

Health Board in carrying out the demonstration pursuant to this section. The advisory board shall be composed of representatives, selected by the California Rural Indian Health Board, from not less than 8 tribal health programs serving California Indians covered under such demonstration, at least one half of whom are not affiliated with the California Rural Indian Health Board.

**(d) Commencement and termination dates**

The demonstration program described in this section shall begin on January 1, 1993, and shall terminate on September 30, 1997.

**(e) Report**

Not later than July 1, 1998, the California Rural Indian Health Board shall submit to the Secretary a report on the demonstration program carried out under this section, including a statement of its findings regarding the impact of using a contract care intermediary on—

- (1) access to needed health services;
- (2) waiting periods for receiving such services; and
- (3) the efficient management of high-cost contract care cases.

**(f) “High-cost contract care cases” defined**

For the purposes of this section, the term “high-cost contract care cases” means those cases in which the cost of the medical treatment provided to an individual—

- (1) would otherwise be eligible for reimbursement from the Catastrophic Health Emergency Fund established under section 1621a of this title, except that the cost of such treatment does not meet the threshold cost requirement established pursuant to section 1621a(b)(2)<sup>1</sup> of this title; and
- (2) exceeds \$1,000.

(Pub. L. 94-437, title II, §211, as added Pub. L. 102-573, title II, §206(c), Oct. 29, 1992, 106 Stat. 4549; amended Pub. L. 104-313, §2(c), Oct. 19, 1996, 110 Stat. 3822; Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

REFERENCES IN TEXT

Section 1679 of this title, referred to in subsec. (b)(1), was repealed and a new section 1679 was enacted by Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935. Provisions describing California Indians, similar to those that appeared in former section 1679(b) are now contained in new section 1679(a).

Section 1621a of this title, referred to in subsec. (f)(1), was amended generally by Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935, and, as so amended, no longer contains a subsec. (b)(2).

CODIFICATION

Amendment by Pub. L. 111-148 is based on section 101(b)(3) 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—Subsec. (g). Pub. L. 111-148 struck out subsec. (g) which authorized appropriations for fiscal years 1996 through 2000.

1996—Subsec. (g). Pub. L. 104-313 substituted “1996 through 2000” for “1993, 1994, 1995, 1996, and 1997”.

TERMINATION OF ADVISORY BOARDS

Advisory boards established after Jan. 5, 1973, to terminate not later than the expiration of the 2-year pe-

riod beginning on the date of their establishment, unless, in the case of a board established by the President or an officer of the Federal Government, such board is renewed by appropriate action prior to the expiration of such 2-year period, or in the case of a board established by Congress, its duration is otherwise provided by law. See sections 3(2) and 14 of Pub. L. 92-463, Oct. 6, 1972, 86 Stat. 770, 776, set out in the Appendix to Title 5, Government Organization and Employees.

**§ 1621k. Coverage of screening mammography**

The Secretary, through the Service, shall provide for screening mammography (as defined in section 1861(jj) of the Social Security Act [42 U.S.C. 1395x(jj)]) for Indian and urban Indian women 35 years of age or older at a frequency, determined by the Secretary (in consultation with the Director of the National Cancer Institute), appropriate to such women, and under such terms and conditions as are consistent with standards established by the Secretary to assure the safety and accuracy of screening mammography under part B of title XVIII of the Social Security Act [42 U.S.C. 1395j et seq.] and other cancer screenings.

(Pub. L. 94-437, title II, §212, as added Pub. L. 102-573, title II, §207(a), Oct. 29, 1992, 106 Stat. 4550; amended Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

REFERENCES IN TEXT

The Social Security Act, referred to in text, is act Aug. 14, 1935, ch. 531, 49 Stat. 620, as amended. Part B of title XVIII of the Act is classified generally to part B (§1395j et seq.) of subchapter XVIII of chapter 7 of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see section 1305 of Title 42 and Tables.

CODIFICATION

Amendment by Pub. L. 111-148 is based on section 128 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 inserted “and other cancer screenings” before period at end.

**§ 1621I. Patient travel costs**

**(a) Definition of qualified escort**

In this section, the term “qualified escort” means—

- (1) an adult escort (including a parent, guardian, or other family member) who is required because of the physical or mental condition, or age, of the applicable patient;
- (2) a health professional for the purpose of providing necessary medical care during travel by the applicable patient; or
- (3) other escorts, as the Secretary or applicable Indian Health Program determines to be appropriate.

**(b) Provision of funds**

The Secretary, acting through the Service and Tribal Health Programs, is authorized to provide funds for the following patient travel costs, including qualified escorts, associated with receiving health care services provided (either through direct or contract care or through a