

§ 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.)¹ 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-

¹ See References in Text note below.

ter. 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, referred to in subsec. (a), is Pub. L. 93-638, Jan. 4, 1975, 88 Stat. 2203. Title V of the Act was classified principally to part E (§ 458aaa et seq.) of subchapter II of chapter 14 of this title prior to editorial reclassification as subchapter V (§ 5381 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.

CODIFICATION

Section 828 of Pub. L. 94-437 is based on section 197 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.

§ 1680s. Disease and injury prevention 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 and Energy and Commerce of the House of Representatives¹ describing—

- (1) all disease and injury prevention activities conducted by the Service, independently or in conjunction with other Federal departments and agencies and Indian tribes; and
- (2) the effectiveness of those activities, including the reductions of injury or disease conditions achieved by the activities.

(Pub. L. 94-437, title VIII, § 829, as added Pub. L. 111-148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

Editorial Notes

CODIFICATION

Section 829 of Pub. L. 94-437 is based on section 198 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.

§ 1680t. Other GAO reports

(a) Coordination of services

(1) Study and evaluation

The Comptroller General of the United States shall conduct a study, and evaluate the effectiveness, of coordination of health care services provided to Indians—

- (A) through Medicare, Medicaid, or SCHIP;
- (B) by the Service; or
- (C) using funds provided by—
 - (i) State or local governments; or
 - (ii) Indian tribes.

(2) Report

Not later than 18 months after March 23, 2010, the Comptroller General shall submit to Congress a report—

- (A) describing the results of the evaluation under paragraph (1); and
- (B) containing recommendations of the Comptroller General regarding measures to support and increase coordination of the provision of health care services to Indians as described in paragraph (1).

¹ So in original. Probably should be followed by “a report”.

(b) Payments for contract health services

(1) In general

The Comptroller General shall conduct a study on the use of health care furnished by health care providers under the contract health services program funded by the Service and operated by the Service, an Indian tribe, or a tribal organization.

(2) Analysis

The study conducted under paragraph (1) shall include an analysis of—

- (A) the amounts reimbursed under the contract health services program described in paragraph (1) for health care furnished by entities, individual providers, and suppliers, including a comparison of reimbursement for that health care through other public programs and in the private sector;
- (B) barriers to accessing care under such contract health services program, including barriers relating to travel distances, cultural differences, and public and private sector reluctance to furnish care to patients under the program;
- (C) the adequacy of existing Federal funding for health care under the contract health services program;
- (D) the administration of the contract health service program, including the distribution of funds to Indian health programs pursuant to the program; and
- (E) any other items determined appropriate by the Comptroller General.

(3) Report

Not later than 18 months after March 23, 2010, the Comptroller General shall submit to Congress a report on the study conducted under paragraph (1), together with recommendations regarding—

- (A) the appropriate level of Federal funding that should be established for health care under the contract health services program described in paragraph (1);
- (B) how to most efficiently use that funding; and
- (C) the identification of any inequities in the current distribution formula or inequitable results for any Indian tribe under the funding level, and any recommendations for addressing any inequities or inequitable results identified.

(4) Consultation

In conducting the study under paragraph (1) and preparing the report under paragraph (3), the Comptroller General shall consult with the Service, Indian tribes, and tribal organizations.

(Pub. L. 94-437, title VIII, § 830, as added Pub. L. 111-148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

Editorial Notes

CODIFICATION

Section 830 of Pub. L. 94-437 is based on section 199 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.