tion 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).

Statutory Notes and Related Subsidiaries

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 throughout the California contract health services delivery area described in section 1680 of this title with respect to high-cost contract care cases.

(2) Not more than 5 percent of the amounts provided to the Board under this section for any fiscal year may be for reimbursement for administrative expenses incurred by the Board during such fiscal year.

(3) No payment may be made for treatment provided under the demonstration program to the extent payment may be made for such treatment under the Catastrophic Health Emergency Fund described in section 1621a of this title or from amounts appropriated or otherwise made available to the California contract health service delivery area for a fiscal year.

(c) Advisory board

There is hereby established an advisory board which shall advise the California Rural Indian 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

[1] See References in Text note below.