

vious fiscal year the funding for any recurring program, project, or activity of a service unit may be implemented only after the Secretary has submitted to the President, for inclusion in the report required to be transmitted to the Congress under section 1671 of this title, a report on the proposed change in allocation of funding, including the reasons for the change and its likely effects.

(b) Appropriated amounts

Subsection (a) shall not apply if the total amount appropriated to the Service for a fiscal year is less than the amount appropriated to the Service for previous fiscal year.

(Pub. L. 94-437, title VIII, §817, formerly title VII, §717, as added Pub. L. 100-713, title VII, §711, Nov. 23, 1988, 102 Stat. 4833; renumbered title VIII, §817, and amended Pub. L. 102-573, title VII, §701(a), (b), title VIII, §805, Oct. 29, 1992, 106 Stat. 4572, 4585.)

Editorial Notes

AMENDMENTS

1992—Subsec. (a). Pub. L. 102-573, §805, substituted “Secretary has submitted to the President, for inclusion in the report required to be transmitted to the Congress under section 1671 of this title,” for “Secretary has submitted to the Congress”.

§ 1680h. Demonstration projects for tribal management of health care services

(a) Establishment; grants

(1) The Secretary, acting through the Service, shall make grants to Indian tribes to establish demonstration projects under which the Indian tribe will develop and test a phased approach to assumption by the Indian tribe of the health care delivery system of the Service for members of the Indian tribe living on or near the reservations of the Indian tribe through the use of Service, tribal, and private sector resources.

(2) A grant may be awarded to an Indian tribe under paragraph (1) only if the Secretary determines that the Indian tribe has the administrative and financial capabilities necessary to conduct a demonstration project described in paragraph (1).

(b) Health care contracts

During the period in which a demonstration project established under subsection (a) is being conducted by an Indian tribe, the Secretary shall award all health care contracts, including community, behavioral, and preventive health care contracts, to the Indian tribe in the form of a single grant to which the regulations prescribed under part A of title XIX of the Public Health Service Act [42 U.S.C. 300w et seq.] (as modified as necessary by any agreement entered into between the Secretary and the Indian tribe to achieve the purposes of the demonstration project established under subsection (a)) shall apply.

(c) Waiver of procurement laws

The Secretary may waive such provisions of Federal procurement law as are necessary to enable any Indian tribe to develop and test administrative systems under the demonstration

project established under subsection (a), but only if such waiver does not diminish or endanger the delivery of health care services to Indians.

(d) Termination; evaluation and report

(1) The demonstration project established under subsection (a) shall terminate on September 30, 1993, or, in the case of a demonstration project for which a grant is made after September 30, 1990, three years after the date on which such grant is made.

(2) By no later than September 30, 1996, the Secretary shall evaluate the performance of each Indian tribe that has participated in a demonstration project established under subsection (a) and shall submit to the Congress a report on such evaluations and demonstration projects.

(e) Joint venture demonstration projects

(1) The Secretary, acting through the Service, shall make arrangements with Indian tribes to establish joint venture demonstration projects under which an Indian tribe shall expend tribal, private, or other available nontribal funds, for the acquisition or construction of a health facility for a minimum of 20 years, under a no-cost lease, in exchange for agreement by the Service to provide the equipment, supplies, and staffing for the operation and maintenance of such a health facility. A tribe may utilize tribal funds, private sector, or other available resources, including loan guarantees, to fulfill its commitment under this subsection.

(2) The Secretary shall make such an arrangement with an Indian tribe only if the Secretary first determines that the Indian tribe has the administrative and financial capabilities necessary to complete the timely acquisition or construction of the health facility described in paragraph (1).

(3) An Indian tribe or tribal organization that has entered into a written agreement with the Secretary under this subsection, and that breaches or terminates without cause such agreement, shall be liable to the United States for the amount that has been paid to the tribe, or paid to a third party on the tribe's behalf, under the agreement. The Secretary has the right to recover tangible property (including supplies), and equipment, less depreciation, and any funds expended for operations and maintenance under this section. The preceding sentence does not apply to any funds expended for the delivery of health care services, or for personnel or staffing, shall be recoverable.¹

(Pub. L. 94-437, title VIII, §818, formerly title VII, §718, as added Pub. L. 100-713, title VII, §713, Nov. 23, 1988, 102 Stat. 4833; renumbered title VIII, §818, and amended Pub. L. 102-573, title VII, §701(a), (b), title VIII, §808, Oct. 29, 1992, 106 Stat. 4572, 4586.)

Editorial Notes

REFERENCES IN TEXT

The Public Health Service Act, referred to in subsec. (b), is act July 1, 1944, ch. 373, 58 Stat. 682. Part A of title XIX of the Public Health Service Act is classified

¹So in original. The words “, shall be recoverable” probably should not appear.

generally to part A (§300w et seq.) of subchapter XVII 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.

