(B) shall be exempt from mandatory disclosure under section 552 of title 5, as provided by subsection (b)(3) of such section; and

(C) may be used by the Inspector General or Federal Trade Commission for reporting purposes to the extent that such information could not reasonably be expected to facilitate identification of the source of such information.

(3) Standardized process

(A) In general

The National Coordinator shall implement a standardized process for the public to submit reports on claims of—

(i) health information technology products or developers of such products (or other entities offering such products to health care providers) not being interoperable or resulting in information blocking;

(ii) actions described in subsection (b)(1) that result in information blocking as described in subsection (a); and

(iii) any other act described in subsection (a).

(B) Collection of information

The standardized process implemented under subparagraph (A) shall provide for the collection of such information as the originating institution, location, type of transaction, system and version, timestamp, terminating institution, locations, system and version, failure notice, and other related information.

(4) Nonduplication of penalty structures

In carrying out this subsection, the Secretary shall, to the extent possible, ensure that penalties do not duplicate penalty structures that would otherwise apply with respect to information blocking and the type of individual or entity involved as of the day before December 13, 2016.

(July 1, 1944, ch. 373, title XXX, § 3022, as added Pub. L. 114–255, div. A, title IV, § 4004, Dec. 13, 2016, 130 Stat. 1176.)

REFERENCES IN TEXT

Section 264(c) of the Health Insurance Portability and Accountability Act of 1996, referred to in subsec. (b)(3)(A), is section 264(c) of Pub. L. 104–191, which is set out as a note under section 1320d–2 of this title.

SUBCHAPTER XXIX—DATA COLLECTION, ANALYSIS, AND QUALITY

§ 300kk. Data collection, analysis, and quality

(a) Data collection

(1) In general

The Secretary shall ensure that, by not later than 2 years after March 23, 2010, any federally conducted or supported health care or public health program, activity or survey (including Current Population Surveys and American Community Surveys conducted by the Bureau of Labor Statistics and the Bureau of the Census) collects and reports, to the extent practicable—

(A) data on race, ethnicity, sex, primary language, and disability status for applicants, recipients, or participants;

(B) data at the smallest geographic level such as State, local, or institutional levels if such data can be aggregated;

(C) sufficient data to generate statistically reliable estimates by racial, ethnic, sex, primary language, and disability status subgroups for applicants, recipients or participants using, if needed, statistical oversamples of these subpopulations; and

(D) any other demographic data as deemed appropriate by the Secretary regarding health disparities.

(2) Collection standards

In collecting data described in paragraph (1), the Secretary or designee shall—

(A) use Office of Management and Budget standards, at a minimum, for race and ethnicity measures;

(B) develop standards for the measurement of sex, primary language, and disability status;

(C) develop standards for the collection of data described in paragraph (1) that, at a minimum—

(i) collects self-reported data by the applicant, recipient, or participant; and

(ii) collects data from a parent or legal guardian if the applicant, recipient, or participant is a minor or legally incapacitated;

(D) survey health care providers and establish other procedures in order to assess access to care and treatment for individuals with disabilities and to identify—

(i) locations where individuals with disabilities access primary, acute (including intensive), and long-term care;

(ii) the number of providers with accessible facilities and equipment to meet the needs of the individuals with disabilities, including medical diagnostic equipment that meets the minimum technical criteria set forth in section 794f of title 29; and

(iii) the number of employees of health care providers trained in disability awareness and patient care of individuals with disabilities; and

(E) require that any reporting requirement imposed for purposes of measuring quality under any ongoing or federally conducted or supported health care or public health program, activity, or survey includes requirements for the collection of data on individuals receiving health care items or services under such programs activities[1] by race, ethnicity, sex, primary language, and disability status.

(3) Data management

In collecting data described in paragraph (1), the Secretary, acting through the National Coordinator for Health Information Technology shall—

(A) develop national standards for the management of data collected; and

(B) develop interoperability and security systems for data management.

[1] So in original.

(b) Data analysis

(1)[2] In general

For each federally conducted or supported health care or public health program or activity, the Secretary shall analyze data collected under paragraph (a) to detect and monitor trends in health disparities (as defined for purposes of section 285t[3] of this title) at the Federal and State levels.

(c) Data reporting and dissemination

(1) In general

The Secretary shall make the analyses described in (b)[4] available to—

(A) the Office of Minority Health;

(B) the National Center on Minority Health and Health Disparities;

(C) the Agency for Healthcare Research and Quality;

(D) the Centers for Disease Control and Prevention;

(E) the Centers for Medicare & Medicaid Services;

(F) the Indian Health Service and epidemiology centers funded under the Indian Health Care Improvement Act [25 U.S.C. 1601 et seq.];

(G) the Office of Rural health;[5]

(H) other agencies within the Department of Health and Human Services; and

(I) other entities as determined appropriate by the Secretary.

