

Subsec. (c)(6)(B), (C). Pub. L. 114-113, §302(a)(3)(F)(i), (ii), redesignated subpar. (C) as (B) and struck out former subpar. (B) which read as follows: “for fiscal year 2012, \$7,000,000; and”.

CHAPTER 7—SOCIAL SECURITY

SUBCHAPTER I—GRANTS TO STATES FOR OLD-AGE ASSISTANCE

Sec.	
301.	Authorization of appropriations.
302.	State old-age plans.
303.	Payments to States and certain territories; computation of amount; eligibility of State to receive payment.
304.	Stopping payment on deviation from required provisions of plan or failure to comply therewith.
305.	Omitted.
306.	Definitions.

SUBCHAPTER II—FEDERAL OLD-AGE, SURVIVORS, AND DISABILITY INSURANCE BENEFITS

401.	Trust Funds.
401a.	Omitted.
402.	Old-age and survivors insurance benefit payments.
403.	Reduction of insurance benefits.
404.	Overpayments and underpayments.
405.	Evidence, procedure, and certification for payments.
405a.	Regulations pertaining to frequency or due dates of payments and reports under voluntary agreements covering State and local employees; effective date.
406.	Representation of claimants before Commissioner.
407.	Assignment of benefits.
408.	Penalties.
409.	“Wages” defined.
410.	Definitions relating to employment.
410a.	Transferred.
411.	Definitions relating to self-employment.
412.	Self-employment income credited to calendar years.
413.	Quarter and quarter of coverage.
414.	Insured status for purposes of old-age and survivors insurance benefits.
415.	Computation of primary insurance amount.
416.	Additional definitions.
417.	Benefits for veterans.
418.	Voluntary agreements for coverage of State and local employees.
419.	Repealed.
420.	Disability provisions inapplicable if benefit rights impaired.
421.	Disability determinations.
422.	Rehabilitation services.
423.	Disability insurance benefit payments.
424.	Repealed.
424a.	Reduction of disability benefits.
425.	Additional rules relating to benefits based on disability.
426.	Entitlement to hospital insurance benefits.
426-1.	End stage renal disease program.
426a.	Transitional provision on eligibility of uninsured individuals for hospital insurance benefits.
427.	Transitional insured status for purposes of old-age and survivors benefits.
428.	Benefits at age 72 for certain uninsured individuals.
429.	Benefits in case of members of uniformed services.
430.	Adjustment of contribution and benefit base.

Sec.	
431.	Benefits for certain individuals interned by United States during World War II.
432.	Processing of tax data.
433.	International agreements.
434.	Demonstration project authority.

SUBCHAPTER III—GRANTS TO STATES FOR UNEMPLOYMENT COMPENSATION ADMINISTRATION

501.	Use of available funds.
502.	Payments to States; computation of amounts.
503.	State laws.
504.	Judicial review.
505.	Demonstration projects.

SUBCHAPTER IV—GRANTS TO STATES FOR AID AND SERVICES TO NEEDY FAMILIES WITH CHILDREN AND FOR CHILD-WELFARE SERVICES

PART A—BLOCK GRANTS TO STATES FOR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

601.	Purpose.
602.	Eligible States; State plan.
603.	Grants to States.
603a.	Transferred.
604.	Use of grants.
604a.	Services provided by charitable, religious, or private organizations.
605.	Administrative provisions.
606.	Federal loans for State welfare programs.
607.	Mandatory work requirements.
608.	Prohibitions; requirements.
608a.	Fraud under means-tested welfare and public assistance programs.
609.	Penalties.
610.	Appeal of adverse decision.
611.	Data collection and reporting.
611a.	State required to provide certain information.
612.	Direct funding and administration by Indian tribes.
613.	Research, evaluations, and national studies.
614.	Repealed.
615.	Waivers.
616.	Administration.
617.	Limitation on Federal authority.
618.	Funding for child care.
619.	Definitions.

PART B—CHILD AND FAMILY SERVICES

SUBPART 1—CHILD WELFARE SERVICES

620.	Repealed.
621.	Purpose.
622.	State plans for child welfare services.
623.	Allotments to States.
624.	Payment to States.
625.	Limitations on authorization of appropriations.
626.	Research, training, or demonstration projects.
627.	Family connection grants.
628.	Payments to Indian tribal organizations.
628a.	Transferred.
628b.	National random sample study of child welfare.

