

to part A (§450f et seq.) of subchapter II of chapter 14 of this title. For complete classification of this Act to the Code, see Short Title note set out under section 450 of this title and Tables.

PRIOR PROVISIONS

A prior section 1661, Pub. L. 94-437, title VI, §601, Sept. 30, 1976, 90 Stat. 1412, related to feasibility study and report to Congress, prior to the general revision of this subchapter by Pub. L. 100-713.

AMENDMENTS

1992—Subsec. (a). Pub. L. 102-573, §602(c), inserted at end “Effective with respect to an individual appointed by the President, by and with the advice and consent of the Senate, after January 1, 1993, the term of service of the Director shall be 4 years. A Director may serve more than 1 term.”

Pub. L. 102-573, §602(a)(1), substituted “President, by and with the advice and consent of the Senate” for “Secretary” in second sentence.

Subsec. (c)(3)(D). Pub. L. 102-573, §902(6), substituted “(42 U.S.C. 2005 et seq.)” for “(25 U.S.C. 2005, et seq.)”.

Subsec. (c)(4). Pub. L. 102-573, §601, added par. (4).

Subsec. (d)(1)(C). Pub. L. 102-573, §902(7), substituted “appropriated” for “appropriate”.

EFFECTIVE DATE OF 1992 AMENDMENT

Section 602(a)(2) of Pub. L. 102-573 provided that: “The amendment made by paragraph (1) [amending this section] shall take effect January 1, 1993.”

EFFECTIVE DATE

Section 601(c) of Pub. L. 100-713 provided that:

“(1) Except as provided in paragraph (2), section 601 of the Indian Health Care Improvement Act [this section] added by subsection (a) of this section shall take effect 9 months from the date of the enactment of this section [Nov. 23, 1988].

“(2) Notwithstanding subsections (b) [set out below] and (c)(1), any action which carries out such section 601 that is taken by the Secretary before the effective date of such section 601 shall be effective beginning on the date such action was taken.”

INTERIM APPOINTMENT

Section 602(b) of Pub. L. 102-573 provided that: “The President may appoint an individual to serve as Interim Director of the Service from January 1, 1993, until such time as a Director is appointed and confirmed as provided in section 601(a) of the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.) [25 U.S.C. 1661(a)] (as amended by subsection (a) of this section).”

TRANSFER OF PERSONNEL, RECORDS, EQUIPMENT, ETC., TO INDIAN HEALTH SERVICE

Section 601(b) of Pub. L. 100-713 provided that: “All personnel, records, equipment, facilities, and interests in property that are administered by the Indian Health Service on the day before the date on which the amendments made by this section take effect [see Effective Date note above] shall be transferred to the Indian Health Service established by the amendment made by subsection (a) of this section [enacting this section and section 1662 of this title]. All transfers must be accomplished within 9 months of the date of enactment of this section [Nov. 23, 1988]. The Secretary is authorized to waive the Indian preference laws on a case-by-case basis for temporary transfers involved in implementing this section during such 9-month period.”

§ 1662. Automated management information system

(a) Establishment

(1) The Secretary shall establish an automated management information system for the Service.

(2) The information system established under paragraph (1) shall include—

(A) a financial management system,

(B) a patient care information system for each area served by the Service,

(C) a privacy component that protects the privacy of patient information held by, or on behalf of, the Service, and

(D) a services-based cost accounting component that provides estimates of the costs associated with the provision of specific medical treatments or services in each area office of the Service.

(b) Provision to Indian tribes and organizations; reimbursement

(1) The Secretary shall provide each Indian tribe and tribal organization that provides health services under a contract entered into with the Service under the Indian Self-Determination Act [25 U.S.C. 450f et seq.] automated management information systems which—

(A) meet the management information needs of such Indian tribe or tribal organization with respect to the treatment by the Indian tribe or tribal organization of patients of the Service, and

(B) meet the management information needs of the Service.

(2) The Secretary shall reimburse each Indian tribe or tribal organization for the part of the cost of the operation of a system provided under paragraph (1) which is attributable to the treatment by such Indian tribe or tribal organization of patients of the Service.

(3) The Secretary shall provide systems under paragraph (1) to Indian tribes and tribal organizations providing health services in California by no later than September 30, 1990.

(c) Access to records

Notwithstanding any other provision of law, each patient shall have reasonable access to the medical or health records of such patient which are held by, or on behalf of, the Service.

(Pub. L. 94-437, title VI, §602, as added Pub. L. 100-713, title VI, §601(a), Nov. 23, 1988, 102 Stat. 4825; amended Pub. L. 102-573, title IX, §901(3), Oct. 29, 1992, 106 Stat. 4591.)

REFERENCES IN TEXT

The Indian Self-Determination Act, referred to in subsec. (b)(1), is title I of Pub. L. 93-638, Jan. 4, 1975, 88 Stat. 2206, as amended, which is classified principally to part A (§450f et seq.) of subchapter II of chapter 14 of this title. For complete classification of this Act to the Code, see Short Title note set out under section 450 of this title and Tables.