(2) Reporting of data

The Secretary shall report data and analyses described in (a)[6] and (b) through—

(A) public postings on the Internet websites of the Department of Health and Human Services; and

(B) any other reporting or dissemination mechanisms determined appropriate by the Secretary.

(3) Availability of data

The Secretary may make data described in (a) and (b) available for additional research, analyses, and dissemination to other Federal agencies, non-governmental entities, and the public, in accordance with any Federal agency's data user agreements.

(d) Limitations on use of data

Nothing in this section shall be construed to permit the use of information collected under this section in a manner that would adversely affect any individual.

(e) Protection and sharing of data

(1) Privacy and other safeguards

The Secretary shall ensure (through the promulgation of regulations or otherwise) that—

(A) all data collected pursuant to subsection (a) is protected—

(i) under privacy protections that are at least as broad as those that the Secretary applies to other health data under the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191; 110 Stat. 2033); and

(ii) from all inappropriate internal use by any entity that collects, stores, or receives the data, including use of such data in determinations of eligibility (or continued eligibility) in health plans, and from other inappropriate uses, as defined by the Secretary; and

(B) all appropriate information security safeguards are used in the collection, analysis, and sharing of data collected pursuant to subsection (a).

(2) Data sharing

The Secretary shall establish procedures for sharing data collected pursuant to subsection (a), measures relating to such data, and analyses of such data, with other relevant Federal and State agencies including the agencies, centers, and entities within the Department of Health and Human Services specified in subsection (c)(1)..[1]

(f) Data on rural underserved populations

The Secretary shall ensure that any data collected in accordance with this section regarding racial and ethnic minority groups are also collected regarding underserved rural and frontier populations.

(g) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2010 through 2014.

(h) Requirement for implementation

Notwithstanding any other provision of this section, data may not be collected under this section unless funds are directly appropriated for such purpose in an appropriations Act.

(i) Consultation

The Secretary shall consult with the Director of the Office of Personnel Management, the Secretary of Defense, the Secretary of Veterans Affairs, the Director of the Bureau of the Census, the Commissioner of Social Security, and the head of other appropriate Federal agencies in carrying out this section.

(July 1, 1944, ch. 373, title XXXI, § 3101, as added Pub. L. 111–148, title IV, § 4302(a), Mar. 23, 2010, 124 Stat. 578.)

REFERENCES IN TEXT

Section 285t of this title, referred to in subsec. (b)(1), was in the original ''section 485E'', meaning section 485E of act July 1, 1944, which was renumbered section 464z–3 by Pub. L. 111–148, title X, § 10334(c)(1)(D)(i), Mar. 23, 2010, 124 Stat. 973, and is classified to section 285t of this title. The act of July 1, 1944, no longer contains a section 485E.

The Indian Health Care Improvement Act, referred to in subsec. (c)(1)(F), is Pub. L. 94–437, Sept. 30, 1976, 90 Stat. 1400, which is classified principally to chapter 18 (§ 1601 et seq.) of Title 25, Indians. For complete classification of this Act to the Code, see Short Title note set out under section 1601 of Title 25 and Tables.

Section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191; 110 Stat.

[2] So in original. No par. (2) has been enacted.

[3] See References in Text note below.

[4] So in original. Probably should be preceded by ''subsection''.

[5] So in original. Probably should be ''Health;''.

[6] So in original. Probably should be preceded by ''subsections''.

2033), referred to in subsec. (e)(1)(A)(i), is set out as a note under section 1320d–2 of this title.

SUBCHAPTER XXX—COMMUNITY LIVING ASSISTANCE SERVICES AND SUPPORTS

§§ 300*ll* to 300*ll*–9. Repealed. Pub. L. 112–240, title VI, § 642(a), Jan. 2, 2013, 126 Stat. 2358

Section 300*ll*, act July 1, 1944, ch. 373, title XXXII, § 3201, as added Pub. L. 111–148, title VIII, § 8002(a)(1), Mar. 23, 2010, 124 Stat. 828, established the purpose of this subchapter.

Section 300*ll*–1, act July 1, 1944, ch. 373, title XXXII, § 3202, as added Pub. L. 111–148, title VIII, § 8002(a)(1), Mar. 23, 2010, 124 Stat. 828, set out definitions.

Section 300*ll*–2, act July 1, 1944, ch. 373, title XXXII, § 3203, as added and amended Pub. L. 111–148, title VIII, § 8002(a)(1), title X, § 10801(a)(1), Mar. 23, 2010, 124 Stat. 830, 1015, required the Secretary to develop at least 3 actuarially sound benefit plans as alternatives for consideration for designation by the Secretary as the CLASS Independence Benefit Plan.

Section 300*ll*–3, act July 1, 1944, ch. 373, title XXXII, § 3204, as added and amended Pub. L. 111–148, title VIII, § 8002(a)(1), title X, § 10801(a)(2), Mar. 23, 2010, 124 Stat. 834, 1015, related to enrollment and disenrollment requirements.

