

§ 1647c. General exceptions

The requirements of this subchapter shall not apply to any excepted benefits described in paragraph (1)(A) or (3) of section 300gg–91(c) of title 42.

(Pub. L. 94–437, title IV, § 410, as added Pub. L. 111–148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

Editorial Notes**CODIFICATION**

Section 410 of Pub. L. 94–437 is based on section 158 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.

§ 1647d. Navajo Nation medicaid agency feasibility study**(a) Study**

The Secretary shall conduct a study to determine the feasibility of treating the Navajo Nation as a State for the purposes of title XIX of the Social Security Act [42 U.S.C. 1396 et seq.], to provide services to Indians living within the boundaries of the Navajo Nation through an entity established having the same authority and performing the same functions as single-State medicaid agencies responsible for the administration of the State plan under title XIX of the Social Security Act.

(b) Considerations

In conducting the study, the Secretary shall consider the feasibility of—

(1) assigning and paying all expenditures for the provision of services and related administration funds, under title XIX of the Social Security Act [42 U.S.C. 1396 et seq.], to Indians living within the boundaries of the Navajo Nation that are currently paid to or would otherwise be paid to the State of Arizona, New Mexico, or Utah;

(2) providing assistance to the Navajo Nation in the development and implementation of such entity for the administration, eligibility, payment, and delivery of medical assistance under title XIX of the Social Security Act;

(3) providing an appropriate level of matching funds for Federal medical assistance with respect to amounts such entity expends for medical assistance for services and related administrative costs; and

(4) authorizing the Secretary, at the option of the Navajo Nation, to treat the Navajo Nation as a State for the purposes of title XIX¹ of the Social Security Act (relating to the State children's health insurance program) under terms equivalent to those described in paragraphs (2) through (4).²

(c) Report

Not later than 3 years after March 23, 2010, the Secretary shall submit to the Committee on Indian Affairs and Committee on Finance of the

Senate and the Committee on Natural Resources and Committee on Energy and Commerce of the House of Representatives a report that includes—

(1) the results of the study under this section;

(2) a summary of any consultation that occurred between the Secretary and the Navajo Nation, other Indian Tribes, the States of Arizona, New Mexico, and Utah, counties which include Navajo Lands, and other interested parties, in conducting this study;

(3) projected costs or savings associated with establishment of such entity, and any estimated impact on services provided as described in this section in relation to probable costs or savings; and

(4) legislative actions that would be required to authorize the establishment of such entity if such entity is determined by the Secretary to be feasible.

(Pub. L. 94–437, title IV, § 411, as added Pub. L. 111–148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

Editorial Notes**REFERENCES IN TEXT**

The Social Security Act, referred to in subsecs. (a) and (b), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Title XIX of the Act is classified generally to subchapter XIX (§ 1396 et seq.) of chapter 7 of Title 42, The Public Health and Welfare. Title XIX of the Social Security Act (relating to the State children's health insurance program), referred to in subsec. (b)(4), probably means title XXI of the Act, which is classified generally to subchapter XXI (§ 1397aa et seq.) of chapter 7 of Title 42 and relates to the State Children's Health Insurance Program. For complete classification of this Act to the Code, see section 1305 of Title 42 and Tables.

CODIFICATION

Section 411 of Pub. L. 94–437 is based on section 159 of title I of S. 1790, One Hundred Eleventh Congress, as reported by the Committee on Indian Affairs of the Senate in Dec. 2009, which was enacted into law by section 10221(a) of Pub. L. 111–148.

SUBCHAPTER IV—HEALTH SERVICES FOR URBAN INDIANS**Editorial Notes****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.)

Editorial Notes**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.

¹See References in Text note below.

²So in original. Probably should be paragraphs "(1) through (3).".

§ 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 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.)

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 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;