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. Payments to States and certain terri-303 tories; 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
- Definitions. 306.II—FEDERAL SUBCHAPTER
- OLD-AGE, SUR-VIVORS, AND DISABILITY INSURANCE BENE-FITS
- 401. Trust Funds.
- 401a. Omitted. Old-age and survivors insurance benefit 402. payments.
- Reduction of insurance benefits. 403.
- 404 Overpayments and underpayments.
- 405. Evidence, procedure, and certification for payments.
- Regulations pertaining to frequency or 405a. due dates of payments and reports under voluntary agreements covering State and local employees: effective date. 405b. Reducing identity fraud.
- Representation of claimants before Com-406. missioner. 407. Assignment of benefits. 408. Penalties. 409. "Wages" defined. Definitions relating to employment. 410. 410a. Transferred. 411. Definitions relating to self-employment. Self-employment income credited to cal-412. endar years.
- Quarter and quarter of coverage. 413. 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.
- Voluntary agreements for coverage of 418. State and local employees. 418a. Voluntary agreements for coverage of Indian tribal council members. 419. Repealed. Disability provisions inapplicable if ben-420. efit rights impaired. 421.
- Disability determinations. 422. Rehabilitation services.
- 423. Disability insurance benefit payments. 424 Repealed. Reduction of disability benefits. 424a. Additional rules relating to benefits 425.
- based on disability. 426 Entitlement to hospital insurance benefits.
- End stage renal disease program. 426 - 1
- Transitional provision on eligibility of 426a. 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

- Sec 430. Adjustment of contribution and benefit base 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 UN-EMPLOYMENT COMPENSATION ADMINISTRA-TION
- 501. Use of available funds.
- 502. Payments to States; computation of amounts.
- 503. State laws.
- 504. Judicial review.
- 505. Demonstration projects. Grants to States for reemployment serv-506. ices and eligibility assessments.
- SUBCHAPTER IV—GRANTS TO STATES FOR AID AND SERVICES TO NEEDY FAMILIES WITH CHILDREN AND FOR CHILD-WELFARE SERV-ICES
- PART A-BLOCK GRANTS TO STATES FOR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES
- 601. Purpose. 602. Eligible States; State plan. 603. Grants to States. Transferred. 603a 604. Use of grants. Services provided by charitable, reli-604a. gious, or private organizations. 605. Administrative provisions. Federal loans for State welfare pro-606. grams. 607. Mandatory work requirements. 608. Prohibitions; requirements. 608a. Fraud under means-tested welfare and public assistance programs. 609. Penalties. 610 Appeal of adverse decision. Data collection and reporting. 611. State required to provide certain infor-611a. mation Direct funding and administration by In-612. dian tribes. Evaluation of temporary assistance for 613. needy families and related programs. 614 Repealed. 615. Waivers. 616. Administration. Limitation on Federal authority. 617 618. Funding for child care. 619. Definitions. PART B-CHILD AND FAMILY SERVICES

SUBPART 1-CHILD WELFARE SERVICES

620. Repealed. 621. Purpose. State plans for child welfare services. 622. 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.

Sec.		Sec.
629c. 629d.	Allotments to States. Payments to States.	671.
629e.	Evaluations; research; technical assist-	672.
629f.	ance. Authorization of appropriations; reserva- tion of certain amounts.	673.
629g. 629h.	Discretionary and targeted grants. Entitlement funding for State courts to assess and improve handling of pro-	673a. 673b.
	ceedings relating to foster care and adoption.	673c.
6291.	Grants for programs for mentoring chil- dren of prisoners.	674. 675.
	SUBPART 3—COMMON PROVISIONS	675a.
629m.	Data exchange standards for improved interoperability.	676. 677.
	Work Incentive Program for Recipients DER STATE PLAN APPROVED UNDER PART A	678.
630 to 645.	Repealed or Omitted.	679.
	-Child Support and Establishment of Paternity	679a.
651.	Authorization of appropriations.	679b. 679c.
652.	Duties of Secretary.	0100.
653.	Federal Parent Locator Service.	1
653a. 654.	State Directory of New Hires.	-
654a.	State plan for child and spousal support. Automated data processing.	601 +
654b.	Collection and disbursement of support payments.	681 t SUB
655.	Payments to States.	
655a.	Provision for reimbursement of expenses.	701.
