CODIFICATION

Amendment by Pub. L. 111–148 is based on sections 101(b)(2) and 127 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 were enacted into law by section 10221(a) of Pub. L. 111–148.

Amendments

2010—Subsec. (d). Pub. L. 111–148 added subsec. (d) and struck out former subsec. (d) which related to mental health training and community education programs.

Subsec. (m)(6). Pub. L. 111-148 struck out par. (6) which authorized appropriations for fiscal years 1993 to 2000.

1992—Pub. L. 102-573, §902(3)(A), made technical amendment to section catchline.

Subsec. (b). Pub. L. 102-573, 902(3)(B), redesignated subsec. (c) as (b). Prior to amendment, no subsec. (b) had been enacted.

Subsec. (c). Pub. L. 102-573, §§217(b)(4)(A), 902(3)(B), redesignated subsec. (d) as (c) and struck out par. (5) which authorized appropriations of \$500,000 for fiscal year 1991 and \$1,000,000 for fiscal year 1992 to carry out this subsec. Former subsec. (c) redesignated (b).

Subsec. (d). Pub. L. 102-573, §§217(b)(4)(A), (D), 902(3)(B), redesignated subsec. (e) as (d), substituted "this section" for "this subsection" in par. (3)(B), and struck out par. (6) which authorized appropriations of \$500,000 for fiscal year 1991 and \$5,000,000 for fiscal year 1992 to carry out this subsec., with certain amounts to be allocated for community education. Former subsec. (d) redesignated (c).

Subsec. (e). Pub. L. 102-573, §902(3)(B), redesignated subsec. (f) as (e). Former subsec. (e) redesignated (d).

Subsec. (f). Pub. L. 102-573, §§ 217(b)(4)(A), 902(3)(B), redesignated subsec. (g) as (f) and struck out par. (4) which appropriated \$1,200,000 for fiscal year 1992 to carry out this subsec. Former subsec. (f) redesignated (e).

Subsec. (g). Pub. L. 102-573, §§ 217(b)(4)(A), 902(3)(B), redesignated subsec. (h) as (g) and struck out par. (5) which authorized appropriation of \$1,000,000 for fiscal year 1992 for purposes of providing training required under this subsec. Former subsec. (g) redesignated (f).

Subsec. (h). Pub. L. 102-573, §§217(b)(4)(B), 902(3)(B), redesignated subsec. (i) as (h), struck out par. (1) designation before "The Secretary, acting", redesignated subpars. (A) and (B) as pars. (1) and (2), respectively, substituted "paragraph (1)" and "paragraph (2)" for "subparagraph (A)" and "subparagraph (B)", respectively, in closing provisions, and struck out former par. (2) which authorized appropriation of \$2,000,000 for fiscal year 1992 to carry out this subsec., to remain available until expended. Former subsec. (h) redesignated (g).

Subsec. (i). Pub. L. 102-573, §§ 217(b)(4)(C), 902(3)(B), redesignated subsec. (j) as (i), struck out par. (1) designation before "Within one year", and struck out par. (2) which authorized appropriation of \$500,000 for fiscal year 1992 to make the assessment required by this subsec. Former subsec. (i) redesignated (h).

Subsec. (j). Pub. L. 102-573, §§ 205(1), 902(3)(B), redesignated subsec. (k) as (j) and substituted "submit to the President, for inclusion in each report required to be transmitted to the Congress under section 1671 of this title, a report" for "submit to the Congress an annual report". Former subsec. (j) redesignated (i).

Subsec. (k). Pub. L. 102-573, §§ 217(b)(4)(E), 902(3)(B), redesignated subsec. (l) as (k), and in par. (6) substituted "section" for "subsection" in second sentence and struck out first sentence which authorized appropriations of \$2,000,000 for fiscal year 1991 and \$3,000,000 for fiscal year 1992 to carry out purposes of this subsec. Former subsec. (k) redesignated (j). Subsecs. (l), (m). Pub. L. 102–573, 205(2), added subsecs. (l) and (m). Former subsec. (l) redesignated (k).

STATEMENT OF PURPOSES

Pub. L. 101-630, title V, §503(a), Nov. 28, 1990, 104 Stat. 4556, provided that: "The purposes of this section [enacting this section] are to—

"(1) authorize and direct the Indian Health Service to develop a comprehensive mental health prevention and treatment program;

"(2) provide direction and guidance relating to mental illness and dysfunctional and self-destructive behavior, including child abuse and family violence, to those Federal, tribal, State, and local agencies responsible for programs in Indian communities in areas of health care, education, social services, child and family welfare, alcohol and substance abuse, law enforcement, and judicial services;

"(3) assist Indian tribes to identify services and resources available to address mental illness and dysfunctional and self-destructive behavior;

"(4) provide authority and opportunities for Indian tribes to develop and implement, and coordinate with, community-based mental health programs which include identification, prevention, education, referral, and treatment services, including through multidisciplinary resource teams;

"(5) ensure that Indians, as citizens of the United States and of the States in which they reside, have the same access to mental health services to which all such citizens have access; and

 $``(6)\ modify or supplement existing programs and authorities in the areas identified in paragraph (2)."$

§1621i. Managed care feasibility study

(a) The Secretary, acting through the Service, shall conduct a study to assess the feasibility of allowing an Indian tribe to purchase, directly or through the Service, managed care coverage for all members of the tribe from—

(1) a tribally owned and operated managed care plan; or

(2) a State licensed managed care plan.

(b) Not later than the date which is 12 months after October 29, 1992, the Secretary shall transmit to the Congress a report containing—

(1) a detailed description of the study conducted pursuant to this section; and

(2) a discussion of the findings and conclusions of such study.

(Pub. L. 94-437, title II, §210, as added Pub. L. 102-573, title II, §206(b), Oct. 29, 1992, 106 Stat. 4549.)

§1621j. California contract health services demonstration program

(a) Establishment

The Secretary shall establish a demonstration program to evaluate the use of a contract care intermediary to improve the accessibility of health services to California Indians.

(b) Agreement with California Rural Indian Health Board

(1) In establishing such program, the Secretary shall enter into an agreement with the California Rural Indian Health Board to reimburse the Board for costs (including reasonable administrative costs) incurred, during the period of the demonstration program, in providing medical treatment under contract to California Indians described in section 1679(b)¹ of this title

¹See References in Text note below.