SUBPART 2—PROMOTING SAFE AND STABLE FAMILIES

629.	Purpose.
629a.	Definitions.
629b.	State plans.
629c.	Allotments to States.
629d.	Payments to States.
629e.	Evaluations; research; technical assistance.

Sec. 629f.	Authorization of appropriations; reservation of certain amounts.	Sec. 672.	Foster care maintenance payments program.
629g.	Discretionary and targeted grants.	673.	Adoption and guardianship assistance program.
629h.	Entitlement funding for State courts to assess and improve handling of proceedings relating to foster care and adoption.	673a.	Interstate compacts.
		673b.	Adoption and legal guardianship incentive payments.
629i.	Grants for programs for mentoring children of prisoners.	673c.	Timely interstate home study incentive payments.
	SUBPART 3—COMMON PROVISIONS	674.	Payments to States.
629m.	Data standardization for improved data matching.	675.	Definitions.
	PART C—WORK INCENTIVE PROGRAM FOR RECIPIENTS OF AID UNDER STATE PLAN APPROVED UNDER PART A	675a.	Additional case plan and case review system requirements.
630 to 645.	Repealed or Omitted.	676.	Administration.
	PART D—CHILD SUPPORT AND ESTABLISHMENT OF PATERNITY	677.	John H. Chafee Foster Care Independence Program.
651.	Authorization of appropriations.	678.	Rule of construction.
652.	Duties of Secretary.	679.	Collection of data relating to adoption and foster care.
653.	Federal Parent Locator Service.	679a.	National Adoption Information Clearinghouse.
653a.	State Directory of New Hires.	679b.	Annual report.
654.	State plan for child and spousal support.	679c.	Programs operated by Indian tribal organizations.
654a.	Automated data processing.		PART F—JOB OPPORTUNITIES AND BASIC SKILLS TRAINING PROGRAM
654b.	Collection and disbursement of support payments.	681 to 687.	Repealed.
655.	Payments to States.		SUBCHAPTER V—MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
655a.	Provision for reimbursement of expenses.	701.	Authorization of appropriations; purposes; definitions.
656.	Support obligation as obligation to State; amount; discharge in bankruptcy.	702.	Allotment to States and Federal set-aside.
657.	Distribution of collected support.	703.	Payments to States.
658.	Repealed.	703a.	Omitted.
658a.	Incentive payments to States.	704.	Use of allotment funds.
659.	Consent by United States to income withholding, garnishment, and similar proceedings for enforcement of child support and alimony obligations.	704a.	Omitted.
659a.	International support enforcement.	704b.	Nonavailability of allotments after close of fiscal year.
660.	Civil action to enforce child support obligations; jurisdiction of district courts.	705.	Application for block grant funds.
661, 662.	Repealed.	706.	Administrative and fiscal accountability.
663.	Use of Federal Parent Locator Service in connection with enforcement or determination of child custody in cases of parental kidnaping of child.	707.	Criminal penalty for false statements.
664.	Collection of past-due support from Federal tax refunds.	708.	Nondiscrimination provisions.
665.	Allotments from pay for child and spousal support owed by members of uniformed services on active duty.	709.	Administration of Federal and State programs.
666.	Requirement of statutorily prescribed procedures to improve effectiveness of child support enforcement.	710.	Separate program for abstinence education.
667.	State guidelines for child support awards.	711.	Maternal, infant, and early childhood home visiting programs.
668.	Encouragement of States to adopt civil procedure for establishing paternity in contested cases.	712.	Services to individuals with a postpartum condition and their families.
669.	Collection and reporting of child support enforcement data.	713.	Personal responsibility education.
669a.	Nonliability for financial institutions providing financial records to State child support enforcement agencies in child support cases.	714 to 731.	Omitted or Repealed.
669b.	Grants to States for access and visitation programs.		SUBCHAPTER VI—TEMPORARY STATE FISCAL RELIEF
	PART E—FEDERAL PAYMENTS FOR FOSTER CARE AND ADOPTION ASSISTANCE	801.	Repealed.
670.	Congressional declaration of purpose; authorization of appropriations.		SUBCHAPTER VII—ADMINISTRATION
671.	State plan for foster care and adoption assistance.	901.	Social Security Administration.
		901a.	Repealed.
		902.	Commissioner; Deputy Commissioner; other officers.
		903.	Social Security Advisory Board.
		904.	Administrative duties of Commissioner.
		905, 905a.	Transferred.
		906.	Training grants for public welfare personnel.
		907.	Repealed.
		907a.	National Commission on Social Security.
		908.	Omitted.
		909.	Delivery of benefit checks.
		910.	Recommendations by Board of Trustees to remedy inadequate balances in Social Security trust funds.