656.	Support obligation as obligation to State; amount; discharge in bank-	702.
057	ruptey.	703.
657. 658.	Distribution of collected support. Repealed.	703a.
658a.	Incentive payments to States.	704. 704a.
659.	Consent by United States to income withholding, garnishment, and similar	704a. 704b.
	proceedings for enforcement of child support and alimony obligations.	705. 706.
659a.	International support enforcement.	
660.	Civil action to enforce child support ob- ligations; jurisdiction of district	707.
	courts.	708.
661, 662.	Repealed.	709.
663.	Use of Federal Parent Locator Service in connection with enforcement or deter-	710. 711.
	mination of child custody in cases of parental kidnaping of child.	712.
664.	Collection of past-due support from Fed- eral tax refunds.	712.
665.	Allotments from pay for child and spous-	714 t
	al support owed by members of uni- formed services on active duty.	SU
666.	Requirement of statutorily prescribed procedures to improve effectiveness of	801.
667.	child support enforcement. State guidelines for child support	
668.	awards. Encouragement of States to adopt civil	901. 901a.
	procedure for establishing paternity in contested cases.	902.
669.	Collection and reporting of child support enforcement data.	903. 904.
669a.	Nonliability for financial institutions providing financial records to State child support enforcement agencies in	905, 9 906.
669b.	child support cases. Grants to States for access and visita- tion programs.	907. 907a.
Deper 7		908.
PART E-	-Federal Payments for Foster Care, Prevention, and Permanency	909. 910.
670.	Congressional declaration of purpose; au- thorization of appropriations.	

671.	State plan for foster care and adoption assistance.
672.	Foster care maintenance payments pro-
	gram.
673.	Adoption and guardianship assistance program.
673a.	Interstate compacts.
673b.	Adoption and legal guardianship incen-
	tive payments.
673c.	Timely interstate home study incentive payments.
674.	Payments to States.
675.	Definitions.
675a.	
	Additional case plan and case review system requirements.
676.	Administration.
677.	John H. Chafee Foster Care Program for Successful Transition to Adulthood.
678.	Rule of construction.
679.	Collection of data relating to adoption
0101	and foster care.
679a.	National Adoption Information Clearing-
0501	house.
679b.	Annual report.
679c.	Programs operated by Indian tribal orga- nizations.
	JOB OPPORTUNITIES AND BASIC SKILLS TRAINING PROGRAM
681 to 687.	Repealed.
	R V—MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
701.	Authorization of appropriations; pur-
	poses; definitions.
702.	Allotment to States and Federal set- aside.
703.	Payments to States.
703a.	Omitted.
704.	Use of allotment funds.
704a.	Omitted.
704a. 704b.	Nonavailability of allotments after close
	of fiscal year.
705.	Application for block grant funds.
706.	Administrative and fiscal accountabil- ity.
707.	Criminal penalty for false statements.
708.	Nondiscrimination provisions.
709.	Administration of Federal and State pro-
	grams.
710.	Sexual risk avoidance education.
711.	Maternal, infant, and early childhood
	home visiting programs.
712.	Services to individuals with a post- partum condition and their families.
713.	Personal responsibility education.
714 to 731.	Omitted or Repealed.
	-
SUBCHAPT	ER VI—TEMPORARY STATE FISCAL RELIEF

Repealed.

SUBCHAPTER VII—ADMINISTRATION

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 per- sonnel.
907.	Repealed.
907a.	National Commission on Social Secu- rity.