AMENDMENTS

1992—Subsec. (d)(1). Pub. L. 102-573, §808(1)(A), inserted before period at end “, or, in the case of a demonstration project for which a grant is made after September 30, 1990, three years after the date on which such grant is made”.

Subsec. (d)(2). Pub. L. 102-573, §808(1)(B), substituted “1996” for “1994”.

Subsec. (e). Pub. L. 102-573, §808(2), amended subsec. (e) generally. Prior to amendment, subsec. (e) read as follows: “There are authorized to be appropriated such sums as may be necessary to carry out the purposes of this section.”

§ 1680i. Child sexual abuse treatment programs

(a) Continuation of existing demonstration programs

The Secretary and the Secretary of the Interior shall, for each fiscal year through fiscal year 1995, continue the demonstration programs involving treatment for child sexual abuse provided through the Hopi Tribe and the Assiniboine and Sioux Tribes of the Fort Peck Reservation.

(b) Establishment of new demonstration programs

Beginning October 1, 1995, the Secretary and the Secretary of the Interior may establish, in any service area, demonstration programs involving treatment for child sexual abuse, except that the Secretaries may not establish a greater number of such programs in one service area than in any other service area until there is an equal number of such programs established with respect to all service areas from which the Secretary receives qualified applications during the application period (as determined by the Secretary).

(Pub. L. 94-437, title VIII, §819, formerly title VII, §719, as added Pub. L. 100-713, title VII, §715, Nov. 23, 1988, 102 Stat. 4836; renumbered title VIII, §819, and amended Pub. L. 102-573, title VII, §701(a), (b), title VIII, §806, Oct. 29, 1992, 106 Stat. 4572, 4586.)

Editorial Notes

AMENDMENTS

1992—Pub. L. 102-573, §806, amended section generally. Prior to amendment, section read as follows:

“(a) The Secretary and the Secretary of the Interior shall, for each of the fiscal years 1989, 1990, and 1991, continue to provide through the Hopi Tribe and the Assiniboine and Sioux Tribes of the Fort Peck Reservation the demonstration programs involving treatment for child sexual abuse that were conducted during fiscal year 1988 through such tribes.

“(b) There are authorized to be appropriated for each of the fiscal years 1989, 1990, and 1991 such sums as may be necessary to carry out the provisions of this section.”

§ 1680j. Tribal leasing

Indian tribes providing health care services pursuant to a contract entered into under the Indian Self-Determination Act [25 U.S.C. 5321 et

seq.] may lease permanent structures for the purpose of providing such health care services without obtaining advance approval in appropriation Acts.

(Pub. L. 94-437, title VIII, §820, formerly title VII, §720, as added Pub. L. 100-713, title VII, §716, Nov. 23, 1988, 102 Stat. 4837; renumbered title VIII, §820, and amended Pub. L. 102-573, title VII, §701(a), (b), title VIII, §807, Oct. 29, 1992, 106 Stat. 4572, 4586.)

Editorial Notes

REFERENCES IN TEXT

The Indian Self-Determination Act, referred to in text, is title I of Pub. L. 93-638, Jan. 4, 1975, 88 Stat. 2206, which is classified principally to subchapter I (§5321 et seq.) of chapter 46 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.

AMENDMENTS

1992—Pub. L. 102-573, §807, amended section generally. Prior to amendment, section read as follows:

“(a) The Secretary, through the Service, shall make grants to the Eight Northern Indian Pueblos Council, San Juan Pueblo, New Mexico, for the purpose of providing substance abuse treatment services to Indians in need of such services.

“(b) There are authorized to be appropriated to carry out this section \$250,000 for each of the fiscal years 1990 and 1991.”

§ 1680k. Repealed. Pub. L. 111-148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935

Section, Pub. L. 94-437, title VIII, §821, as added Pub. L. 102-573, title VIII, §809, Oct. 29, 1992, 106 Stat. 4587; amended Pub. L. 104-313, §2(g), Oct. 19, 1996, 110 Stat. 3822, related to establishment of demonstration projects for the delivery of home- and community-based services to functionally disabled Indians.

The repeal is based on section 124(a)(2) 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.

§ 1680l. Shared services for long-term care

(a) Long-term care

(1) In general

Notwithstanding any other provision of law, the Secretary, acting through the Service, is authorized to provide directly, or enter into contracts or compacts under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)¹ with Indian tribes or tribal organizations for, the delivery of long-term care (including health care services associated with long-term care) provided in a facility to Indians.

(2) Inclusions

Each agreement under paragraph (1) shall provide for the sharing of staff or other services between the Service or a tribal health program and a long-term care or related facility owned and operated (directly or through a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.))¹ by the Indian tribe or tribal organization.

¹ See References in Text note below.