

U.S.C. 229b–21 et seq.) [42 U.S.C. 299b–21 et seq.] (as amended by the Patient Safety and Quality Improvement Act of 2005 (Public Law 109–41; 119 Stat. 424)) and this section are inconsistent, the provisions of whichever is more protective shall control.

**(m) Relationship to other law**

This section shall continue in force and effect, except as otherwise specifically provided in any Federal law enacted after March 23, 2010.

(Pub. L. 94–437, title VIII, § 805, as added Pub. L. 111–148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

**Editorial Notes**

**REFERENCES IN TEXT**

The Public Health Service Act, referred to in subsec. (l), is act July 1, 1944, ch. 373, 58 Stat. 682. Part C of title IX of the Act is classified generally to part C (§ 299b–21 et seq.) of subchapter VII of chapter 6A of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see Short Title note set out under section 201 of Title 42 and Tables.

**CODIFICATION**

Section 805 of Pub. L. 94–437 is based on section 191 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 1675, Pub. L. 94–437, title VIII, § 805, formerly title VII, § 705, Sept. 30, 1976, 90 Stat. 1414; renumbered title VIII, § 805, Pub. L. 102–573, title VII, § 701(a), (b), Oct. 29, 1992, 106 Stat. 4572, provided that funds appropriated pursuant to this chapter were to remain available until expended, prior to repeal by Pub. L. 111–148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935. The repeal is based on section 101(b)(11) 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.

**§ 1676. Limitation on use of funds appropriated to Indian Health Service**

**(a) HHS appropriations**

Any limitation on the use of funds contained in an Act providing appropriations for the Department of Health and Human Services for a period with respect to the performance of abortions shall apply for that period with respect to the performance of abortions using funds contained in an Act providing appropriations for the Indian Health Service.

**(b) Limitations pursuant to other Federal law**

Any limitation pursuant to other Federal laws on the use of Federal funds appropriated to the Service shall apply with respect to the performance or coverage of abortions.

(Pub. L. 94–437, title VIII, § 806, formerly title VII, § 706, as added Pub. L. 96–537, § 8(b), Dec. 17, 1980, 94 Stat. 3179; amended Pub. L. 100–713, title VII, § 718, Nov. 23, 1988, 102 Stat. 4837; renumbered title VIII, § 806, Pub. L. 102–573, title VII, § 701(a), (b), Oct. 29, 1992, 106 Stat. 4572; Pub. L. 111–148, title X, § 10221(b)(3), Mar. 23, 2010, 124 Stat. 936.)

**Editorial Notes**

**AMENDMENTS**

2010—Pub. L. 111–148 designated existing provisions as subsec. (a), inserted heading, and added subsec. (b).

1988—Pub. L. 100–713 inserted section catchline and amended text generally. Prior to amendment, text read as follows: “Within one year from December 17, 1980, the Secretary shall submit to the Congress a resource allocation plan. Such plan shall explain the future allocation of services and funds among the service population of the Service and shall provide a schedule for reducing deficiencies in resources of tribes and non-tribal specific entities.”

**§ 1677. Nuclear resource development health hazards**

**(a) Study**

The Secretary and the Service shall conduct, in conjunction with other appropriate Federal agencies and in consultation with concerned Indian tribes and organizations, a study of the health hazards to Indian miners and Indians on or near Indian reservations and in Indian communities as a result of nuclear resource development. Such study shall include—

(1) an evaluation of the nature and extent of nuclear resource development related health problems currently exhibited among Indians and the causes of such health problems;

(2) an analysis of the potential effect of ongoing and future nuclear resource development on or near Indian reservations and communities;

(3) an evaluation of the types and nature of activities, practices, and conditions causing or affecting such health problems, including uranium mining and milling, uranium mine tailing deposits, nuclear powerplant operation and construction, and nuclear waste disposal;

(4) a summary of any findings and recommendations provided in Federal and State studies, reports, investigations, and inspections during the five years prior to December 17, 1980, that directly or indirectly relate to the activities, practices, and conditions affecting the health or safety of such Indians; and

(5) the efforts that have been made by Federal and State agencies and mining and milling companies to effectively carry out an education program for such Indians regarding the health and safety hazards of such nuclear resource development.

**(b) Health care plan; development**

Upon completion of such study the Secretary and the Service shall take into account the results of such study and develop a health care plan to address the health problems studied under subsection (a). The plan shall include—

(1) methods for diagnosing and treating Indians currently exhibiting such health problems;

(2) preventive care for Indians who may be exposed to such health hazards, including the monitoring of the health of individuals who have or may have been exposed to excessive amounts of radiation, or affected by other nuclear development activities that have had or could have a serious impact upon the health of such individuals; and

(3) a program of education for Indians who, by reason of their work or geographic prox-