Sec. 911.	Budgetary treatment of trust fund operations.	Sec. 1308.	Additional grants to Puerto Rico, Virgin Islands, Guam, and American Samoa; limitation on total payments.
912.	Office of Rural Health Policy.	1309.	Amounts disregarded not to be taken into account in determining eligibility of other individuals.
913.	Duties and authority of Secretary.	1310.	Cooperative research or demonstration projects.
914.	Office of Women's Health.	1311.	Public assistance payments to legal representatives.
SUBCHAPTER VIII—SPECIAL BENEFITS FOR CERTAIN WORLD WAR II VETERANS		1312.	Medical care guides and reports for public assistance and medical assistance.
1001.	Basic entitlement to benefits.	1313.	Assistance for United States citizens returned from foreign countries.
1002.	Qualified individuals.	1314.	Public advisory groups.
1003.	Residence outside the United States.	1314a.	Measurement and reporting of welfare receipt.
1004.	Disqualifications.	1314b.	National Advisory Committee on the Sex Trafficking of Children and Youth in the United States.
1005.	Benefit amount.	1315.	Demonstration projects.
1006.	Applications and furnishing of information.	1315a.	Center for Medicare and Medicaid Innovation.
1007.	Representative payees.	1315b.	Providing Federal coverage and payment coordination for dual eligible beneficiaries.
1008.	Overpayments and underpayments.	1316.	Administrative and judicial review of public assistance determinations.
1009.	Hearings and review.	1317.	Appointment of the Administrator and Chief Actuary of the Centers for Medicare & Medicaid Services.
1010.	Other administrative provisions.	1318.	Alternative Federal payment with respect to public assistance expenditures.
1010a.	Optional Federal administration of State recognition payments.	1319.	Federal participation in payments for repairs to home owned by recipient of aid or assistance.
1011.	Penalties for fraud.	1320.	Approval of certain projects.
1012.	Definitions.	1320a.	Uniform reporting systems for health services facilities and organizations.
1013.	Appropriations.	1320a-1.	Limitation on use of Federal funds for capital expenditures.
SUBCHAPTER IX—EMPLOYMENT SECURITY ADMINISTRATIVE FINANCING		1320a-1a.	Transferred.
1101.	Employment security administration account.	1320a-2.	Effect of failure to carry out State plan.
1102.	Transfers between Federal unemployment account and employment security administration account.	1320a-2a.	Reviews of child and family services programs, and of foster care and adoption assistance programs, for conformity with State plan requirements.
1103.	Amounts transferred to State accounts.	1320a-3.	Disclosure of ownership and related information; procedure; definitions; scope of requirements.
1104.	Unemployment Trust Fund.	1320a-3a.	Disclosure requirements for other providers under part B of Medicare.
1105.	Extended unemployment compensation account.	1320a-4.	Issuance of subpoenas by Comptroller General.
1106.	Unemployment compensation research program.	1320a-5.	Disclosure by institutions, organizations, and agencies of owners, officers, etc., convicted of offenses related to programs; notification requirements; "managing employee" defined.
1107.	Personnel training.	1320a-6.	Adjustments in SSI benefits on account of retroactive benefits under subchapter II.
1108.	Advisory Council on Unemployment Compensation.	1320a-6a.	Interagency coordination to improve program administration.
1109.	Federal Employees Compensation Account.	1320a-7.	Exclusion of certain individuals and entities from participation in Medicare and State health care programs.
1110.	Borrowing between Federal accounts.	1320a-7a.	Civil monetary penalties.
1111.	Data exchange standardization for improved interoperability.	1320a-7b.	Criminal penalties for acts involving Federal health care programs.
SUBCHAPTER X—GRANTS TO STATES FOR AID TO BLIND		1320a-7c.	Fraud and abuse control program.
1201.	Authorization of appropriations.	1320a-7d.	Guidance regarding application of health care fraud and abuse sanctions.
1202.	State plans for aid to blind.	1320a-7e.	Health care fraud and abuse data collection program.
1202a.	Repealed.	1320a-7f.	Coordination of medicare and medicaid surety bond provisions.
1203.	Payment to States.	1320a-7g.	Funds to reduce medicaid fraud and abuse.
1204.	Operation of State plans.		
1205.	Omitted.		
1206.	"Aid to the blind" defined.		
SUBCHAPTER XI—GENERAL PROVISIONS, PEER REVIEW, AND ADMINISTRATIVE SIMPLIFICATION			
PART A—GENERAL PROVISIONS			
1301.	Definitions.		
1301-1, 1301a.	Omitted.		
1302.	Rules and regulations; impact analyses of Medicare and Medicaid rules and regulations on small rural hospitals.		
1303.	Separability.		
1304.	Reservation of right to amend or repeal.		
1305.	Short title of chapter.		
1306.	Disclosure of information in possession of Social Security Administration or Department of Health and Human Services.		
1306a.	Public access to State disbursement records.		
1306b.	State data exchanges.		
1306c.	Restriction on access to the Death Master File.		
1307.	Penalty for fraud.		