Section 300*ll*–4, act July 1, 1944, ch. 373, title XXXII, § 3205, as added Pub. L. 111–148, title VIII, § 8002(a)(1), Mar. 23, 2010, 124 Stat. 836, related to benefits and determination of eligibility.

Section 300*ll*–5, act July 1, 1944, ch. 373, title XXXII, § 3206, as added Pub. L. 111–148, title VIII, § 8002(a)(1), Mar. 23, 2010, 124 Stat. 842, related to the CLASS Independence Fund.

Section 300*ll*–6, act July 1, 1944, ch. 373, title XXXII, § 3207, as added Pub. L. 111–148, title VIII, § 8002(a)(1), Mar. 23, 2010, 124 Stat. 844, created the CLASS Independence Advisory Council.

Section 300*ll*–7, act July 1, 1944, ch. 373, title XXXII, § 3208, as added Pub. L. 111–148, title VIII, § 8002(a)(1), Mar. 23, 2010, 124 Stat. 845, related to solvency and fiscal independence of the CLASS program and required regulations and annual reports.

Section 300*ll*–8, act July 1, 1944, ch. 373, title XXXII, § 3209, as added Pub. L. 111–148, title VIII, § 8002(a)(1), Mar. 23, 2010, 124 Stat. 845, required the Inspector General of the Department of Health and Human Services to submit an annual report on CLASS program progress and waste, fraud, and abuse.

Section 300*ll*–9, act July 1, 1944, ch. 373, title XXXII, § 3210, as added Pub. L. 111–148, title VIII, § 8002(a)(1), Mar. 23, 2010, 124 Stat. 846, provided that the CLASS program would be treated for tax purposes as a qualified long-term care insurance contract for qualified long-term care services.

EFFECTIVE DATE

Pub. L. 111–148, title VIII, § 8002(e), Mar. 23, 2010, 124 Stat. 847, which provided that the amendments made by section 8002(a), (b), and (d) (enacting this subchapter, amending section 1396a of this title, and amending provisions set out as a note under section 1396p of this title) were effective on Jan. 1, 2011, was repealed by Pub. L. 112–240, title VI, § 642(b)(1), Jan. 2, 2013, 126 Stat. 2358.

CONSTRUCTION

Pub. L. 111–148, title VIII, § 8002(f), Mar. 23, 2010, 124 Stat. 847, which provided that nothing in title VIII of Pub. L. 111–148 (enacting this subchapter, amending section 1396a of this title, enacting provisions set out as notes under this section and section 201 of this title, and amending provisions set out as a note under section 1396p of this title) was intended to replace or displace public or private disability insurance benefits, including such benefits for income replacement, was repealed by Pub. L. 112–240, title VI, § 642(b)(1), Jan. 2, 2013, 126 Stat. 2358.

PERSONAL CARE ATTENDANTS WORKFORCE ADVISORY PANEL

Pub. L. 111–148, title VIII, § 8002(c), Mar. 23, 2010, 124 Stat. 846, which required the Secretary of Health and Human Services to establish a Personal Care Attendants Workforce Advisory Panel for the purpose of examining and advising the Secretary and Congress on workforce issues related to personal care attendant workers and which set out membership requirements for the Panel, was repealed by Pub. L. 112–240, title VI, § 642(b)(1), Jan. 2, 2013, 126 Stat. 2358.

SUBCHAPTER XXXI—WORLD TRADE CENTER HEALTH PROGRAM

PART A—ESTABLISHMENT OF PROGRAM; ADVISORY COMMITTEE

§ 300mm. Establishment of World Trade Center Health Program

(a) In general

There is hereby established within the Department of Health and Human Services a program to be known as the World Trade Center Health Program, which shall be administered by the WTC Program Administrator, to provide beginning on July 1, 2011—

(1) medical monitoring and treatment benefits to eligible emergency responders and recovery and cleanup workers (including those who are Federal employees) who responded to the September 11, 2001, terrorist attacks; and

(2) initial health evaluation, monitoring, and treatment benefits to residents and other building occupants and area workers in New York City who were directly impacted and adversely affected by such attacks.

(b) Components of program

The WTC Program includes the following components:

(1) Medical monitoring for responders

Medical monitoring under section 300mm–21 of this title, including clinical examinations and long-term health monitoring and analysis for enrolled WTC responders who were likely to have been exposed to airborne toxins that were released, or to other hazards, as a result of the September 11, 2001, terrorist attacks.

(2) Initial health evaluation for survivors

An initial health evaluation under section 300mm–31 of this title, including an evaluation to determine eligibility for followup monitoring and treatment.

(3) Followup monitoring and treatment for WTC-related health conditions for responders and survivors

Provision under sections 300mm–22, 300mm–32, and 300mm–33 of this title of followup monitoring and treatment and payment, subject to the provisions of subsection (d), for all medically necessary health and mental health care expenses of an individual with respect to a WTC-related health condition (including necessary prescription drugs).

(4) Outreach

Establishment under section 300mm–2 of this title of an education and outreach program to potentially eligible individuals concerning the benefits under this subchapter.