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GENERAL PROVISIONS

§ 1601. Congressional findings

The Congress finds the following:

(1) Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government's historical and unique legal relationship with, and resulting responsibility to, the American Indian people.

(2) A major national goal of the United States is to provide the resources, processes, and structure that will enable Indian tribes and tribal members to obtain the quantity and quality of health care services and opportunities that will eradicate the health disparities between Indians and the general population of the United States.

(3) A major national goal of the United States is to provide the quantity and quality of health services which will permit the health status of Indians to be raised to the highest possible level and to encourage the maximum participation of Indians in the planning and management of those services.

(4) Federal health services to Indians have resulted in a reduction in the prevalence and incidence of preventable illnesses among, and unnecessary and premature deaths of, Indians.

(5) Despite such services, the unmet health needs of the American Indian people are severe

and the health status of the Indians is far below that of the general population of the United States.

(Pub. L. 94-437, §2, Sept. 30, 1976, 90 Stat. 1400; Pub. L. 102-573, §3(a), Oct. 29, 1992, 106 Stat. 4526; Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

### Editorial Notes

#### CODIFICATION

Amendment by Pub. L. 111-148 is based on section 102 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 redesignated subsecs. (a), (b), (c), and (d) as pars. (1), (3), (4), and (5), respectively, realigned margins, and added par. (2).

1992—Pub. L. 102-573 substituted “finds the following:” for “finds that—” in introductory provisions and struck out last sentence of subsec. (d) which compared death rates of Indians to those of all Americans for tuberculosis, influenza and pneumonia, and compared death rates for infants, subsec. (e) which related to threat to fulfillment of Federal responsibility to Indians posed by low health status of American Indian people, subsec. (f) which enumerated causes imperiling improvements in Indian health, and subsec. (g) which related to confidence of Indian people in Federal Indian health services.

### Statutory Notes and Related Subsidiaries

#### SHORT TITLE OF 2021 AMENDMENT

Pub. L. 116-311, §1, Jan. 5, 2021, 134 Stat. 4927, provided that: “This Act [amending section 1645 of this title] may be cited as the ‘Proper and Reimbursed Care for Native Veterans Act’ or the ‘PRC for Native Veterans Act’.”

#### SHORT TITLE OF 2010 AMENDMENT

Section 1(a) 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 Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935, provided that: “This Act [probably means S. 1790 as enacted into law by Pub. L. 111-148, enacting subchapter V-A of this chapter, sections 1616p to 1616r, 1621y, 1638a, 1638e to 1638g, 1647 to 1647d, 1660d to 1660h, 1663, 1663a, 1675, 1678, 1678a, 1679, and 1680p to 1680v of this title, amending sections 1601 to 1603, 1615, 1616f, 1621, 1621a, 1621c to 1621f, 1621h, 1621j to 1621m, 1621o to 1621q, 1621t to 1621v, 1631, 1637, 1638b, 1641, 1642, 1644, 1645, 1652, 1659, 1660b, 1661, 1680b, 1680c, 1680l, and 1680o of this title and sections 1395l, 1395qq, 11705, 11706, 11709, and 11711 of Title 42, The Public Health and Welfare, repealing sections 1616p, 1621w, 1638a, 1647, 1660d, 1663, 1675, 1678, 1679, and 1680k of this title, and enacting provisions set out as a note under section 11705 of Title 42] may be cited as the ‘Indian Health Care Improvement Reauthorization and Extension Act of 2009’.”

#### SHORT TITLE OF 2000 AMENDMENT

Pub. L. 106-417, §1, Nov. 1, 2000, 114 Stat. 1812, provided that: “This Act [enacting and amending section 1645 of this title, amending sections 1395qq and 1396j of Title 42, The Public Health and Welfare, and enacting provisions set out as notes under section 1645 of this title] may be cited as the ‘Alaska Native and American Indian Direct Reimbursement Act of 2000’.”

#### SHORT TITLE OF 1996 AMENDMENT

Pub. L. 104-313, §1(a), Oct. 19, 1996, 110 Stat. 3820, provided that: “This Act [amending sections 1603, 1613a,

1621j, 1645, 1665e, 1665j, and 1680k of this title] may be cited as the ‘Indian Health Care Improvement Technical Corrections Act of 1996’.”

#### SHORT TITLE OF 1992 AMENDMENT

Pub. L. 102-573, §1, Oct. 29, 1992, 106 Stat. 4526, provided that: “This Act [see Tables for classification] may be cited as the ‘Indian Health Amendments of 1992’.”

#### SHORT TITLE OF 1990 AMENDMENT

Pub. L. 101-630, title V, §501, Nov. 28, 1990, 104 Stat. 4556, provided that: “This title [enacting sections 1621h, 1637, 1659, and 1660 of this title, amending sections 1653, 1657, and 2474 of this title, and enacting provisions set out as notes under sections 1621h, 1653, and 2415 of this title] may be cited as the ‘Indian Health Care Amendments of 1990’.”

#### SHORT TITLE OF 1988 AMENDMENT

Pub. L. 100-713, §1, Nov. 23, 1988, 102 Stat. 4784, provided that: “This Act [enacting sections 1616 to 1616j, 1621a to 1621g, 1636, 1651 to 1658, 1661, 1662, and 1680a to 1680j of this title and sections 254s and 295j of Title 42, The Public Health and Welfare, amending sections 1603, 1612 to 1613a, 1614, 1615, 1621, 1631, 1632, 1634, 1674, 1676, and 1678 to 1680 of this title and section 5316 of Title 5, Government Organization and Employees, repealing section 1635 of this title and section 254r of Title 42, enacting provisions set out as notes under this section and sections 1611, 1621b, 1661, and 1677 of this title and sections 254r, 1395qq, and 1396j of Title 42, amending provisions set out as a note under section 1396j of Title 42, and repealing provisions set out as a note under section 1396j of Title 42] may be cited as the ‘Indian Health Care Amendments of 1988’.”