908.	Omitted.
909.	Delivery of benefit checks.
910.	Recommendations by Board of Trustees to remedy inadequate balances in So- cial Security trust funds.

Sec.		a	
911.	Budgetary treatment of trust fund oper-	Sec. 1308.	Add
911.	ations.	1300.	Is
912.	Office of Rural Health Policy.		li
913.	Duties and authority of Secretary.	1309.	Am
914.	Office of Women's Health.		in
SUBCHAR	PTER VIII—SPECIAL BENEFITS FOR		of
	AIN WORLD WAR II VETERANS	1310.	Coo
		1311.	pi Dub
1001.	Basic entitlement to benefits.	1311.	Pub re
1002. 1003.	Qualified individuals. Residence outside the United States.	1312.	Med
1003.	Disqualifications.	10121	lie
1001.	Benefit amount.	1313.	Ass
1006.	Applications and furnishing of informa-		tu
	tion.	1314.	Pub
1007.	Representative payees.	1314a.	Mea
1008.	Overpayments and underpayments.	1314b.	re Nat
1009.	Hearings and review.	13140.	T
1010.	Other administrative provisions.		th
1010a.	Optional Federal administration of State	1315.	Den
1011.	recognition payments. Penalties for fraud.	1315a.	Cen
1012.	Definitions.		Va
1013.	Appropriations.	1315b.	\mathbf{Pro}
	PTER IX—EMPLOYMENT SECURITY		CC
	DMINISTRATIVE FINANCING	1316.	fi Adr
		1010.	pu
1101.	Employment security administration ac-	1317.	App
1109	count.		CI
1102.	Transfers between Federal unemploy- ment account and employment secu-		ca
	rity administration account.	1318.	Alte
1103.	Amounts transferred to State accounts.		sr
1104.	Unemployment Trust Fund.	1319.	tu Fed
1105.	Extended unemployment compensation	1519.	гец ра
	account.		ai
1106.	Unemployment compensation research	1320.	App
1107	program.	1320a.	Uni
1107.	Personnel training.		se
1108.	Advisory Council on Unemployment Compensation.	1320a–1.	Lim
1109.	Federal Employees Compensation Ac-	1000 - 1 -	ca
			Tro
1100.		1320a–1a. 1320a–2	Tra Effe
1110.	count. Borrowing between Federal accounts.	1320a-2.	Effe
	count.		
1110.	count. Borrowing between Federal accounts.	1320a-2.	Effe Rev
1110. 1111.	count. Borrowing between Federal accounts. Data exchange standardization for im-	1320a–2. 1320a–2a.	Effe Rev gr as w
1110. 1111.	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability.	1320a-2.	Effe Rev gr as W Disc
1110. 1111. SUBCHAPT	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability. YER X-GRANTS TO STATES FOR AID TO BLIND	1320a–2. 1320a–2a.	Effe Rev gr as W Disc fo
1110. 1111. SUBCHAPT 1201.	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability. YER X-GRANTS TO STATES FOR AID TO BLIND Authorization of appropriations.	1320a–2. 1320a–2a. 1320a–3.	Effe Rev gr as W Disc fo
1110. 1111. SUBCHAPT 1201. 1202.	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability. YER X-GRANTS TO STATES FOR AID TO BLIND Authorization of appropriations. State plans for aid to blind.	1320a–2. 1320a–2a.	Effe Rev gr as Wr Disc fo SC Disc
1110. 1111. SUBCHAPT 1201.	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability. 'ER X—GRANTS TO STATES FOR AID TO BLIND Authorization of appropriations. State plans for aid to blind. Repealed.	1320a–2. 1320a–2a. 1320a–3.	Effe Rev gr as Disc fo Sc Disc vi
1110. 1111. SUBCHAPT 1201. 1202. 1202a.	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability. YER X-GRANTS TO STATES FOR AID TO BLIND Authorization of appropriations. State plans for aid to blind.	1320a-2. 1320a-2a. 1320a-3. 1320a-3a.	Effe Rev gr as Wr Disc fo Sc Disc
