''(4) CONSULTANT SERVICES.—The Chairperson of the Commission is authorized to procure the temporary and intermittent services of experts and consultants in accordance with section 3109 of title 5, United States Code, at rates not to exceed the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of such title.

''(i) REPORT.—

''(1) IN GENERAL.—Not later than 3 years after the date of the enactment of the Youth Drug and Mental Health Services Act [Oct. 17, 2000], the Secretary shall prepare and submit, to the Committee on Health, Education, Labor, and Pensions of the Senate, a report that shall—

''(A) detail the health problems faced by Indians and Native Alaskans who reside on reservations;

''(B) examine and explain the causes of such problems;

''(C) describe the health care services available to Indians and Native Alaskans who reside on reservations and the adequacy of such services;

''(D) identify the reasons for the provision of inadequate health care services for Indians and Native Alaskans who reside on reservations, including the availability of resources;

''(E) develop measures for tracking the health status of Indians and Native Americans who reside on reservations; and

''(F) make recommendations for improvements in the health care services provided for Indians and Native Alaskans who reside on reservations, including recommendations for legislative change.

''(2) EXCEPTION.—In addition to the report required under paragraph (1), not later than 2 years after the date of the enactment of the Youth Drug and Mental Health Services Act [Oct. 17, 2000], the Secretary shall prepare and submit, to the Committee on Health, Education, Labor, and Pensions of the Senate, a report that describes any alcohol and drug abuse among Indians and Native Alaskans who reside on reservations.

''(j) PERMANENT COMMISSION.—Section 14 of the Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the Commission.

''(k) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $5,000,000 for fiscal year 2001, and such sums as may be necessary for fiscal years 2002 and 2003.''

REFERENCES TO SECTIONS 701 TO 720 OF PUBLIC LAW 94–437

Pub. L. 102–573, title VII, §701(d), Oct. 29, 1992, 106 Stat. 4572, provided that: ''Any reference in a provision of law other than the Indian Health Care Improvement Act [25 U.S.C. 1601 et seq.] to sections redesignated by subsection (b) [renumbering sections 701 to 720 of Pub. L. 94–437 as sections 801 to 820 of Pub. L. 94–437, which are classified to sections 1671 to 1680j of this title] shall be deemed to refer to the section as so redesignated.''

§ 1672. Regulations

Prior to any revision of or amendment to rules or regulations promulgated pursuant to this chapter, the Secretary shall consult with Indian tribes and appropriate national or regional Indian organizations and shall publish any proposed revision or amendment in the Federal Register not less than sixty days prior to the effective date of such revision or amendment in order to provide adequate notice to, and receive comments from, other interested parties.

(Pub. L. 94–437, title VIII, §802, formerly title VII, §702, Sept. 30, 1976, 90 Stat. 1413; renumbered title VIII, §802, and amended Pub. L. 102–573, title VII, §701(a), (b), title VIII, §802, Oct. 29, 1992, 106 Stat. 4572, 4585.)

REFERENCES IN TEXT

This chapter, referred to in text, 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

1992—Pub. L. 102–573, §802, amended section generally, substituting present provisions for former provisions relating in subsec. (a) to consideration, formulation, proposal, and promulgation of regulations and in subsec. (b) to revision and amendment of regulations.

§ 1673. Repealed. Pub. L. 102–573, title IX, § 901(4), Oct. 29, 1992, 106 Stat. 4591

Section, Pub. L. 94–437, title VIII, §803, formerly title VII, §703, Sept. 30, 1976, 90 Stat. 1413; renumbered title 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*l* 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) may be disclosed, and an individual referred to in subsection (c) may give testimony in connection with such a record, only as follows:

(A) To a Federal agency or private organization, if such medical quality assurance record or testimony is needed by such agency or organization to perform licensing or accreditation functions related to any Indian health program or to a health program of an urban Indian organization to perform monitoring, required by law, of such program or organization.

(B) To an administrative or judicial proceeding commenced by a present or former Indian health program or urban Indian organization provider concerning the termination, suspension, or limitation of clinical privileges of such health care provider.

(C) To a governmental board or agency or to a professional health care society or organization, if such medical quality assurance record or testimony is needed by such board, agency, society, or organization to perform licensing, credentialing, or the monitoring of professional standards with respect to any health care provider who is or was an employee of any Indian health program or urban Indian organization.

(D) To a hospital, medical center, or other institution that provides health care services, if such medical quality assurance record or testimony is needed by such institution to assess the professional qualifications of any health care provider who is or was an employee of any Indian health program or urban Indian organization and who has applied for or been granted authority or employment to provide health care services in or on behalf of such program or organization.

(E) To an officer, employee, or contractor of the Indian health program or urban Indian organization that created the records or for which the records were created. If[1] that officer, employee, or contractor has a need for such record or testimony to perform official duties.

(F) To a criminal or civil law enforcement agency or instrumentality charged under applicable law with the protection of the public health or safety, if a qualified representa-

[1] So in original. Probably should be ''were created, if''.