Sec.		Sec.	
1320a-7h.	Transparency reports and reporting of physician ownership or investment interests.	1320b-21.	State grants for work incentives assistance to disabled beneficiaries.
1320a-7i.	Reporting of information relating to drug samples.	1320b-22.	Grants to develop and establish State infrastructures to support working individuals with disabilities.
1320a-7j.	Accountability requirements for facilities.	1320b-23.	Pharmacy benefit managers transparency requirements.
1320a-7k.	Medicare and Medicaid program integrity provisions.	1320b-24.	Consultation with Tribal Technical Advisory Group.
1320a-7l.	Nationwide program for national and State background checks on direct patient access employees of long-term care facilities and providers.	1320b-25.	Reporting to law enforcement of crimes occurring in federally funded long-term care facilities.
1320a-7m.	Use of predictive modeling and other analytics technologies to identify and prevent waste, fraud, and abuse in the Medicare fee-for-service program.	PART B—PEER REVIEW OF UTILIZATION AND QUALITY OF HEALTH CARE SERVICES	
1320a-7n.	Disclosure of predictive modeling and other analytics technologies to identify and prevent waste, fraud, and abuse.	1320c.	Purpose.
1320a-8.	Civil monetary penalties and assessments for subchapters II, VIII and XVI.	1320c-1.	Definition of quality improvement organization.
1320a-8a.	Administrative procedure for imposing penalties for false or misleading statements.	1320c-2.	Contracts with quality improvement organizations.
1320a-8b.	Attempts to interfere with administration of this chapter.	1320c-3.	Functions of quality improvement organizations.
1320a-9.	Demonstration projects.	1320c-4.	Right to hearing and judicial review.
1320a-10.	Effect of failure to carry out State plan.	1320c-5.	Obligations of health care practitioners and providers of health care services; sanctions and penalties; hearings and review.
1320b.	Repealed.	1320c-6.	Limitation on liability.
1320b-1.	Notification of Social Security claimant with respect to deferred vested benefits.	1320c-7.	Application of this part to certain State programs receiving Federal financial assistance.
1320b-2.	Period within which certain claims must be filed.	1320c-8.	Authorization for use of certain funds to administer provisions of this part.
1320b-3.	Applicants or recipients under public assistance programs not to be required to make election respecting certain veterans' benefits.	1320c-9.	Prohibition against disclosure of information.
1320b-4.	Nonprofit hospital or critical access hospital philanthropy.	1320c-10.	Annual reports.
1320b-5.	Authority to waive requirements during national emergencies.	1320c-11.	Exemptions for religious nonmedical health care institutions.
1320b-6.	Exclusion of representatives and health care providers convicted of violations from participation in social security programs.	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.
1320b-7.	Income and eligibility verification system.	1320c-13 to 1320c-22. Repealed or Omitted.	
1320b-8.	Hospital protocols for organ procurement and standards for organ procurement agencies.	PART C—ADMINISTRATIVE SIMPLIFICATION	
1320b-9.	Improved access to, and delivery of, health care for Indians under subchapters XIX and XXI.	1320d.	Definitions.
1320b-9a.	Child health quality measures.	1320d-1.	General requirements for adoption of standards.
1320b-9b.	Adult health quality measures.	1320d-2.	Standards for information transactions and data elements.
1320b-10.	Prohibitions relating to references to Social Security or Medicare.	1320d-3.	Timetables for adoption of standards.
1320b-11.	Blood Donor Locator Service.	1320d-4.	Requirements.
1320b-12.	Research on outcomes of health care services and procedures.	1320d-5.	General penalty for failure to comply with requirements and standards.
1320b-13.	Social security account statements.	1320d-6.	Wrongful disclosure of individually identifiable health information.
1320b-14.	Outreach efforts to increase awareness of the availability of medicare cost-sharing and subsidies for low-income individuals under subchapter XVIII.	1320d-7.	Effect on State law.
1320b-15.	Protection of social security and medicare trust funds.	1320d-8.	Processing payment transactions by financial institutions.
1320b-16.	Public disclosure of certain information on hospital financial interest and referral patterns.	1320d-9.	Application of HIPAA regulations to genetic information.
1320b-17.	Cross-program recovery of overpayments from benefits.	PART D—COMPARATIVE CLINICAL EFFECTIVENESS RESEARCH	
1320b-18.	Repealed.	1320e.	Comparative clinical effectiveness research.
1320b-19.	The Ticket to Work and Self-Sufficiency Program.	1320e-1.	Limitations on certain uses of comparative clinical effectiveness research.
1320b-20.	Work incentives outreach program.	1320e-2.	Trust Fund transfers to Patient-Centered Outcomes Research Trust Fund.
		1320e-3.	Information exchange with payroll data providers.
		SUBCHAPTER XII—ADVANCES TO STATE UNEMPLOYMENT FUNDS	
		1321.	Eligibility requirements for transfer of funds; reimbursement by State; application; certification; limitation.