#### SHORT TITLE OF 1980 AMENDMENT

Pub. L. 96-537, §1(a), Dec. 17, 1980, 94 Stat. 3173, provided that: “this Act [enacting sections 1622, 1634, and 1676 to 1680 of this title, amending sections 1603, 1612 to 1614, 1621, 1651 to 1657, and 1674 of this title and section 294y-1 of Title 42, The Public Health and Welfare, and repealing section 1658 of this title] may be cited as the ‘Indian Health Care Amendments of 1980’.”

#### SHORT TITLE

Pub. L. 94-437, §1, Sept. 30, 1976, 90 Stat. 1400, provided: “That this Act [enacting this chapter and sections 1395qq and 1396j of Title 42, The Public Health and Welfare, amending sections 234, 1395f, 1395n, and 1396d of Title 42, and enacting provisions set out as notes under section 1671 of this title and sections 1395qq and 1396j of Title 42] may be cited as the ‘Indian Health Care Improvement Act’.”

#### SEPARABILITY

Pub. L. 100-713, title VIII, §801, Nov. 23, 1988, 102 Stat. 4839, provided that: “If any provision of this Act, any amendment made by this Act [see Short Title of 1988 Amendment note above], or the application of such provision or amendment to any person or circumstances is held to be invalid, the remainder of this Act, the remaining amendments made by this Act, and the application of such provision or amendment to persons or circumstances other than those to which it is held invalid, shall not be affected thereby.”

#### AVAILABILITY OF APPROPRIATIONS

Pub. L. 100-713, §4, Nov. 23, 1988, 102 Stat. 4785, provided that: “Any new spending authority (described in subsection (c)(2)(A) or (B) of section 401 of the Congressional Budget Act of 1974 [2 U.S.C. 651(c)(2)(A), (B)]) which is provided under this Act [see Short Title of 1988 Amendment note above] shall be effective for any fiscal year only to such extent or in such amounts as are provided in appropriation Acts.”

**§ 1602. Declaration of national Indian health policy**

Congress declares that it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians—

(1) to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy;

(2) to raise the health status of Indians and urban Indians to at least the levels set forth in the goals contained within the Healthy People 2010 initiative or successor objectives;

(3) to ensure maximum Indian participation in the direction of health care services so as to render the persons administering such services and the services themselves more responsive to the needs and desires of Indian communities;

(4) to increase the proportion of all degrees in the health professions and allied and associated health professions awarded to Indians so that the proportion of Indian health professionals in each Service area is raised to at least the level of that of the general population;

(5) to require that all actions under this chapter shall be carried out with active and meaningful consultation with Indian tribes and tribal organizations, and conference with urban Indian organizations, to implement this chapter and the national policy of Indian self-determination;

(6) to ensure that the United States and Indian tribes work in a government-to-government relationship to ensure quality health care for all tribal members; and

(7) to provide funding for programs and facilities operated by Indian tribes and tribal organizations in amounts that are not less than the amounts provided to programs and facilities operated directly by the Service.

(Pub. L. 94-437, §3, Sept. 30, 1976, 90 Stat. 1401; Pub. L. 102-573, §3(b), Oct. 29, 1992, 106 Stat. 4526; Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

**Editorial Notes**

REFERENCES IN TEXT

This chapter, referred to in par. (5), 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 103 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 declaration of health objectives.

1992—Pub. L. 102-573 amended section generally. Prior to amendment, section read as follows: “The Congress hereby declares that it is the policy of this Nation, in

fulfillment of its special responsibilities and legal obligation to the American Indian people, to meet the national goal of providing the highest possible health status to Indians and to provide existing Indian health services with all resources necessary to effect that policy.”

**§ 1603. Definitions**

In this chapter:

**(1) Area office**

The term “Area office” means an administrative entity including a program office, within the Indian Health Service through which services and funds are provided to the service units within a defined geographic area.

**(2) Behavioral health**

**(A) In general**

The term “behavioral health” means the blending of substance (alcohol, drugs, inhalants, and tobacco) abuse and mental health disorders prevention and treatment for the purpose of providing comprehensive services.

**(B) Inclusions**

The term “behavioral health” includes the joint development of substance abuse and mental health treatment planning and coordinated case management using a multidisciplinary approach.

**(3) California Indian**

The term “California Indian” means any Indian who is eligible for health services provided by the Service pursuant to section 1679 of this title.

**(4) Community college**

The term “community college” means—

- (A) a tribal college or university; or
- (B) a junior or community college.

**(5) Contract health service**

The term “contract health service” means any health service that is—

- (A) delivered based on a referral by, or at the expense of, an Indian health program; and
- (B) provided by a public or private medical provider or hospital that is not a provider or hospital of the Indian health program.

**(6) Department**

The term “Department”, unless otherwise designated, means the Department of Health and Human Services.

**(7) Disease prevention**

**(A) In general**

The term “disease prevention” means any activity for—

- (i) the reduction, limitation, and prevention of—
  - (I) disease; and
  - (II) complications of disease; and
- (ii) the reduction of consequences of disease.

**(B) Inclusions**

The term “disease prevention” includes an activity for—