

**(b) Contents of agreements**

An agreement entered into pursuant to subsection (a)—

(1) may, at the request of the Indian tribe or tribal organization, delegate to the Indian tribe or tribal organization such powers of supervision and control over Service employees as the Secretary determines to be necessary to carry out the purposes of this section;

(2) shall provide that expenses (including salaries) relating to services that are shared between the Service and the tribal health program be allocated proportionately between the Service and the Indian tribe or tribal organization; and

(3) may authorize the Indian tribe or tribal organization to construct, renovate, or expand a long-term care or other similar facility (including the construction of a facility attached to a Service facility).

**(c) Minimum requirement**

Any nursing facility provided for under this section shall meet the requirements for nursing facilities under section 1396r of title 42.

**(d) Other assistance**

The Secretary shall provide such technical and other assistance as may be necessary to enable applicants to comply with this section.

**(e) Use of existing or underused facilities**

The Secretary shall encourage the use of existing facilities that are underused, or allow the use of swing beds, for long-term or similar care.

(Pub. L. 94-437, title VIII, §822, as added Pub. L. 102-573, title VIII, §810, Oct. 29, 1992, 106 Stat. 4588; amended Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

**Editorial Notes**

## REFERENCES IN TEXT

The Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), referred to in subsec. (a), 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

Amendment by Pub. L. 111-148 is based on section 124(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.

## AMENDMENTS

2010—Pub. L. 111-148 amended section generally. Prior to amendment, section related to shared services demonstration project.

**§ 1680m. Results of demonstration projects**

The Secretary shall provide for the dissemination to Indian tribes of the findings and results of demonstration projects conducted under this chapter.

(Pub. L. 94-437, title VIII, §823, as added Pub. L. 102-573, title VIII, §811, Oct. 29, 1992, 106 Stat. 4589.)

**Editorial Notes**

## REFERENCES IN TEXT

This chapter, referred to in text, 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.

**§ 1680n. Priority for Indian reservations****(a) Facilities and projects**

Beginning on October 29, 1992, the Bureau of Indian Affairs and the Service shall, in all matters involving the reorganization or development of Service facilities, or in the establishment of related employment projects to address unemployment conditions in economically depressed areas, give priority to locating such facilities and projects on Indian lands if requested by the Indian tribe with jurisdiction over such lands.

**(b) “Indian lands” defined**

For purposes of this section, the term “Indian lands” means—

(1) all lands within the limits of any Indian reservation; and

(2) any lands title which is held in trust by the United States for the benefit of any Indian tribe or individual Indian, or held by any Indian tribe or individual Indian subject to restriction by the United States against alienation and over which an Indian tribe exercises governmental power.

(Pub. L. 94-437, title VIII, §824, as added Pub. L. 102-573, title VIII, §812, Oct. 29, 1992, 106 Stat. 4589.)

**§ 1680o. Authorization of appropriations**

There are authorized to be appropriated such sums as are necessary to carry out this chapter for fiscal year 2010 and each fiscal year thereafter, to remain available until expended.

(Pub. L. 94-437, title VIII, §825, as added Pub. L. 102-573, title VIII, §813(a), Oct. 29, 1992, 106 Stat. 4590; amended Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

**Editorial Notes**

## REFERENCES IN TEXT

This chapter, referred to in text, 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.

## CODIFICATION

Amendment by Pub. L. 111-148 is based on section 101(a) 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.

## AMENDMENTS

2010—Pub. L. 111-148 amended section generally. Prior to amendment, section authorized appropriations through fiscal year 2000 to carry out this subchapter.

**§ 1680p. Annual budget submission**

Effective beginning with the submission of the annual budget request to Congress for fiscal year 2011, the President shall include, in the amount requested and the budget justification, amounts that reflect any changes in—

- (1) the cost of health care services, as indexed for United States dollar inflation (as measured by the Consumer Price Index); and
- (2) the size of the population served by the Service.

(Pub. L. 94-437, title VIII, §826, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

**Editorial Notes**

## CODIFICATION

Section 826 of Pub. L. 94-437 is based on section 195 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.

**§ 1680q. Prescription drug monitoring****(a) Monitoring****(1) Establishment**

The Secretary, in coordination with the Secretary of the Interior and the Attorney General, shall establish a prescription drug monitoring program, to be carried out at health care facilities of the Service, tribal health care facilities, and urban Indian health care facilities.

**(2) Report**

Not later than 18 months after March 23, 2010, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources of the House of Representatives a report that describes—

- (A) the needs of the Service, tribal health care facilities, and urban Indian health care facilities with respect to the prescription drug monitoring program under paragraph (1);
- (B) the planned development of that program, including any relevant statutory or administrative limitations; and
- (C) the means by which the program could be carried out in coordination with any State prescription drug monitoring program.

**(b) Abuse****(1) In general**

The Attorney General, in conjunction with the Secretary and the Secretary of the Interior, shall conduct—

- (A) an assessment of the capacity of, and support required by, relevant Federal and tribal agencies—
  - (i) to carry out data collection and analysis regarding incidents of prescription drug abuse in Indian communities; and
  - (ii) to exchange among those agencies and Indian health programs information relating to prescription drug abuse in Indian communities, including statutory and administrative requirements and limitations relating to that abuse; and

(B) training for Indian health care providers, tribal leaders, law enforcement officers, and school officials regarding awareness and prevention of prescription drug abuse and strategies for improving agency responses to addressing prescription drug abuse in Indian communities.

**(2) Report**

Not later than 18 months after March 23, 2010, the Attorney General shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources of the House of Representatives a report that describes—

- (A) the capacity of Federal and tribal agencies to carry out data collection and analysis and information exchanges as described in paragraph (1)(A);
- (B) the training conducted pursuant to paragraph (1)(B);
- (C) infrastructure enhancements required to carry out the activities described in paragraph (1), if any; and
- (D) any statutory or administrative barriers to carrying out those activities.

(Pub. L. 94-437, title VIII, §827, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

**Editorial Notes**

## CODIFICATION

Section 827 of Pub. L. 94-437 is based on section 196 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.

**§ 1680r. Tribal health program option for cost sharing****(a) In general**

Nothing in this chapter limits the ability of a tribal health program operating any health program, service, function, activity, or facility funded, in whole or part, by the Service through, or provided for in, a compact with the Service pursuant to title V of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 458aaa et seq.)<sup>1</sup> to charge an Indian for services provided by the tribal health program.

**(b) Service**

Nothing in this chapter authorizes the Service—

- (1) to charge an Indian for services; or
- (2) to require any tribal health program to charge an Indian for services.

(Pub. L. 94-437, title VIII, §828, 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 text, 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 chap-

<sup>1</sup> See References in Text note below.