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(4) Facility
The term “facility” means all buildings, equipment, structures, and other stationary items which are located on a single site or on contiguous or adjacent sites and which are owned or operated by the same person (or by any person which controls, is controlled by, or under common control with, such person). For purposes of section 11004 of this title, the term includes motor vehicles, rolling stock, and aircraft.

(5) Hazardous chemical
The term “hazardous chemical” has the meaning given such term by section 11021(e) of this title.

(6) Material safety data sheet
The term “material safety data sheet” means the sheet required to be developed under section 1910.1200(g) of title 29 of the Code of Federal Regulations, as that section may be amended from time to time.

(7) Person
The term “person” means any individual, trust, firm, joint stock company, corporation (including a government corporation), partnership, association, State, municipality, commission, political subdivision of a State, or interstate body.

(8) Release
The term “release” means any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment (including the abandonment or discarding of barrels, containers, and other closed receptacles) of any hazardous chemical, extremely hazardous substance, or toxic chemical.

(9) State
The term “State” means any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, American Samoa, the United States Virgin Islands, the Northern Mariana Islands, and any other territory or possession over which the United States has jurisdiction.

(10) Toxic chemical
The term “toxic chemical” means a substance on the list described in section 11023(c) of this title.

§ 11050. Authorization of appropriations
There are authorized to be appropriated for fiscal years beginning after September 30, 1986, such sums as may be necessary to carry out this chapter.

§ 11101. Findings
The Congress finds the following:

(1) The increasing occurrence of medical malpractice and the need to improve the quality of medical care have become nationwide problems that warrant greater efforts than those that can be undertaken by any individual State.

(2) There is a national need to restrict the ability of incompetent physicians to move from State to State without disclosure or discovery of the physician’s previous damaging or incompetent performance.

(3) This nationwide problem can be remedied through effective professional peer review.

(4) The threat of private money damage liability under Federal antitrust law, unreasonably discourages physicians from participating in effective professional peer review.

(5) There is an overriding national need to provide incentive and protection for physicians engaging in effective professional peer review.

Short Title
Section 401 of title IV of Pub. L. 99–660 provided that: “This title [enacting this chapter and provisions set out as a note under section 11111 of this title] may be cited as the ‘Health Care Quality Improvement Act of 1986’.”

SUBCHAPTER I—PROMOTION OF PROFESSIONAL REVIEW ACTIVITIES

§ 11111. Professional review
(a) In general
(1) Limitation on damages for professional review actions
If a professional review action (as defined in section 11151(9) of this title) of a professional review body meets all the standards specified in section 11112(a) of this title, except as provided in subsection (b) of this section—
(A) the professional review body,
(B) any person acting as a member or staff
to the body,
(C) any person under a contract or other
formal agreement with the body, and
(D) any person who participates with or as-
sists the body with respect to the action,
shall not be liable in damages under any law
of the United States or of any State (or politi-
cal subdivision thereof) with respect to the ac-
tion. The preceding sentence shall not apply
to damages under any law of the United States
or any State relating to the civil rights of any
person or persons, including the Civil Rights
Acts of 1964, 42 U.S.C. 2000e, et seq. and the
Civil Rights Acts, 42 U.S.C. 1981, et seq. Noth-
ing in this paragraph shall prevent the United
States or any Attorney General of a State
from bringing an action, including an action
under section 15c of title 15, where such an ac-
tion is otherwise authorized.

(2) Protection for those providing information
to professional review bodies

Notwithstanding any other provision of law,
no person (whether as a witness or otherwise)
providing information to a professional review
body regarding the competence or professional
conduct of a physician shall be held, by reason
of having provided such information, to be lia-
ble in damages under any law of the United
States or of any State (or political subdivision
thereof) unless such information is false and
the person providing it knew that such infor-
mation was false.

(b) Exception

If the Secretary has reason to believe that a
health care entity has failed to report informa-
tion in accordance with section 11133(a) of this
title, the Secretary shall conduct an investiga-
tion. If, after providing notice of noncompliance,
an opportunity to correct the noncompliance,
and an opportunity for a hearing, the Secretary
determines that a health care entity has failed
substantially to report information in accord-
ance with section 11133(a) of this title, the Sec-
tary shall publish the name of the entity in
the Federal Register. The protections of sub-
section (a) of this section shall not apply to
health care entities that are published in the
Federal Register under the previous sentence.

An entity the name of which is published in the
Federal Register shall be deemed to have met
the standards necessary for purposes of sub-
section (a) of this section.

§11112. Standards for professional review ac-
tions

(a) In general

For purposes of the protection set forth in sec-
section 11111(a) of this title, a professional review
action must be taken—

(1) in the reasonable belief that the action
was in the furtherance of quality health care,
(2) after a reasonable effort to obtain the
facts of the matter,
(3) after adequate notice and hearing pro-
cedures are afforded to the physician involved
or after such other procedures as are fair to
the physician under the circumstances, and
(4) in the reasonable belief that the action
was warranted by the facts known after such
reasonable effort to obtain facts and after
meeting the requirement of paragraph (3).

A professional review action shall be presumed
to have met the preceding standards necessary

1 So in original. Probably should be “for purposes of subpara-
graph (A).”