Sec. 1322.	Repayment by State; certification; transfer; interest on loan; credit of interest on loan.	Sec. 1394.	Payments to States; adjustments; advances or reimbursement; installments; conditions.
1323.	Repayable advances to Federal unemployment account.	SUBCHAPTER XVIII—HEALTH INSURANCE FOR AGED AND DISABLED	
1324.	“Governor” defined.	1395.	Prohibition against any Federal interference.
SUBCHAPTER XIII—RECONVERSION UNEMPLOYMENT BENEFITS FOR SEAMEN		1395a.	Free choice by patient guaranteed.
1331 to 1336.	Repealed.	1395b.	Option to individuals to obtain other health insurance protection.
SUBCHAPTER XIV—GRANTS TO STATES FOR AID TO PERMANENTLY AND TOTALLY DISABLED		1395b-1.	Incentives for economy while maintaining or improving quality in provision of health services.
1351.	Authorization of appropriations.	1395b-2.	Notice of medicare benefits; medicare and medigap information.
1352.	State plans for aid to permanently and totally disabled.	1395b-3.	Health insurance advisory service for medicare beneficiaries.
1353.	Payments to States.	1395b-4.	Health insurance information, counseling, and assistance grants.
1354.	Operation of State plans.	1395b-5.	Beneficiary incentive programs.
1355.	Definitions.	1395b-6.	Medicare Payment Advisory Commission.
SUBCHAPTER XV—UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES		1395b-7.	Explanation of medicare benefits.
1361 to 1371.	Repealed.	1395b-8.	Chronic care improvement.
SUBCHAPTER XVI—SUPPLEMENTAL SECURITY INCOME FOR AGED, BLIND, AND DISABLED		1395b-9.	Provisions relating to administration.
1381.	Statement of purpose; authorization of appropriations.	1395b-10.	Addressing health care disparities.
1381a.	Basic entitlement to benefits.	PART A—HOSPITAL INSURANCE BENEFITS FOR AGED AND DISABLED	
PART A—DETERMINATION OF BENEFITS		1395c.	Description of program.
1382.	Eligibility for benefits.	1395d.	Scope of benefits.
1382a.	Income; earned and unearned income defined; exclusions from income.	1395e.	Deductibles and coinsurance.
1382b.	Resources.	1395f.	Conditions of and limitations on payment for services.
1382c.	Definitions.	1395g.	Payments to providers of services.
1382d.	Rehabilitation services for blind and disabled individuals.	1395h.	Provisions relating to the administration of part A.
1382e.	Supplementary assistance by State or subdivision to needy individuals.	1395i.	Federal Hospital Insurance Trust Fund.
1382f.	Cost-of-living adjustments in benefits.	1395i-1.	Authorization of appropriations.
1382g.	Payments to State for operation of supplementation program.	1395i-1a.	Repealed.
1382h.	Benefits for individuals who perform substantial gainful activity despite severe medical impairment.	1395i-2.	Hospital insurance benefits for uninsured elderly individuals not otherwise eligible.
1382i.	Medical and social services for certain handicapped persons.	1395i-2a.	Hospital insurance benefits for disabled individuals who have exhausted other entitlement.
1382j.	Attribution of sponsor’s income and resources to aliens.	1395i-3.	Requirements for, and assuring quality of care in, skilled nursing facilities.
1382k.	Repealed.	1395i-3a.	Protecting residents of long-term care facilities.
PART B—PROCEDURAL AND GENERAL PROVISIONS		1395i-4.	Medicare rural hospital flexibility program.
1383.	Procedure for payment of benefits.	1395i-5.	Conditions for coverage of religious non-medical health care institutional services.
1383a.	Penalties for fraud.	PART B—SUPPLEMENTARY MEDICAL INSURANCE BENEFITS FOR AGED AND DISABLED	
1383b.	Administration.	1395j.	Establishment of supplementary medical insurance program for aged and disabled.
1383c.	Eligibility for medical assistance of aged, blind, or disabled individuals under State’s medical assistance plan.	1395k.	Scope of benefits; definitions.
1383d.	Outreach program for children.	1395l.	Payment of benefits.
1383e.	Treatment referrals for individuals with alcoholism or drug addiction condition.	1395m.	Special payment rules for particular items and services.
1383f.	Annual report on program.	1395m-1.	Improving policies for clinical diagnostic laboratory tests.
1384, 1385.	Omitted.	1395n.	Procedure for payment of claims of providers of services.
SUBCHAPTER XVII—GRANTS FOR PLANNING COMPREHENSIVE ACTION TO COMBAT MENTAL RETARDATION		1395o.	Eligible individuals.
1391.	Authorization of appropriations.	1395p.	Enrollment periods.
1392.	Availability of funds during certain fiscal years; limitation on amount; utilization of grant.	1395q.	Coverage period.
1393.	Applications; single State agency designation; essential planning services; plans for expenditure; final activities report and other necessary reports; records; accounting.	1395r.	Amount of premiums for individuals enrolled under this part.
		1395s.	Payment of premiums.
		1395t.	Federal Supplementary Medical Insurance Trust Fund.

