

(f) Prohibition on disclosure of record or testimony

An individual or entity having possession of or access to a record or testimony described by this section may not disclose the contents of such record or testimony in any manner or for any purpose except as provided in this section.

(g) Exemption from Freedom of Information Act

Medical quality assurance records described in subsection (b) may not be made available to any person under section 552 of title 5.

(h) Limitation on civil liability

An individual who participates in or provides information to a person or body that reviews or creates medical quality assurance records described in subsection (b) shall not be civilly liable for such participation or for providing such information if the participation or provision of information was in good faith based on prevailing professional standards at the time the medical quality assurance program activity took place.

(i) Application to information in certain other records

Nothing in this section shall be construed as limiting access to the information in a record created and maintained outside a medical quality assurance program, including a patient's medical records, on the grounds that the information was presented during meetings of a review body that are part of a medical quality assurance program.

(j) Regulations

The Secretary, acting through the Service, shall promulgate regulations pursuant to section 1672 of this title.

(k) Continued protection

Disclosure under subsection (d) does not permit redisclosure except to the extent such further disclosure is authorized under subsection (d) or is otherwise authorized to be disclosed under this section.

(l) Inconsistencies

To the extent that the protections under part C of title IX of the Public Health Service Act (42 U.S.C. 229b–21 et seq.) [42 U.S.C. 299b–21 et seq.] (as amended by the Patient Safety and Quality Improvement Act of 2005 (Public Law 109–41; 119 Stat. 424)) and this section are inconsistent, the provisions of whichever is more protective shall control.

(m) Relationship to other law

This section shall continue in force and effect, except as otherwise specifically provided in any Federal law enacted after March 23, 2010.

(Pub. L. 94–437, title VIII, §805, as added Pub. L. 111–148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

REFERENCES IN TEXT

The Public Health Service Act, referred to in subsec. (l), is act July 1, 1944, ch. 373, 58 Stat. 682. Part C of title IX of the Act is classified generally to part C (§299b–21 et seq.) of subchapter VII of chapter 6A of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see Short Title note set out under section 201 of Title 42 and Tables.

CODIFICATION

Section 805 of Pub. L. 94–437 is based on section 191 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.

PRIOR PROVISIONS

A prior section 1675, Pub. L. 94–437, title VIII, §805, formerly title VII, §705, Sept. 30, 1976, 90 Stat. 1414; renumbered title VIII, §805, Pub. L. 102–573, title VII, §701(a), (b), Oct. 29, 1992, 106 Stat. 4572, provided that funds appropriated pursuant to this chapter were to remain available until expended, prior to repeal by Pub. L. 111–148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935. The repeal is based on section 101(b)(11) 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.

§ 1676. Limitation on use of funds appropriated to Indian Health Service**(a) HHS appropriations**

Any limitation on the use of funds contained in an Act providing appropriations for the Department of Health and Human Services for a period with respect to the performance of abortions shall apply for that period with respect to the performance of abortions using funds contained in an Act providing appropriations for the Indian Health Service.

(b) Limitations pursuant to other Federal law

Any limitation pursuant to other Federal laws on the use of Federal funds appropriated to the Service shall apply with respect to the performance or coverage of abortions.

(Pub. L. 94–437, title VIII, §806, formerly title VII, §706, as added Pub. L. 96–537, §8(b), Dec. 17, 1980, 94 Stat. 3179; amended Pub. L. 100–713, title VII, §718, Nov. 23, 1988, 102 Stat. 4837; renumbered title VIII, §806, Pub. L. 102–573, title VII, §701(a), (b), Oct. 29, 1992, 106 Stat. 4572; Pub. L. 111–148, title X, §10221(b)(3), Mar. 23, 2010, 124 Stat. 936.)

AMENDMENTS

2010—Pub. L. 111–148 designated existing provisions as subsec. (a), inserted heading, and added subsec. (b).

1988—Pub. L. 100–713 inserted section catchline and amended text generally. Prior to amendment, text read as follows: “Within one year from December 17, 1980, the Secretary shall submit to the Congress a resource allocation plan. Such plan shall explain the future allocation of services and funds among the service population of the Service and shall provide a schedule for reducing deficiencies in resources of tribes and non-tribal specific entities.”

