

**§ 1320c-10. Annual reports**

The Secretary shall submit to the Congress not later than April 1 of each year, a full and complete report on the administration, impact, and cost of the program under this part during the preceding fiscal year, including data and information on—

- (1) the number, status, and service areas of all quality improvement organizations participating in the program;
- (2) the number of health care institutions and practitioners whose services are subject to review by such organizations, and the number of beneficiaries and recipients who received services subject to such review during such year;
- (3) the various methods of reimbursement utilized in contracts under this part, and the relative efficiency of each such method of reimbursement;
- (4) the imposition of penalties and sanctions under this title for violations of law and for failure to comply with the obligations imposed by this part;
- (5) the total costs incurred under subchapters XVIII and XIX of this chapter in the implementation and operation of all procedures required by such subchapters for the review of services to determine their medical necessity, appropriateness of use, and quality; and
- (6) descriptions of the criteria upon which decisions are made, and the selection and relative weights of such criteria.

(Aug. 14, 1935, ch. 531, title XI, §1161, as added Pub. L. 97-248, title I, §143, Sept. 3, 1982, 96 Stat. 392; amended Pub. L. 112-40, title II, §261(a)(2)(C), Oct. 21, 2011, 125 Stat. 423.)

**PRIOR PROVISIONS**

A prior section 1320c-10, act Aug. 14, 1935, ch. 531, title XI, §1161, as added Oct. 30, 1972, Pub. L. 92-603, title II, §249F(b), 86 Stat. 1440, related to giving of notice to a practitioner or provider by a Professional Standards Review Organization immediately after taking certain action or making certain determinations, prior to the general revision of this part by Pub. L. 97-248.

**AMENDMENTS**

2011—Par. (1). Pub. L. 112-40 substituted “quality improvement” for “utilization and quality control peer review”.

**EFFECTIVE DATE OF 2011 AMENDMENT**

Amendment by Pub. L. 112-40 applicable to contracts entered into or renewed on or after Jan. 1, 2012, see section 261(e) of Pub. L. 112-40, set out as a note under section 1320c of this title.

**PERFORMANCE OF PROFESSIONAL STANDARDS REVIEW ORGANIZATIONS; REPORT TO CONGRESS**

Pub. L. 97-35, title XXI, §2112(a)(2)(D), Aug. 13, 1981, 95 Stat. 793, provided that the Secretary of Health and Human Services, not later than September 30, 1982, was to report to the Congress on his assessment (under former section 1320c-3(g) of this title) of the relative performance of Professional Standards Review Organizations and on any determinations made not to renew agreements with such Organizations on the basis of such performance.

**§ 1320c-11. Exemptions for religious nonmedical health care institutions**

The provisions of this part shall not apply with respect to a religious nonmedical health

care institution (as defined in section 1395x(ss)(1) of this title).

(Aug. 14, 1935, ch. 531, title XI, §1162, as added Pub. L. 97-248, title I, §143, Sept. 3, 1982, 96 Stat. 393; amended Pub. L. 105-33, title IV, §4454(c)(2), Aug. 5, 1997, 111 Stat. 431.)

**PRIOR PROVISIONS**

A prior section 1320c-11, act Aug. 14, 1935, ch. 531, title XI, §1162, as added Oct. 30, 1972, Pub. L. 92-603, title II, §249F(b), 86 Stat. 1440; amended Dec. 5, 1980, Pub. L. 96-499, title IX, §§922(a), 927(b), 94 Stat. 2628, 2630; Aug. 13, 1981, 97-35, title XXI, §2113(h), 95 Stat. 795, related to Statewide Professional Standards Review Councils, prior to the general revision of this part by Pub. L. 97-248.

**AMENDMENTS**

1997—Pub. L. 105-33 substituted “Exemptions for religious nonmedical health care institutions” for “Exemptions of Christian Science sanatoriums” in section catchline and substituted “religious nonmedical health care institution (as defined in section 1395x(ss)(1) of this title)” for “Christian Science sanatorium operated, or listed and certified, by the First Church of Christ, Scientist, Boston, Massachusetts” in text.

**EFFECTIVE DATE OF 1997 AMENDMENT**

Amendment by Pub. L. 105-33 effective Aug. 5, 1997, and applicable to items and services furnished on or after such date, with provision that Secretary of Health and Human Services issue regulations to carry out such amendment by not later than July 1, 1998, see section 4454(d) of Pub. L. 105-33, set out as an Effective Date note under section 1395i-5 of this title.

**§ 1320c-12. Medical officers in American Samoa, the Northern Mariana Islands, and the Trust Territory of the Pacific Islands to be included in the quality improvement program**

For purposes of applying this part to American Samoa, the Northern Mariana Islands, and the Trust Territory of the Pacific Islands, individuals licensed to practice medicine in those places shall be considered to be physicians and doctors of medicine.

(Aug. 14, 1935, ch. 531, title XI, §1163, as added Pub. L. 97-248, title I, §143, Sept. 3, 1982, 96 Stat. 393.)

**PRIOR PROVISIONS**

A prior section 1320c-12, act Aug. 14, 1935, ch. 531, title XI, §1163, as added Oct. 30, 1972, Pub. L. 92-603, title II, §249F(b), 86 Stat. 1441; amended Oct. 25, 1977, Pub. L. 95-142, §5(f), (g), 91 Stat. 1189; Dec. 5, 1980, Pub. L. 96-499, title IX, §923(a)-(d), 94 Stat. 2628, related to establishment and membership of the National Professional Standards Review Council, prior to the general revision of this part by Pub. L. 97-248.

**TERMINATION OF TRUST TERRITORY OF THE PACIFIC ISLANDS**

For termination of Trust Territory of the Pacific Islands, see note set out preceding section 1681 of Title 48, Territories and Insular Possessions.

**§ 1320c-13. Repealed. Pub. L. 103-432, title I, § 156(a)(1), Oct. 31, 1994, 108 Stat. 4440**

Section, act Aug. 14, 1935, ch. 531, title XI, §1164, as added Apr. 7, 1986, Pub. L. 99-272, title IX, §9401(b), 100 Stat. 196; amended Oct. 22, 1986, Pub. L. 99-514, title XVIII, §1895(b)(17), 100 Stat. 2934; Dec. 19, 1989, Pub. L. 101-239, title VI, §6003(g)(3)(D)(v), 103 Stat. 2153, related to 100 percent peer review for certain surgical procedures.