

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;