

market rates for medical services and the geographic differences in those rates;

(B) use the best available statistical methods and data processing technology to develop such fee schedules and other database tools;

(C) regularly update such fee schedules and other database tools to reflect changes in charges for medical services;

(D) make health care cost information readily available to the public through an Internet website that allows consumers to understand the amounts that health care providers in their area charge for particular medical services; and

(E) regularly publish information concerning the statistical methodologies used by the center to analyze health charge data and make such data available to researchers and policy makers.

(2) Conflicts of interest

A center established under subsection (c)(1)(C) shall adopt by-laws that ensures that the center (and all members of the governing board of the center) is independent and free from all conflicts of interest. Such by-laws shall ensure that the center is not controlled or influenced by, and does not have any corporate relation to, any individual or entity that may make or receive payments for health care services based on the center's analysis of health care costs.

(3) Rule of construction

Nothing in this subsection shall be construed to permit a center established under subsection (c)(1)(C) to compel health insurance issuers to provide data to the center.

(July 1, 1944, ch. 373, title XXVII, §2794, as added and amended Pub. L. 111-148, title I, §1003, title X, §10101(i), Mar. 23, 2010, 124 Stat. 139, 891.)

CODIFICATION

Another section 2794 of act July 1, 1944, is classified to section 300gg-95 of this title.

AMENDMENTS

2010—Subsec. (c)(1)(C). Pub. L. 111-148, §10101(i)(1), added subpar. (C).

Subsec. (d). Pub. L. 111-148, §10101(i)(2), added subsec. (d).

EFFECTIVE DATE

Section effective for fiscal years beginning with fiscal year 2010, see section 1004(a) of Pub. L. 111-148, set out as a note under section 300gg-11 of this title.

Section effective Mar. 23, 2010, see section 1004(b) of Pub. L. 111-148, set out as a note under section 300gg-11 of this title.

§ 300gg-95. Uniform fraud and abuse referral format

The Secretary shall request the National Association of Insurance Commissioners to develop a model uniform report form for private health insurance issuer¹ seeking to refer suspected fraud and abuse to State insurance departments or other responsible State agencies for investigation. The Secretary shall request that the

National Association of Insurance Commissioners develop recommendations for uniform reporting standards for such referrals.

(July 1, 1944, ch. 373, title XXVII, §2794, as added Pub. L. 111-148, title VI, §6603, Mar. 23, 2010, 124 Stat. 780.)

CODIFICATION

Another section 2794 of act July 1, 1944, is classified to section 300gg-94 of this title.

SUBCHAPTER XXVI—NATIONAL ALL-HAZARDS PREPAREDNESS FOR PUBLIC HEALTH EMERGENCIES

AMENDMENTS

2006—Pub. L. 109-417, title I, §101(1), Dec. 19, 2006, 120 Stat. 2832, substituted “NATIONAL ALL-HAZARDS PREPAREDNESS FOR PUBLIC HEALTH EMERGENCIES” for “NATIONAL PREPAREDNESS FOR BIOTERRORISM AND OTHER PUBLIC HEALTH EMERGENCIES” in heading.

PART A—NATIONAL ALL-HAZARDS PREPAREDNESS AND RESPONSE PLANNING, COORDINATING, AND REPORTING

AMENDMENTS

2006—Pub. L. 109-417, title I, §101(2), Dec. 19, 2006, 120 Stat. 2832, substituted “National All-Hazards Preparedness” for “National Preparedness” in heading.

§ 300hh. Public health and medical preparedness and response functions

(a) In general

The Secretary of Health and Human Services shall lead all Federal public health and medical response to public health emergencies and incidents covered by the National Response Plan developed pursuant to section 314(6)¹ of title 6, or any successor plan.

(b) Interagency agreement

The Secretary, in collaboration with the Secretary of Veterans Affairs, the Secretary of Transportation, the Secretary of Defense, the Secretary of Homeland Security, and the head of any other relevant Federal agency, shall establish an interagency agreement, consistent with the National Response Plan or any successor plan, under which agreement the Secretary of Health and Human Services shall assume operational control of emergency public health and medical response assets, as necessary, in the event of a public health emergency, except that members of the armed forces under the authority of the Secretary of Defense shall remain under the command and control of the Secretary of Defense, as shall any associated assets of the Department of Defense.

(July 1, 1944, ch. 373, title XXVIII, §2801, as added Pub. L. 107-188, title I, §101(a), June 12, 2002, 116 Stat. 596; amended Pub. L. 109-417, title I, §101(2), Dec. 19, 2006, 120 Stat. 2832.)

REFERENCES IN TEXT

Section 314(6) of title 6, referred to in subsec. (a), was in the original “section 502(6) of the Homeland Security Act of 2002”, and was translated as meaning section 504(6) of Pub. L. 107-296, to reflect the probable intent

¹ So in original. Probably should be “issuers”.

¹ See References in Text note below.