The Congress finds the following:
(1) Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government’s historical and unique legal relationship with, and resulting responsibility to, the American Indian people.

(2) A major national goal of the United States is to provide the resources, processes, and structure that will enable Indian tribes and tribal members to obtain the quantity and quality of health care services and opportunities that will eradicate the health disparities between Indians and the general population of the United States.

(3) A major national goal of the United States is to provide the quantity and quality of health services which will permit the health status of Indians to be raised to the highest possible level and to encourage the maximum participation of Indians in the planning and management of those services.

(4) Federal health services to Indians have resulted in a reduction in the prevalence and incidence of preventable illnesses among, and unnecessary and premature deaths of, Indians.

(5) Despite such services, the unmet health needs of the American Indian people are severe and the health status of the Indians is far below that of the general population of the United States.

(6) The United States has long recognized the unique relationship of health care services sharing.

(7) Inpatient and community-based mental health facilities design, construction, and staffing.

(8) Domestic and sexual violence prevention and treatment programs.

(9) Comprehensive behavioral health prevention and treatment program.

(10) Child sexual abuse prevention and treatment programs.

(11) Substance abuse and mental health services Administration grants.

(12) Use of predoctoral psychology and psychiatry interns.

(13) Training and community education.

(14) Fetal alcohol spectrum disorders programs.

(15) Child sexual abuse prevention and treatment programs.


(17) Indian youth program.

(18) Indian women treatment programs.

(19) Indian youth life skills development demonstration program.

(20) Service of traditional foods in public facilities.

(21) Director of HIV/AIDS Prevention and Treatment.

(22) Omitted.

(23) Subrogation of claims by Indian Health Service.

(24) Indian Catastrophic Health Emergency Fund.

(25) Emergency plan for Indian safety and health.

(26) Service of traditional foods in public facilities.

GENERAL PROVISIONS

§ 1601. Congressional findings

The Congress finds the following:
(1) Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government’s historical and unique legal relationship with, and resulting responsibility to, the American Indian people.

(2) A major national goal of the United States is to provide the resources, processes, and structure that will enable Indian tribes and tribal members to obtain the quantity and quality of health care services and opportunities that will eradicate the health disparities between Indians and the general population of the United States.

(3) A major national goal of the United States is to provide the quantity and quality of health services which will permit the health status of Indians to be raised to the highest possible level and to encourage the maximum participation of Indians in the planning and management of those services.

(4) Federal health services to Indians have resulted in a reduction in the prevalence and incidence of preventable illnesses among, and unnecessary and premature deaths of, Indians.

(5) Despite such services, the unmet health needs of the American Indian people are severe and the health status of the Indians is far below that of the general population of the United States.

(6) The United States has long recognized the unique relationship of health care services sharing.

(7) Inpatient and community-based mental health facilities design, construction, and staffing.

(8) Domestic and sexual violence prevention and treatment programs.

(9) Comprehensive behavioral health prevention and treatment program.

(10) Child sexual abuse prevention and treatment programs.

(11) Substance abuse and mental health services Administration grants.

(12) Use of predoctoral psychology and psychiatry interns.

(13) Training and community education.

(14) Fetal alcohol spectrum disorders programs.

(15) Child sexual abuse prevention and treatment programs.


(17) Indian youth program.

(18) Indian women treatment programs.

(19) Indian youth life skills development demonstration program.

(20) Service of traditional foods in public facilities.

(21) Director of HIV/AIDS Prevention and Treatment.

(22) Omitted.

(23) Subrogation of claims by Indian Health Service.

(24) Indian Catastrophic Health Emergency Fund.

(25) Emergency plan for Indian safety and health.

(26) Service of traditional foods in public facilities.
and struck out last sentence of subsec. (d) which compared death rates of Indians to those of all Americans for tuberculosis, influenza and pneumonia, and compared death rates for infants, subsec. (e) which related to threat to fulfillment of Federal responsibility to Indians posed by low health status of American Indian people, subsec. (f) which enumerated causes imperiling improvements in Indian health, and subsec. (g) which related to confidence of Indian people in Federal Indian health services.

Statutory Notes and Related Subsidiaries

Short Title of 2021 Amendment
Pub. L. 116–311, § 1, Jan. 5, 2021, 134 Stat. 4927, provided that: ‘‘This Act [amending section 1645 of this title] may be cited as the ‘Proper and Reimbursed Care for Native Veterans Act’ or the ‘PRC for Native Veterans Act’.’’