1110. 1111. SUBCHAPT 1201. 1202. 1202a. 1203.	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability. YER X-GRANTS TO STATES FOR AID TO BLIND Authorization of appropriations. State plans for aid to blind. Repealed. Payment to States. Operation of State plans. Omitted.	1320a-2. 1320a-2a. 1320a-3. 1320a-3a.	Effe Rev gr as Wr Disc fo sc Disc vi Issu
1110. 1111. SUBCHAPT 1201. 1202. 1202a. 1203. 1204.	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability. YER X-GRANTS TO STATES FOR AID TO BLIND Authorization of appropriations. State plans for aid to blind. Repealed. Payment to States. Operation of State plans.	1320a-2. 1320a-2a. 1320a-3. 1320a-3a. 1320a-4.	Effe Rev gr as W Disc fo sc Disc Vi Issu G Disc ti
1110. 1111. SUBCHAPT 1201. 1202. 1202a. 1203. 1204. 1205. 1206.	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability. YER X-GRANTS TO STATES FOR AID TO BLIND Authorization of appropriations. State plans for aid to blind. Repealed. Payment to States. Operation of State plans. Omitted.	1320a-2. 1320a-2a. 1320a-3. 1320a-3a. 1320a-4.	Effe Rev gr as w Disc fo sc Disc vi Issu G Disc ti et
1110. 1111. SUBCHAPT 1201. 1202. 1202a. 1203. 1204. 1205. 1206. SUBCHAPT	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability. YER X-GRANTS TO STATES FOR AID TO BLIND Authorization of appropriations. State plans for aid to blind. Repealed. Payment to States. Operation of State plans. Omitted. "Aid to the blind" defined.	1320a-2. 1320a-2a. 1320a-3. 1320a-3a. 1320a-4.	Effe Rev gr as Uiss fo Diss Diss Gr Diss Gr Diss ti et
1110. 1111. SUBCHAPT 1201. 1202. 1202a. 1203. 1204. 1205. 1206. SUBCHAPT REVIEW, AN	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability. YER XGRANTS TO STATES FOR AID TO BLIND Authorization of appropriations. State plans for aid to blind. Repealed. Payment to States. Operation of State plans. Omitted. "Aid to the blind" defined. YER XIGENERAL PROVISIONS, PEER D ADMINISTRATIVE SIMPLIFICATION	1320a-2. 1320a-2a. 1320a-3. 1320a-3a. 1320a-4. 1320a-5.	Effe Rev gr as W Disc fo Sc Disc C Disc C Disc ti et
1110. 1111. SUBCHAPT 1201. 1202. 1202a. 1203. 1204. 1205. 1206. SUBCHAPT REVIEW, AN	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability. 'ER XGRANTS TO STATES FOR AID TO BLIND Authorization of appropriations. State plans for aid to blind. Repealed. Payment to States. Operation of State plans. Omitted. "Aid to the blind" defined. 'ER XIGENERAL PROVISIONS, PEER UD ADMINISTRATIVE SIMPLIFICATION PART AGENERAL PROVISIONS	1320a-2. 1320a-2a. 1320a-3. 1320a-3a. 1320a-4.	Effe Rev gr as w. Disc fo sc Disc vi Issu G Disc ti et pr n "1 Adj
1110. 1111. SUBCHAPT 1201. 1202. 1202a. 1203. 1204. 1205. 1206. SUBCHAPT REVIEW, AN	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability. YER XGRANTS TO STATES FOR AID TO BLIND Authorization of appropriations. State plans for aid to blind. Repealed. Payment to States. Operation of State plans. Omitted. "Aid to the blind" defined. YER XIGENERAL PROVISIONS, PEER ND ADMINISTRATIVE SIMPLIFICATION PART AGENERAL PROVISIONS Definitions.	1320a-2. 1320a-2a. 1320a-3. 1320a-3a. 1320a-4. 1320a-5.	Effe Rev gr as W Disc fo Sc Disc C Disc C Disc ti et