§ 1677. Nuclear resource development health hazards**(a) Study**

The Secretary and the Service shall conduct, in conjunction with other appropriate Federal agencies and in consultation with concerned Indian tribes and organizations, a study of the health hazards to Indian miners and Indians on or near Indian reservations and in Indian communities as a result of nuclear resource development. Such study shall include—

- (1) an evaluation of the nature and extent of nuclear resource development related health

problems currently exhibited among Indians and the causes of such health problems;

(2) an analysis of the potential effect of ongoing and future nuclear resource development on or near Indian reservations and communities;

(3) an evaluation of the types and nature of activities, practices, and conditions causing or affecting such health problems, including uranium mining and milling, uranium mine tailing deposits, nuclear powerplant operation and construction, and nuclear waste disposal;

(4) a summary of any findings and recommendations provided in Federal and State studies, reports, investigations, and inspections during the five years prior to December 17, 1980, that directly or indirectly relate to the activities, practices, and conditions affecting the health or safety of such Indians; and

(5) the efforts that have been made by Federal and State agencies and mining and milling companies to effectively carry out an education program for such Indians regarding the health and safety hazards of such nuclear resource development.

(b) Health care plan; development

Upon completion of such study the Secretary and the Service shall take into account the results of such study and develop a health care plan to address the health problems studied under subsection (a). The plan shall include—

(1) methods for diagnosing and treating Indians currently exhibiting such health problems;

(2) preventive care for Indians who may be exposed to such health hazards, including the monitoring of the health of individuals who have or may have been exposed to excessive amounts of radiation, or affected by other nuclear development activities that have had or could have a serious impact upon the health of such individuals; and

(3) a program of education for Indians who, by reason of their work or geographic proximity to such nuclear development activities, may experience health problems.

(c) Reports to Congress

The Secretary and the Service shall submit to Congress the study prepared under subsection (a) no later than the date eighteen months after December 17, 1980. The health care plan prepared under subsection (b) shall be submitted in a report no later than the date one year after the date that the study prepared under subsection (a) is submitted to Congress. Such report shall include recommended activities for the implementation of the plan, as well as an evaluation of any activities previously undertaken by the Service to address such health problems.

(d) Intergovernmental Task Force; establishment and functions

(1) There is established an Intergovernmental Task Force to be composed of the following individuals (or their designees): the Secretary of Energy, the Administrator of the Environmental Protection Agency, the Director of the United States Bureau of Mines, the Assistant Secretary for Occupational Safety and Health, and the Secretary of the Interior.

(2) The Task Force shall identify existing and potential operations related to nuclear resource

development that affect or may affect the health of Indians on or near an Indian reservation or in an Indian community and enter into activities to correct existing health hazards and insure that current and future health problems resulting from nuclear resource development activities are minimized or reduced.

(3) The Secretary shall be Chairman of the Task Force. The Task Force shall meet at least twice each year. Each member of the Task Force shall furnish necessary assistance to the Task Force.

(e) Medical care

In the case of any Indian who—

(1) as a result of employment in or near a uranium mine or mill, suffers from a work related illness or condition;

(2) is eligible to receive diagnosis and treatment services from a Service facility; and

(3) by reason of such Indian's employment, is entitled to medical care at the expense of such mine or mill operator;

the Service shall, at the request of such Indian, render appropriate medical care to such Indian for such illness or condition and may recover the costs of any medical care so rendered to which such Indian is entitled at the expense of such operator from such operator. Nothing in this subsection shall affect the rights of such Indian to recover damages other than such costs paid to the Service from the employer for such illness or condition.

(Pub. L. 94-437, title VIII, §807, formerly title VII, §707, as added Pub. L. 96-537, §8(b), Dec. 17, 1980, 94 Stat. 3179; amended Pub. L. 102-285, §10(b), May 18, 1992, 106 Stat. 172; renumbered title VIII, §807, and amended Pub. L. 102-573, title VII, §701(a), (b), title VIII, §813(b), Oct. 29, 1992, 106 Stat. 4572, 4590.)

AMENDMENTS

1992—Subsec. (f). Pub. L. 102-573, §813(b), struck out subsec. (f) which authorized appropriation of \$300,000 to carry out the study as provided in subsec. (a), such amount to be expended by the date eighteen months after Dec. 17, 1980.

CHANGE OF NAME

“United States Bureau of Mines” substituted for “Bureau of Mines” in subsec. (d)(1) pursuant to section 10(b) of Pub. L. 102-285, set out as a note under section 1 of Title 30, Mineral Lands and Mining. For provisions relating to closure and transfer of functions of the United States Bureau of Mines, see note set out under section 1 of Title 30, Minerals and Mining.