AMENDMENTS

1992—Subsec. (a)(3). Pub. L. 102-573 struck out par. (3) which directed Secretary to submit report to Congress no later than Sept. 30, 1989.

§ 1663. Authorization of appropriations

There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2000 to carry out this subchapter.

(Pub. L. 94-437, title VI, §603, as added Pub. L. 102-573, title VI, §603, Oct. 29, 1992, 106 Stat. 4571.)

SUBCHAPTER V-A—SUBSTANCE ABUSE PROGRAMS

CODIFICATION

This subchapter was in the original title VII of Pub. L. 94-437, as added by Pub. L. 102-573. Former title VII was renumbered VIII by Pub. L. 102-573 and is classified to subchapter VI of this chapter. Titles IV, V, and VI of Pub. L. 102-437 are classified to subchapters III-A, IV, and V of this chapter, respectively.

§ 1665. Indian Health Service responsibilities

The Memorandum of Agreement entered into pursuant to section 2411 of this title shall include specific provisions pursuant to which the Service shall assume responsibility for—

- (1) the determination of the scope of the problem of alcohol and substance abuse among Indian people, including the number of Indians within the jurisdiction of the Service who are directly or indirectly affected by alcohol and substance abuse and the financial and human cost;
- (2) an assessment of the existing and needed resources necessary for the prevention of alcohol and substance abuse and the treatment of Indians affected by alcohol and substance abuse; and
- (3) an estimate of the funding necessary to adequately support a program of prevention of alcohol and substance abuse and treatment of Indians affected by alcohol and substance abuse.

(Pub. L. 94-437, title VII, § 701, as added Pub. L. 102-573, title VII, § 702(a), Oct. 29, 1992, 106 Stat. 4572.)

§ 1665a. Indian Health Service program

(a) Comprehensive prevention and treatment program

(1) The Secretary, acting through the Service, shall provide a program of comprehensive alcohol and substance abuse prevention and treatment which shall include—

- (A) prevention, through educational intervention, in Indian communities;
- (B) acute detoxification and treatment;
- (C) community-based rehabilitation;
- (D) community education and involvement, including extensive training of health care, educational, and community-based personnel; and
- (E) residential treatment programs for pregnant and post partum women and their children.

(2) The target population of such program shall be members of Indian tribes. Efforts to train and educate key members of the Indian community shall target employees of health, education, judicial, law enforcement, legal, and social service programs.

(b) Contract health services

(1) The Secretary, acting through the Service, may enter into contracts with public or private providers of alcohol and substance abuse treatment services for the purpose of assisting the Service in carrying out the program required under subsection (a) of this section.

(2) In carrying out this subsection, the Secretary shall provide assistance to Indian tribes

to develop criteria for the certification of alcohol and substance abuse service providers and accreditation of service facilities which meet minimum standards for such services and facilities as may be determined pursuant to section 2411(a)(3) of this title.

(c) Grants for model program

(1) The Secretary, acting through the Service shall make a grant to the Standing Rock Sioux Tribe to develop a community-based demonstration project to reduce drug and alcohol abuse on the Standing Rock Sioux Reservation and to rehabilitate Indian families afflicted by such abuse.

(2) Funds shall be used by the Tribe to—

- (A) develop and coordinate community-based alcohol and substance abuse prevention and treatment services for Indian families;
- (B) develop prevention and intervention models for Indian families;
- (C) conduct community education on alcohol and substance abuse; and
- (D) coordinate with existing Federal, State, and tribal services on the reservation to develop a comprehensive alcohol and substance abuse program that assists in the rehabilitation of Indian families that have been or are afflicted by alcoholism.

(3) The Secretary shall submit to the President for inclusion in the report to be transmitted to the Congress under section 1671 of this title for fiscal year 1995 an evaluation of the demonstration project established under paragraph (1).

(Pub. L. 94-437, title VII, § 702, as added Pub. L. 102-573, title VII, § 702(a), Oct. 29, 1992, 106 Stat. 4573.)

SECTION REFERRED TO IN OTHER SECTIONS

This section is referred to in section 1671 of this title.

§ 1665b. Indian women treatment programs

(a) Grants

The Secretary may make grants to Indian tribes and tribal organizations to develop and implement a comprehensive alcohol and substance abuse program of prevention, intervention, treatment, and relapse prevention services that specifically addresses the cultural, historical, social, and child care needs of Indian women, regardless of age.

(b) Use of grants

Grants made pursuant to this section may be used to—

- (1) develop and provide community training, education, and prevention programs for Indian women relating to alcohol and substance abuse issues, including fetal alcohol syndrome and fetal alcohol effect;
- (2) identify and provide appropriate counseling, advocacy, support, and relapse prevention to Indian women and their families; and
- (3) develop prevention and intervention models for Indian women which incorporate traditional healers, cultural values, and community and family involvement.