1110. 1111. SUBCHAPT 1201. 1202. 1202a. 1203. 1204. 1205. 1206. SUBCHAPT REVIEW, AN 1 1301. 1301. 1301. 1301a.	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability. 'ER X-GRANTS TO STATES FOR AID TO BLIND Authorization of appropriations. State plans for aid to blind. Repealed. Payment to States. Operation of State plans. Omitted. "Aid to the blind" defined. 'ER XI-GENERAL PROVISIONS, PEER ID ADMINISTRATIVE SIMPLIFICATION PART A-GENERAL PROVISIONS Definitions. Omitted.	1320a-2. 1320a-2a. 1320a-3. 1320a-3a. 1320a-4. 1320a-5.	Effe Rev gr as Diss fo So Diss Gr Diss Gr Diss Gr Diss Gr U So U So U So Gr Diss Gr O So O O So O Diss So Diss So Diss So Diss So Diss So Diss So Diss So Diss So Diss Diss Diss Diss So Diss Diss Diss Diss Diss Diss Diss Dis
1110. 1111. SUBCHAPT 1201. 1202. 1202a. 1203. 1204. 1205. 1206. SUBCHAPT REVIEW, AN	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability. 'ER X-GRANTS TO STATES FOR AID TO BLIND Authorization of appropriations. State plans for aid to blind. Repealed. Payment to States. Operation of State plans. Omitted. ''Aid to the blind'' defined. ER XI-GENERAL PROVISIONS, PEER D ADMINISTRATIVE SIMPLIFICATION PART A-GENERAL PROVISIONS Definitions. Omitted. Rules and regulations; impact analyses	1320a-2. 1320a-2a. 1320a-3. 1320a-3a. 1320a-4. 1320a-5. 1320a-6. 1320a-6a.	Effe Rev gr ass w Diss fo sc Diss Vi Issu G Uiss ti et pn "1 Adj of ch Inte pn
1110. 1111. SUBCHAPT 1201. 1202. 1202a. 1203. 1204. 1205. 1206. SUBCHAPT REVIEW, AN 1 1301. 1301. 1301. 1301a.	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability. YER X-GRANTS TO STATES FOR AID TO BLIND Authorization of appropriations. State plans for aid to blind. Repealed. Payment to States. Operation of State plans. Omitted. "Aid to the blind" defined. ER XI-GENERAL PROVISIONS, PEER ID ADMINISTRATIVE SIMPLIFICATION PART A-GENERAL PROVISIONS Definitions. Omitted. Rules and regulations; impact analyses of Medicare and Medicaid rules and	1320a-2. 1320a-2a. 1320a-3. 1320a-3a. 1320a-4. 1320a-5. 1320a-6.	Effe Rev gr ass W Disc fo sc Disc Vi Issu G Disc ti et pr of ch Inte pr S C
1110. 1111. SUBCHAPT 1201. 1202. 1202a. 1203. 1204. 1205. 1206. SUBCHAPT REVIEW, AN 1 1301. 1301. 1301. 1302.	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability. 'ER XGRANTS TO STATES FOR AID TO BLIND Authorization of appropriations. State plans for aid to blind. Repealed. Payment to States. Operation of State plans. Omitted. "Aid to the blind" defined. 'ER XIGENERAL PROVISIONS, PEER UD ADMINISTRATIVE SIMPLIFICATION PART AGENERAL PROVISIONS Definitions. Omitted. Rules and regulations; impact analyses of Medicare and Medicaid rules and regulations on small rural hospitals.	1320a-2. 1320a-2a. 1320a-3. 1320a-3a. 1320a-4. 1320a-5. 1320a-6. 1320a-6a.	Effe Rev gr as Disc fo sc Diss Vi Issu Gr Diss ti et pr adj of ch Inte pr Excc
1110. 1111. SUBCHAPT 1201. 1202. 1202a. 1203. 1204. 1205. 1206. SUBCHAPT REVIEW, AN 1 1301. 1301. 1301. 1301a.	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability. VER XGRANTS TO STATES FOR AID TO BLIND Authorization of appropriations. State plans for aid to blind. Repealed. Payment to States. Operation of State plans. Omitted. "Aid to the blind" defined. ER XI-GENERAL PROVISIONS, PEER ID ADMINISTRATIVE SIMPLIFICATION PART AGENERAL PROVISIONS Definitions. Omitted. Rules and regulations; impact analyses of Medicare and Medicaid rules and regulations on small rural hospitals. Separability.	1320a-2. 1320a-2a. 1320a-3a. 1320a-3a. 1320a-4. 1320a-5. 1320a-6. 1320a-6a. 1320a-6a.	Effe Rev gr ass Diss fo sc Diss Vi Issu G C Diss ti et pr n ''1 Adj of ch Inte pr sc c ti ass ass ass ass ass ass ass ass ass as