NUCLEAR RESOURCE DEVELOPMENT HEALTH HAZARDS; STUDY AND REPORT

Pub. L. 100-713, title VII, §717, Nov. 23, 1988, 102 Stat. 4837, provided that:

“(a) The Secretary of Health and Human Services (acting through the Indian Health Service), the Secretary of the Interior (acting through the Bureau of Indian Affairs), and the Secretary of Energy shall jointly conduct a study for the purpose of determining—

“(1) the number of active nuclear resource development sites on Indian lands in the United States;

“(2) the Federal agencies that carry out Federal responsibilities with respect to each such site;

“(3) the health hazards that exist as a result of such sites;

“(4) the remedial actions which have been undertaken with respect to such health hazards;

“(5) remedial actions that are needed with respect to such health hazards; and

“(6) the amount of funds that would be necessary each year to implement and maintain such needed remedial actions and the date by which the remedial actions would be implemented if sufficient funds were to provide for the remedial actions.

“(b) By no later than the date that is 2 years after the date of enactment of this Act [Nov. 23, 1988], a report shall be submitted to the Congress describing the findings and conclusions made as a result of carrying out the study required in subsection (a).”

§ 1678. Arizona as contract health service delivery area

(a) In general

The State of Arizona shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of Indian tribes in the State of Arizona.

(b) Maintenance of services

The Service shall not curtail any health care services provided to Indians residing on reservations in the State of Arizona if the curtailment is due to the provision of contract services in that State pursuant to the designation of the State as a contract health service delivery area by subsection (a).

(Pub. L. 94-437, title VIII, §808, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Section 808 of Pub. L. 94-437 is based on section 192(1) 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.

PRIOR PROVISIONS

A prior section 1678, Pub. L. 94-437, title VIII, §808, formerly title VII, §708, as added Pub. L. 96-537, §8(b), Dec. 17, 1980, 94 Stat. 3181; amended Pub. L. 100-713, title VII, §702, Nov. 23, 1988, 102 Stat. 4827; renumbered title VIII, §808, and amended Pub. L. 102-573, title VII, §701(a), (b), title VIII, §803, Oct. 29, 1992, 106 Stat. 4572, 4585, temporarily designated Arizona as a contract health service delivery area, prior to repeal by Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935. The repeal is based on section 192(1) 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.

§ 1678a. North Dakota and South Dakota as contract health service delivery area

(a) In general

The States of North Dakota and South Dakota shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of Indian tribes in the States of North Dakota and South Dakota.

(b) Maintenance of services

The Service shall not curtail any health care services provided to Indians residing on any reservation, or in any county that has a common boundary with any reservation, in the State of North Dakota or South Dakota if the curtail-

ment is due to the provision of contract services in those States pursuant to the designation of the States as a contract health service delivery area by subsection (a).

(Pub. L. 94-437, title VIII, §808A, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Section 808A of Pub. L. 94-437 is based on section 192(2) 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.

§ 1679. Eligibility of California Indians

(a) In general

The following California Indians shall be eligible for health services provided by the Service:

(1) Any member of a federally recognized Indian tribe.

(2) Any descendant of an Indian who was residing in California on June 1, 1852, if such descendant—

(A) is a member of the Indian community served by a local program of the Service; and

(B) is regarded as an Indian by the community in which such descendant lives.

(3) Any Indian who holds trust interests in public domain, national forest, or reservation allotments in California.

(4) Any Indian of California who is listed on the plans for distribution of the assets of rancherias and reservations located within the State of California under the Act of August 18, 1958 (72 Stat. 619), and any descendant of such an Indian.

(b) Clarification

Nothing in this section may be construed as expanding the eligibility of California Indians for health services provided by the Service beyond the scope of eligibility for such health services that applied on May 1, 1986.

(Pub. L. 94-437, title VIII, §809, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

REFERENCES IN TEXT

Act of August 18, 1958, referred to in subsec. (a)(4), is Pub. L. 85-671, Aug. 18, 1958, 72 Stat. 619, which is not classified to the Code.

CODIFICATION

Section 809 of Pub. L. 94-437 is based on section 192(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.

PRIOR PROVISIONS

A prior section 1679, Pub. L. 94-437, title VIII, §809, formerly title VII, §709, as added Pub. L. 96-537, §8(b), Dec. 17, 1980, 94 Stat. 3181; amended Pub. L. 100-713, title VII, §703, Nov. 23, 1988, 102 Stat. 4827; renumbered title VIII, §809, Pub. L. 102-573, title VII, §701(a), (b), Oct. 29, 1992, 106 Stat. 4572, related to report to Congress containing sufficient data to determine eligibility of California Indians for health services provided by the Service and preliminary eligibility criteria, prior to repeal by Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935. The repeal is based on section 192(3) of