Sec. 1395tt.	Hospital providers of extended care services.	Sec. 1396n.	Compliance with State plan and payment provisions.
1395uu.	Payments to promote closing or conversion of underutilized hospital facilities.	1396o.	Use of enrollment fees, premiums, deductions, cost sharing, and similar charges.
1395vv.	Withholding payments from certain Medicaid providers.	1396o-1.	State option for alternative premiums and cost sharing.
1395ww.	Payments to hospitals for inpatient hospital services.	1396p.	Liens, adjustments and recoveries, and transfers of assets.
1395xx.	Payment of provider-based physicians and payment under certain percentage arrangements.	1396q.	Application of provisions of subchapter II relating to subpoenas.
1395yy.	Payment to skilled nursing facilities for routine service costs.	1396r.	Requirements for nursing facilities.
1395zz.	Provider education and technical assistance.	1396r-1.	Presumptive eligibility for pregnant women.
1395aaa.	Contract with a consensus-based entity regarding performance measurement.	1396r-1a.	Presumptive eligibility for children.
1395aaa-1.	Quality and efficiency measurement.	1396r-1b.	Presumptive eligibility for certain breast or cervical cancer patients.
1395bbb.	Conditions of participation for home health agencies; home health quality.	1396r-1c.	Presumptive eligibility for family planning services.
1395ccc.	Offset of payments to individuals to collect past-due obligations arising from breach of scholarship and loan contract.	1396r-2.	Information concerning sanctions taken by State licensing authorities against health care practitioners and providers.
1395ddd.	Medicare Integrity Program.	1396r-3.	Correction and reduction plans for intermediate care facilities for mentally retarded.
1395eee.	Payments to, and coverage of benefits under, programs of all-inclusive care for elderly (PACE).	1396r-4.	Adjustment in payment for inpatient hospital services furnished by disproportionate share hospitals.
1395fff.	Prospective payment for home health services.	1396r-5.	Treatment of income and resources for certain institutionalized spouses.
1395ggg.	Omitted.	1396r-6.	Extension of eligibility for medical assistance.
1395hhh.	Health care infrastructure improvement program.	1396r-7.	Repealed.
1395iii.	Medicare Improvement Fund.	1396r-8.	Payment for covered outpatient drugs.
1395jjj.	Shared savings program.	1396s.	Program for distribution of pediatric vaccines.
1395kkk.	Independent Payment Advisory Board.	1396t.	Home and community care for functionally disabled elderly individuals.
1395kkk-1.	GAO study and report on determination and implementation of payment and coverage policies under the Medicare program.	1396u.	Community supported living arrangements services.
1395lll.	Standardized post-acute care (PAC) assessment data for quality, payment, and discharge planning.	1396u-1.	Assuring coverage for certain low-income families.
SUBCHAPTER XIX—GRANTS TO STATES FOR MEDICAL ASSISTANCE PROGRAMS		1396u-2.	Provisions relating to managed care.
1396.	Medicaid and CHIP Payment and Access Commission.	1396u-3.	State coverage of Medicare cost-sharing for additional low-income Medicare beneficiaries.
1396-1.	Appropriations.	1396u-4.	Program of all-inclusive care for elderly (PACE).
1396a.	State plans for medical assistance.	1396u-5.	Special provisions relating to Medicare prescription drug benefit.
1396b.	Payment to States.	1396u-6.	Medicaid Integrity Program.
1396b-1.	Payment adjustment for health care-acquired conditions.	1396u-7.	State flexibility in benefit packages.
1396c.	Operation of State plans.	1396u-8.	Health opportunity accounts.
1396d.	Definitions.	1396v.	References to laws directly affecting Medicaid program.
1396e.	Enrollment of individuals under group health plans.	1396w.	Asset verification through access to information held by financial institutions.
1396e-1.	Premium assistance.	1396w-1.	Medicaid Improvement Fund.
1396f.	Observance of religious beliefs.	1396w-2.	Authorization to receive relevant information.
1396g.	State programs for licensing of administrators of nursing homes.	1396w-3.	Enrollment simplification and coordination with State health insurance exchanges.
1396g-1.	Required laws relating to medical child support.	1396w-4.	State option to provide coordinated care through a health home for individuals with chronic conditions.
1396h.	State false claims act requirements for increased State share of recoveries.	1396w-5.	Addressing health care disparities.
1396i.	Certification and approval of rural health clinics and intermediate care facilities for mentally retarded.	SUBCHAPTER XX—BLOCK GRANTS TO STATES FOR SOCIAL SERVICES AND ELDER JUSTICE	
1396j.	Indian Health Service facilities.	DIVISION A—BLOCK GRANTS TO STATES FOR SOCIAL SERVICES	
1396k.	Assignment, enforcement, and collection of rights of payments for medical care; establishment of procedures pursuant to State plan; amounts retained by State.	1397.	Purposes of division; authorization of appropriations.
1396l.	Hospital providers of nursing facility services.	1397a.	Payments to States.
1396m.	Withholding of Federal share of payments for certain Medicare providers.	1397b.	Allotments.