1110. 1111. SUBCHAPT 1201. 1202. 1202a. 1203. 1204. 1205. 1206. SUBCHAPT REVIEW, AN 1 1301. 1301.1 1301.1 1301.2. 1303.	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability. 'ER XGRANTS TO STATES FOR AID TO BLIND Authorization of appropriations. State plans for aid to blind. Repealed. Payment to States. Operation of State plans. Omitted. "Aid to the blind" defined. 'ER XIGENERAL PROVISIONS, PEER UD ADMINISTRATIVE SIMPLIFICATION PART AGENERAL PROVISIONS Definitions. Omitted. Rules and regulations; impact analyses of Medicare and Medicaid rules and regulations on small rural hospitals.	1320a-2. 1320a-2a. 1320a-3a. 1320a-3a. 1320a-4. 1320a-5. 1320a-6. 1320a-6a. 1320a-7. 1320a-7a.	Effe Rev gr ass W Diss fo sco Diss Vi Issu G d Diss ti et pr n ti Adj of ch Inte Exc ti an Civi
1110. 1111. SUBCHAPT 1201. 1202. 1202a. 1203. 1204. 1205. 1206. SUBCHAPT REVIEW, AN 1301. 1301.1, 1301.1, 1301.2, 1303. 1304.	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability. 'ER X-GRANTS TO STATES FOR AID TO BLIND Authorization of appropriations. State plans for aid to blind. Repealed. Payment to States. Operation of State plans. Omitted. "Aid to the blind" defined. 'ER XI-GENERAL PROVISIONS, PEER ID ADMINISTRATIVE SIMPLIFICATION PART A-GENERAL PROVISIONS Definitions. Omitted. Rules and regulations; impact analyses of Medicare and Medicaid rules and regulations on small rural hospitals. Separability. Reservation of right to amend or repeal.	1320a-2. 1320a-2a. 1320a-3a. 1320a-3a. 1320a-4. 1320a-5. 1320a-6. 1320a-6a. 1320a-6a.	Effe Rev gr ass Diss fo sc Diss Vi Issu G C Diss ti et pr n ''1 Adj of ch Inte pr sc c ti ass ass ass ass ass ass ass ass ass as
1110. 1111. SUBCHAPT 1201. 1202. 1202a. 1203. 1204. 1205. 1206. SUBCHAPT REVIEW, AN 1301. 1301. 1301. 1301. 1303. 1304. 1305.	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability. VER XGRANTS TO STATES FOR AID TO BLIND Authorization of appropriations. State plans for aid to blind. Repealed. Payment to States. Operation of State plans. Omitted. "Aid to the blind" defined. 'ER XIGENERAL PROVISIONS, PEER UD ADMINISTRATIVE SIMPLIFICATION PART AGENERAL PROVISIONS Definitions. Omitted. Rules and regulations; impact analyses of Medicare and Medicaid rules and regulations on small rural hospitals. Separability. Reservation of right to amend or repeal. Short title of chapter. Disclosure of information in possession of Social Security Administration or	1320a-2. 1320a-2a. 1320a-3a. 1320a-3a. 1320a-4. 1320a-5. 1320a-6. 1320a-6a. 1320a-7. 1320a-7a.	Effe Rev gr ass wr Disc fo sc Disc Vi Issu G Disc ti et pr of ch Inte pr Sc Civi Crin
1110. 1111. SUBCHAPT 1201. 1202. 1202a. 1203. 1204. 1205. 1206. SUBCHAPT REVIEW, AN 1301. 1301. 1301. 1301. 1303. 1304. 1305.	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability. VER X-GRANTS TO STATES FOR AID TO BLIND Authorization of appropriations. State plans for aid to blind. Repealed. Payment to States. Operation of State plans. Omitted. "Aid to the blind" defined. ER XI-GENERAL PROVISIONS, PEER VD ADMINISTRATIVE SIMPLIFICATION PART A-GENERAL PROVISIONS Definitions. Omitted. Rules and regulations; impact analyses of Medicare and Medicaid rules and regulations on small rural hospitals. Separability. Reservation of right to amend or repeal. Short title of chapter. Disclosure of information in possession of Social Security Administration or Department of Health and Human	1320a-2. 1320a-2a. 1320a-3a. 1320a-3a. 1320a-4. 1320a-5. 1320a-6. 1320a-6a. 1320a-7. 1320a-7a. 1320a-7b.	Effe Rev gr as UDISC fo SC DISSC Criti et pr SC Criti Criti Fo