Short Title of 2010 Amendment
Section 1(a) 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 Pub. L. 111–148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935, provided that: ‘‘This Act [probably means S. 1790 as enacted into law by Pub. L. 111–148, enacting subchapter V–A of this chapter, sections 1636p to 1619, 1621v, 1638q, 1674 to 1674d, 1664 to 1665, 1663, 1663a, 1675, 1678a, 1679, and 1680p to 1680v of this title, amending sections 1601 to 1603, 1615, 1616, 1619, 1621, 1621a, 1621c to 1621f, 1621h, 1621l to 1621m, 1621o to 1621p, 1621q to 1621w, 1631, 1637, 1638b, 1641, 1642, 1644, 1645, 1652, 1659, 1660b, 1661, 1680b, 1680c, 1690, and 1680k of this title and sections 1395q, 1395qk, 11705, 11706, 11709, and 11711 of Title 42, The Public Health and Welfare, repealing sections 1616l to 1616o of Title 42, that public health and welfare, and enacting provisions set out as notes under section 1671 of this title and sections 1395qq and 1396j of Title 42] may be cited as the ‘Indian Health Care Improvement Reauthorization and Extension Act of 2009’.’’

Short Title of 2000 Amendment
Pub. L. 106–417, § 1, Nov. 1, 2000, 114 Stat. 1812, provided that: ‘‘This Act [enacting and amending section 1645 of this title] may be cited as the ‘Indian Health Care Improvement Act’.’’

Short Title of 1996 Amendment
Pub. L. 104–313, § 1(a), Oct. 19, 1996, 110 Stat. 3820, provided that: ‘‘This Act [amending sections 1603, 1613a, 1621, 1634, 1647, 1660d, 1663, 1665, 1674 to 1674d, 1664 to 1665, 1663, 1663a, 1675, 1678a, 1679, and 1680p of this title, amending sections 1601 to 1603, 1615, 1616, 1619, 1621, 1621a, 1621c to 1621f, 1621h, 1621l to 1621m, 1621o to 1621p, 1621q to 1621w, 1631, 1637, 1638b, 1641, 1642, 1643, 1645, 1652, 1659, 1660b, 1661, 1680b, 1680c, 1690, and 1680k of this title and sections 1395q, 1395qk, 11705, 11706, 11709, and 11711 of Title 42, The Public Health and Welfare, repealing sections 1616l to 1616o of Title 42, the Public Health and Welfare, and enacting provisions set out as notes under section 1671 of this title and sections 1395qq and 1396j of Title 42] may be cited as the ‘Indian Health Care Improvement Technical Corrections Act of 1996’.’’

Short Title of 1992 Amendment
Pub. L. 102–573, § 1, Oct. 29, 1992, 106 Stat. 4526, provided that: ‘‘This Act [see Tables for classification] may be cited as the ‘Indian Health Amendments of 1992’.’’

Short Title of 1990 Amendment
Pub. L. 101–680, title V, § 501, Nov. 28, 1990, 104 Stat. 4558, provided that: ‘‘This title (enacting sections 1621h, 1637, 1659, and 1660 of this title, amending sections 1653, 1657, and 2374 of this title, and enacting provisions set out as notes under sections 1621h, 1653, and 2415 of this title) may be cited as the ‘Indian Health Care Amendments of 1990.’’

Short Title of 1988 Amendment
Pub. L. 100–713, § 1, Nov. 23, 1988, 102 Stat. 4785, provided that: ‘‘This Act [enacting sections 1616 to 1616j, 1621a to 1621g, 1636, 1651 to 1658, 1661, 1662, and 1680a to 1680o of this title and sections 254a and 295c of Title 42] may be cited as the ‘Indian Health Care Amendments of 1988’.’’

§ 1602. Declaration of national Indian health policy

Congress declares that it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians—

(1) to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy;

(2) to raise the health status of Indians and urban Indians to at least the levels set forth in the goals contained within the Healthy People 2010 initiative or successor objectives;

(3) to ensure maximum Indian participation in the direction of health care services so as to render the persons administering such services and the services themselves more responsive to the needs and desires of Indian communities;

(4) to increase the proportion of all degrees in the health professions awarded to Indians so