereby established within the Service a Branch of Urban Health Programs which shall be responsible for carrying out the provisions of this subchapter and for providing central oversight of the programs and services authorized under this subchapter.

(b) Staff, services, and equipment

The Secretary shall appoint such employees to work in the branch, including a program director, and shall provide such services and equipment, as may be necessary for it to carry out its responsibilities. The Secretary shall also analyze the need to provide at least one urban health program analyst for each area office of

the Indian Health Service and shall submit his findings to the Congress as a part of the Department's fiscal year 1993 budget request.

(Pub. L. 94-437, title V, §510, formerly §511, as added Pub. L. 101-630, title V, §508, Nov. 28, 1990, 104 Stat. 4567; renumbered §510 and amended Pub. L. 102-573, title V, §501(b)(7), title IX, §902(5)(B), Oct. 29, 1992, 106 Stat. 4569, 4591.)

AMENDMENTS

1992—Pub. L. 102-573, §902(5)(B), made technical amendment to section catchline.

Subsec. (a). Pub. L. 102-573, §501(b)(7), inserted “and for providing central oversight of the programs and services authorized under this subchapter” before period at end.

§ 1660a. Grants for alcohol and substance abuse related services

(a) Grants

The Secretary may make grants for the provision of health-related services in prevention of, treatment of, rehabilitation of, or school and community-based education in, alcohol and substance abuse in urban centers to those urban Indian organizations with whom the Secretary has entered into a contract under this subchapter or under section 1621 of this title.

(b) Goals of grant

Each grant made pursuant to subsection (a) of this section shall set forth the goals to be accomplished pursuant to the grant. The goals shall be specific to each grant as agreed to between the Secretary and the grantee.

(c) Criteria

The Secretary shall establish criteria for the grants made under subsection (a) of this section, including criteria relating to the—

- (1) size of the urban Indian population;
- (2) accessibility to, and utilization of, other health resources available to such population;
- (3) duplication of existing Service or other Federal grants or contracts;
- (4) capability of the organization to adequately perform the activities required under the grant;
- (5) satisfactory performance standards for the organization in meeting the goals set forth in such grant, which standards shall be negotiated and agreed to between the Secretary and the grantee on a grant-by-grant basis; and
- (6) identification of need for services.

The Secretary shall develop a methodology for allocating grants made pursuant to this section based on such criteria.

(d) Treatment of funds received by urban Indian organizations

Any funds received by an urban Indian organization under this chapter for substance abuse prevention, treatment, and rehabilitation shall be subject to the criteria set forth in subsection (c) of this section.

(Pub. L. 94-437, title V, §511, as added Pub. L. 102-573, title V, §502, Oct. 29, 1992, 106 Stat. 4569.)

REFERENCES IN TEXT

This chapter, referred to in subsec. (d), 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.

PRIOR PROVISIONS

A prior section 511 of Pub. L. 94-437 was renumbered section 510 and is classified to section 1660 of this title.

§ 1660b. Treatment of certain demonstration projects

Notwithstanding any other provision of law, the Tulsa Clinic and Oklahoma City Clinic demonstration projects shall—

- (1) be permanent programs within the Service's direct care program;
- (2) continue to be treated as Service units and operating units in the allocation of resources and coordination of care; and
- (3) continue to meet the requirements and definitions of an urban Indian organization in this chapter, and shall not be subject to the provisions of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

(Pub. L. 94-437, title V, §512, as added Pub. L. 102-573, title V, §503, Oct. 29, 1992, 106 Stat. 4569; amended Pub. L. 105-256, §4(b), Oct. 14, 1998, 112 Stat. 1897; Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

REFERENCES IN TEXT

This chapter, referred to in par. (3), 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, referred to in par. (3), is Pub. L. 93-638, Jan. 4, 1975, 88 Stat. 2203, which is classified principally to subchapter II (§450 et seq.) of chapter 14 of this title. For complete classification of this Act to the Code, see Short Title note set out under section 450 of this title and Tables.

CODIFICATION

Amendment by Pub. L. 111-148 is based on sections 101(b)(8) and 162 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 were 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 treatment of certain demonstration projects as Service units in the allocation of resources and coordination of care.

Subsec. (c). Pub. L. 111-148 struck out subsec. (c), which authorized appropriations to carry out this section through fiscal year 2002, prior to general amendment of section. See above.

1998—Subsec. (c). Pub. L. 105-256 added subsec. (c).

PERMANENT PROGRAMS UNDER THE DIRECT CARE PROGRAM OF THE INDIAN HEALTH SERVICE

Pub. L. 108-447, div. E, title II, Dec. 8, 2004, 118 Stat. 3087, provided in part that: “Notwithstanding any other provision of law, the Tulsa and Oklahoma City Clinic demonstration projects shall be permanent programs under the direct care program of the Indian Health Service; shall be treated as service units and operating units in the allocation of resources and coordination of

care; shall continue to meet the requirements applicable to an Urban Indian organization under this title [title II of div. E of Pub. L. 108-447, see Tables for classification]; and shall not be subject to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).”

EXTENSION OF TERMS OF PROJECTS

Pub. L. 105-256, §4(a), Oct. 14, 1998, 112 Stat. 1897, provided for extension of terms of projects referred to in section 1660b of this title to Oct. 1, 2002.

§ 1660c. Urban NIAAA transferred programs

(a) Duty of Secretary

The Secretary shall, within the Branch of Urban Health Programs of the Service, make grants or enter into contracts for the administration of urban Indian alcohol programs that were originally established under the National Institute on Alcoholism and Alcohol Abuse (hereafter in this section referred to as “NIAAA”) and transferred to the Service.

