

VIII, §803, Pub. L. 102-573, title VII, §701(a), (b), Oct. 29, 1992, 106 Stat. 4572, related to submission by Secretary to Congress of plan to implement provisions of this chapter.

§ 1674. Leases with Indian tribes

(a) Notwithstanding any other provision of law, the Secretary is authorized, in carrying out the purposes of this chapter, to enter into leases with Indian tribes for periods not in excess of twenty years. Property leased by the Secretary from an Indian tribe may be reconstructed or renovated by the Secretary pursuant to an agreement with such Indian tribe.

(b) The Secretary may enter into leases, contracts, and other legal agreements with Indian tribes or tribal organizations which hold—

- (1) title to;
- (2) a leasehold interest in; or
- (3) a beneficial interest in (where title is held by the United States in trust for the benefit of a tribe);

facilities used for the administration and delivery of health services by the Service or by programs operated by Indian tribes or tribal organizations to compensate such Indian tribes or tribal organizations for costs associated with the use of such facilities for such purposes. Such costs include rent, depreciation based on the useful life of the building, principal and interest paid or accrued, operation and maintenance expenses, and other expenses determined by regulation to be allowable.

(Pub. L. 94-437, title VIII, §804, formerly title VII, §704, Sept. 30, 1976, 90 Stat. 1414; Pub. L. 96-537, §8(a), Dec. 17, 1980, 94 Stat. 3179; Pub. L. 100-713, title VII, §701, Nov. 23, 1988, 102 Stat. 4826; renumbered title VIII, §804, Pub. L. 102-573, title VII, §701(a), (b), Oct. 29, 1992, 106 Stat. 4572.)

REFERENCES IN TEXT

This chapter, referred to in subsec. (a), 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.

AMENDMENTS

1988—Pub. L. 100-713 designated existing provisions as subsec. (a) and added subsec. (b).

1980—Pub. L. 96-537 inserted provision that property leased by the Secretary from an Indian tribe may be reconstructed or renovated by the Secretary pursuant to an agreement with such Indian tribe.

§ 1675. Confidentiality of medical quality assurance records; qualified immunity for participants

(a) Definitions

In this section:

(1) Health care provider

The term “health care provider” means any health care professional, including community health aides and practitioners certified under section 1616 of this title, who is—

- (A) granted clinical practice privileges or employed to provide health care services at—

- (i) an Indian health program; or
- (ii) a health program of an urban Indian organization; and

- (B) licensed or certified to perform health care services by a governmental board or agency or professional health care society or organization.

(2) Medical quality assurance program

The term “medical quality assurance program” means any activity carried out before, on, or after March 23, 2010, by or for any Indian health program or urban Indian organization to assess the quality of medical care, including activities conducted by or on behalf of individuals, Indian health program or urban Indian organization medical or dental treatment review committees, or other review bodies responsible for quality assurance, credentials, infection control, patient safety, patient care assessment (including treatment procedures, blood, drugs, and therapeutics), medical records, health resources management review, and identification and prevention of medical or dental incidents and risks.

(3) Medical quality assurance record

The term “medical quality assurance record” means the proceedings, records, minutes, and reports that—

- (A) emanate from quality assurance program activities described in paragraph (2); and

- (B) are produced or compiled by or for an Indian health program or urban Indian organization as part of a medical quality assurance program.

(b) Confidentiality of records

Medical quality assurance records created by or for any Indian health program or a health program of an urban Indian organization as part of a medical quality assurance program are confidential and privileged. Such records may not be disclosed to any person or entity, except as provided in subsection (d).

(c) Prohibition on disclosure and testimony

(1) In general

No part of any medical quality assurance record described in subsection (b) may be subject to discovery or admitted into evidence in any judicial or administrative proceeding, except as provided in subsection (d).

(2) Testimony

An individual who reviews or creates medical quality assurance records for any Indian health program or urban Indian organization who participates in any proceeding that reviews or creates such records may not be permitted or required to testify in any judicial or administrative proceeding with respect to such records or with respect to any finding, recommendation, evaluation, opinion, or action taken by such person or body in connection with such records except as provided in this section.

(d) Authorized disclosure and testimony

(1) In general

Subject to paragraph (2), a medical quality assurance record described in subsection (b)