

**§ 1638d. Credit to appropriations of money collected for meals at Indian Health Service facilities**

Money before, on, and after September 30, 1994, collected for meals served at Indian Health Service facilities will be credited to the appropriations from which the services were furnished and shall be credited to the appropriation when received.

(Pub. L. 103-332, title II, Sept. 30, 1994, 108 Stat. 2530.)

**Editorial Notes**

CODIFICATION

Section was enacted as part of the Department of the Interior and Related Agencies Appropriations Act, 1995, and not as part of the Indian Health Care Improvement Act which comprises this chapter.

**§ 1638e. Other funding, equipment, and supplies for facilities**

**(a) Authorization**

**(1) Authority to transfer funds**

The head of any Federal agency to which funds, equipment, or other supplies are made available for the planning, design, construction, or operation of a health care or sanitation facility may transfer the funds, equipment, or supplies to the Secretary for the planning, design, construction, or operation of a health care or sanitation facility to achieve—

(A) the purposes of this chapter; and

(B) the purposes for which the funds, equipment, or supplies were made available to the Federal agency.

**(2) Authority to accept funds**

The Secretary may—

(A) accept from any source, including Federal and State agencies, funds, equipment, or supplies that are available for the construction or operation of health care or sanitation facilities; and

(B) use those funds, equipment, and supplies to plan, design,<sup>1</sup> construct, and operate health care or sanitation facilities for Indians, including pursuant to a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).<sup>2</sup>

**(3) Effect of receipt**

Receipt of funds by the Secretary under this subsection shall not affect any priority established under section 1631 of this title.

**(b) Interagency agreements**

The Secretary may enter into interagency agreements with Federal or State agencies and other entities, and accept funds, equipment, or other supplies from those entities, to provide for the planning, design, construction, and operation of health care or sanitation facilities to be administered by Indian health programs to achieve—

(1) the purposes of this chapter; and

(2) the purposes for which the funds were appropriated or otherwise provided.

**(c) Establishment of standards**

**(1) In general**

The Secretary, acting through the Service, shall establish, by regulation, standards for the planning, design, construction, and operation of health care or sanitation facilities serving Indians under this chapter.

**(2) Other regulations**

Notwithstanding any other provision of law, any other applicable regulations of the Department shall apply in carrying out projects using funds transferred under this section.

**(d) Definition of sanitation facility**

In this section, the term “sanitation facility” means a safe and adequate water supply system, sanitary sewage disposal system, or sanitary solid waste system (including all related equipment and support infrastructure).

(Pub. L. 94-437, title III, §311, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

**Editorial Notes**

REFERENCES IN TEXT

This chapter, referred to in subsecs. (a)(1)(A), (b)(1), and (c)(1), 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 (25 U.S.C. 450 et seq.), referred to in subsec. (a)(2)(B), is Pub. L. 93-638, Jan. 4, 1975, 88 Stat. 2203, which was classified principally to subchapter II (§450 et seq.) of chapter 14 of this title prior to editorial reclassification as chapter 46 (§5301 et seq.) of this title. For complete classification of this Act to the Code, see Short Title note set out under section 5301 of this title and Tables.

CODIFICATION

Section 311 of Pub. L. 94-437 is based on section 145 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.

**§ 1638f. Indian country modular component facilities demonstration program**

**(a) Definition of modular component health care facility**

In this section, the term “modular component health care facility” means a health care facility that is constructed—

(1) off-site using prefabricated component units for subsequent transport to the destination location; and

(2) represents<sup>1</sup> a more economical method for provision of health care facility<sup>2</sup> than a traditionally constructed health care building.

**(b) Establishment**

The Secretary, acting through the Service, shall establish a demonstration program under

<sup>1</sup> So in original.

<sup>2</sup> See References in Text note below.

<sup>1</sup> So in original.

<sup>2</sup> So in original. Probably should be “provision of a health care facility”.