- Sec.
 1397c. State reporting requirements.
 1397d. Limitation on use of grants; waiver.
 1397e. Administrative and fiscal accountability.
 1397f. Additional grants.
 1397g. Demonstration projects to address health professions workforce needs.
 1397h. Program for early detection of certain medical conditions related to environmental health hazards.

DIVISION B—ELDER JUSTICE

- 1397j. Definitions.
 1397j-1. General provisions.

PART I—NATIONAL COORDINATION OF ELDER JUSTICE ACTIVITIES AND RESEARCH

SUBPART A—ELDER JUSTICE COORDINATING COUNCIL AND ADVISORY BOARD ON ELDER ABUSE, NEGLECT, AND EXPLOITATION

- 1397k. Elder Justice Coordinating Council.
 1397k-1. Advisory Board on Elder Abuse, Neglect, and Exploitation.
 1397k-2. Research protections.
 1397k-3. Authorization of appropriations.

SUBPART B—ELDER ABUSE, NEGLECT, AND EXPLOITATION FORENSIC CENTERS

- 1397l. Establishment and support of elder abuse, neglect, and exploitation forensic centers.

PART II—PROGRAMS TO PROMOTE ELDER JUSTICE

- 1397m. Enhancement of long-term care.
 1397m-1. Adult protective services functions and grant programs.
 1397m-2. Long-term care ombudsman program grants and training.
 1397m-3. Provision of information regarding, and evaluations of, elder justice programs.
 1397m-4. Report.
 1397m-5. Rule of construction.

