

**Editorial Notes**

## 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;
- (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) 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) 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) in an urban center; and

(8) the extent of existing or likely future participation in the activities set forth in subsection (a) 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).

**(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 admin-

istering contracts entered into pursuant to this section or receiving grants under subsection (a).

(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).

(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) 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.)

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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)”.

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

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)”.

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)” 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).

#### Statutory Notes and Related Subsidiaries

##### FACILITIES ASSESSMENT

Pub. L. 101-630, title V, § 506(a), (b), Nov. 28, 1990, 104 Stat. 4566, directed the Secretary to 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 submit a report to Congress on the survey not later than one year after Nov. 28, 1990, containing information for each location on safety and building codes, lease restrictions and requirements, and an assessment of any building deficiencies and recommendations for improvements.

#### § 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) 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.)

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##### 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.