(b) Use of grants

Grants provided or contracts entered into under this section shall be used to provide support for the continuation of alcohol prevention and treatment services for urban Indian populations and such other objectives as are agreed upon between the Service and a recipient of a grant or contract under this section.

(c) Eligibility for grants

Urban Indian organizations that operate Indian alcohol programs originally funded under NIAAA and subsequently transferred to the Service are eligible for grants or contracts under this section.

(d) Combination of funds

For the purpose of carrying out this section, the Secretary may combine NIAAA alcohol funds with other substance abuse funds currently administered through the Branch of Urban Health Programs of the Service.

(e) Evaluation and report to Congress

The Secretary shall evaluate and report to the Congress on the activities of programs funded under this section at least every 5 years.

(Pub. L. 94-437, title V, §513, as added Pub. L. 102-573, title V, §504, Oct. 29, 1992, 106 Stat. 4570; amended Pub. L. 105-362, title VI, §602(a), Nov. 10, 1998, 112 Stat. 3286.)

AMENDMENTS

1998—Subsec. (e). Pub. L. 105-362 substituted “every 5 years” for “every two years”.

TERMINATION OF REPORTING REQUIREMENTS

For termination, effective May 15, 2000, of provisions in subsec. (e) of this section relating to reporting to Congress on the activities of programs funded under this section, see section 3003 of Pub. L. 104-66, as amended, set out as a note under section 1113 of Title 31, Money and Finance, and page 97 of House Document No. 103-7.

§ 1660d. Confering with urban Indian organizations

(a) Definition of confer

In this section, the term “confer” means to engage in an open and free exchange of information and opinions that—

(1) leads to mutual understanding and comprehension; and

(2) emphasizes trust, respect, and shared responsibility.

(b) Requirement

The Secretary shall ensure that the Service confers, to the maximum extent practicable, with urban Indian organizations in carrying out this chapter.

(Pub. L. 94-437, title V, §514, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

REFERENCES IN TEXT

This chapter, referred to in subsec. (b), 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.

CODIFICATION

Section 514 of Pub. L. 94-437 is based on section 163(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.

PRIOR PROVISIONS

A prior section 1660d, Pub. L. 94-437, title V, §514, as added Pub. L. 102-573, title V, §505(a), Oct. 29, 1992, 106 Stat. 4570, 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 by Pub. L. 111-148 is based on section 101(b)(9) 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.

§ 1660e. Expanded program authority for urban Indian organizations

Notwithstanding any other provision of this chapter, the Secretary, acting through the Service, is authorized to establish programs, including programs for awarding grants, for urban Indian organizations that are identical to any programs established pursuant to sections 1621q, 1665a, and 1665g(g) of this title.

(Pub. L. 94-437, title V, §515, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

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.

CODIFICATION

Section 515 of Pub. L. 94-437 is based on section 164 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.

§ 1660f. Community Health Representatives

The Secretary, acting through the Service, may enter into contracts with, and make grants

to, urban Indian organizations for the employment of Indians trained as health service providers through the Community Health Representative Program under section 1616 of this title in the provision of health care, health promotion, and disease prevention services to urban Indians.

(Pub. L. 94-437, title V, §516, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Section 516 of Pub. L. 94-437 is based on section 165 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.

§ 1660g. Use of Federal Government facilities and sources of supply

(a) In general

The Secretary may permit an urban Indian organization that has entered into a contract or received a grant pursuant to this subchapter, in carrying out the contract or grant, to use, in accordance with such terms and conditions for use and maintenance as are agreed on by the Secretary and the urban Indian organizations—

- (1) any existing facility under the jurisdiction of the Secretary;
- (2) all equipment contained in or pertaining to such an existing facility; and
- (3) any other personal property of the Federal Government under the jurisdiction of the Secretary.

(b) Donations

Subject to subsection (d), the Secretary may donate to an urban Indian organization that has entered into a contract or received a grant pursuant to this subchapter any personal or real property determined to be excess to the needs of the Service or the General Services Administration for the purposes of carrying out the contract or grant.

(c) Acquisition of property

The Secretary may acquire excess or surplus personal or real property of the Federal Government for donation, subject to subsection (d), to an urban Indian organization that has entered into a contract or received a grant pursuant to this subchapter if the Secretary determines that the property is appropriate for use by the urban Indian organization for purposes of the contract or grant.

(d) Priority

If the Secretary receives from an urban Indian organization or an Indian tribe or tribal organization a request for a specific item of personal or real property described in subsection (b) or (c), the Secretary shall give priority to the request for donation to the Indian tribe or tribal organization, if the Secretary receives the request from the Indian tribe or tribal organization before the earlier of—

- (1) the date on which the Secretary transfers title to the property to the urban Indian organization; and
- (2) the date on which the Secretary transfers the property physically to the urban Indian organization.

(e) Executive agency status

For purposes of section 501(a) of title 40, an urban Indian organization that has entered into a contract or received a grant pursuant to this subchapter may be considered to be an Executive agency in carrying out the contract or grant.

(Pub. L. 94-437, title V, §517, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Section 517 of Pub. L. 94-437 is based on section 166 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.

§ 1660h. Health information technology

The Secretary, acting through the Service, may make grants to urban Indian organizations under this subchapter for the development, adoption, and implementation of health information technology (as defined in section 300jj of title 42), telemedicine services development, and related infrastructure.

(Pub. L. 94-437, title V, §518, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Section 518 of Pub. L. 94-437 is based on section 166 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.