SUBCHAPTER XXI—STATE CHILDREN'S HEALTH INSURANCE PROGRAM

- 1397aa. Purpose; State child health plans.
 1397bb. General contents of State child health plan; eligibility; outreach.
 1397cc. Coverage requirements for children's health insurance.
 1397dd. Allotments.
 1397ee. Payments to States.
 1397ff. Process for submission, approval, and amendment of State child health plans.
 1397gg. Strategic objectives and performance goals; plan administration.
 1397hh. Annual reports; evaluations.
 1397ii. Miscellaneous provisions.
 1397jj. Definitions.
 1397kk. Phase-out of coverage for nonpregnant childless adults; conditions for coverage of parents.
 1397ll. Optional coverage of targeted low-income pregnant women through a State plan amendment.
 1397mm. Grants to improve outreach and enrollment.

SUBCHAPTER I—GRANTS TO STATES FOR OLD-AGE ASSISTANCE

REPEAL OF SUBCHAPTER I OF THIS CHAPTER; INAPPLICABILITY OF REPEAL TO PUERTO RICO, GUAM, AND VIRGIN ISLANDS

Pub. L. 92-603, title III, § 303(a), (b), Oct. 30, 1972, 86 Stat. 1484, provided that this sub-

chapter is repealed effective January 1, 1974, except with respect to Puerto Rico, Guam, and the Virgin Islands.

AMENDMENTS

1960—Pub. L. 86-778, title VI, § 601(a), Sept. 13, 1960, 74 Stat. 987, included medical assistance for the aged in subchapter heading.

§ 301. Authorization of appropriations

For the purpose of enabling each State, as far as practicable under the conditions in such State, to furnish financial assistance to aged needy individuals, there is hereby authorized to be appropriated for each fiscal year a sum sufficient to carry out the purposes of this subchapter. The sums made available under this section shall be used for making payments to States which have submitted, and had approved by the Secretary of Health and Human Services (hereinafter referred to as the "Secretary"), State plans for old-age assistance.

(Aug. 14, 1935, ch. 531, title I, § 1, 49 Stat. 620; Aug. 28, 1950, ch. 809, title III, pt. 6, § 361(a), 64 Stat. 558; Aug. 1, 1956, ch. 836, title III, § 311(a), 70 Stat. 848; Pub. L. 86-778, title VI, § 601(b), Sept. 13, 1960, 74 Stat. 987; Pub. L. 87-543, title I, § 104(c)(1), July 25, 1962, 76 Stat. 185; Pub. L. 96-88, title V, § 509(b), Oct. 17, 1979, 93 Stat. 695; Pub. L. 97-35, title XXI, § 2184(a)(2), Aug. 13, 1981, 95 Stat. 816.)

REPEAL OF SECTION

Pub. L. 92-603, title III, § 303(a), (b), Oct. 30, 1972, 86 Stat. 1484, provided that this section is repealed effective Jan. 1, 1974, except with respect to Puerto Rico, Guam, and the Virgin Islands.

AMENDMENTS

1981—Pub. L. 97-35 substituted "purpose of enabling" for "purpose (a) of enabling", struck out provisions designated as cls. (b) and (c) which authorized appropriations for the purpose of enabling each State to furnish medical assistance to aged individuals who are not recipients of old-age assistance but whose income and resources are insufficient to meet the cost of necessary medical care and of encouraging each State to furnish rehabilitation and other services to individuals to attain and retain capability for self-care, and struck out "or for medical assistance for the aged, or for old-age assistance and medical assistance for the aged" after "plans for old-age assistance".

1962—Pub. L. 87-543 amended first sentence generally, striking from cl. (a) provision relating to the purpose of encouraging each State, as far as practicable under the conditions in the State, to help aged needy individuals attain self-care, and adding cl. (c) incorporating the struck out provision.

1960—Pub. L. 86-778 amended section generally, authorizing appropriations for the purpose of enabling each State, as far as practicable under the conditions in such State, to furnish medical assistance on behalf of aged individuals who are not recipients of old-age assistance but whose income and resources are insufficient to meet the costs of necessary medical services.

1956—Act Aug. 1, 1956, struck out specific appropriation for fiscal year ending June 30, 1956, and inserted provisions relating to attainment of self-care by individuals.

1950—Act Aug. 28, 1950, § 361(a), substituted "Federal Security Administrator (hereinafter referred to as the 'Administrator')" for "Social Security Board established by subchapter I of this chapter (hereinafter referred to as the 'Board')".