1110. 1111. SUBCHAPT 1201. 1202. 1202a. 1203. 1204. 1205. 1206. SUBCHAPT REVIEW, AN 1301. 1301-1, 1301a. 1302. 1303. 1304. 1305. 1306.	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability. VER X-GRANTS TO STATES FOR AID TO BLIND Authorization of appropriations. State plans for aid to blind. Repealed. Payment to States. Operation of State plans. Omitted. "Aid to the blind" defined. ER XI-GENERAL PROVISIONS, PEER VD ADMINISTRATIVE SIMPLIFICATION PART A-GENERAL PROVISIONS Definitions. Omitted. Rules and regulations; impact analyses of Medicare and Medicaid rules and regulations on small rural hospitals. Separability. Reservation of right to amend or repeal. Short title of chapter. Disclosure of information in possession of Social Security Administration or Department of Health and Human Services.	1320a-2. 1320a-2a. 1320a-3a. 1320a-3a. 1320a-4. 1320a-5. 1320a-6. 1320a-6a. 1320a-7. 1320a-7b. 1320a-7b. 1320a-7d.	Effe Rev gr ass W Diss fo sc Diss Vi Issu G Diss ti et pr of ch Inte Exc Civi Crin Fv G Civi Crin Civi Crin Crin Civi Crin Crin Civi Crin Civi Crin Crin Crin Crin Crin Crin Crin Cri
1110. 1111. SUBCHAPT 1201. 1202. 1202a. 1203. 1204. 1205. 1206. SUBCHAPT REVIEW, AN 1301. 1301. 1301. 1301. 1303. 1304. 1305.	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability. 'ER X-GRANTS TO STATES FOR AID TO BLIND Authorization of appropriations. State plans for aid to blind. Repealed. Payment to States. Operation of State plans. Omitted. "Aid to the blind" defined. ER XI-GENERAL PROVISIONS, PEER VD ADMINISTRATIVE SIMPLIFICATION PART A-GENERAL PROVISIONS Definitions. Omitted. Rules and regulations; impact analyses of Medicare and Medicaid rules and regulations on small rural hospitals. Separability. Reservation of right to amend or repeal. Short title of chapter. Disclosure of information in possession of Social Security Administration or Department of Health and Human Services. Public access to State disbursement	1320a-2. 1320a-2a. 1320a-3a. 1320a-3a. 1320a-4. 1320a-5. 1320a-6. 1320a-6a. 1320a-7. 1320a-7b. 1320a-7c.	Effe Rev gr ass Wi Disc fo sc Diss Vi Issu Gr Diss ti et pr of ch Inte pr Criti an Civi Criti Fra Gui cz Hea
1110. 1111. SUBCHAPT 1201. 1202. 1202a. 1203. 1204. 1205. 1206. SUBCHAPT REVIEW, AN 1301. 1301. 1301. 1302. 1303. 1304. 1305. 1306. 1306a.	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability. VER XGRANTS TO STATES FOR AID TO BLIND Authorization of appropriations. State plans for aid to blind. Repealed. Payment to States. Operation of State plans. Omitted. "Aid to the blind" defined. 'ER XIGENERAL PROVISIONS, PEER UD ADMINISTRATIVE SIMPLIFICATION PART AGENERAL PROVISIONS Definitions. Omitted. Rules and regulations; impact analyses of Medicare and Medicaid rules and regulations on small rural hospitals. Separability. Reservation of right to amend or repeal. Short title of chapter. Disclosure of information in possession of Social Security Administration or Department of Health and Human Services. Public access to State disbursement records.	1320a-2. 1320a-2a. 1320a-3a. 1320a-3a. 1320a-4. 1320a-5. 1320a-6. 1320a-6. 1320a-6. 1320a-7. 1320a-7. 1320a-7. 1320a-7. 1320a-7. 1320a-7.	Effe Rev gr ass w Diss fo sc Disc Vi Issu G Uisc Ti et Inte pr ti an Civi Crin Fra Gui ca Heaa Heaa ti
 1110. 1111. SUBCHAPT 1201. 1202. 1202a. 1203. 1204. 1205. 1206. SUBCHAPT REVIEW, AN 1301. 1301-1, 1301a. 1302. 1303. 1304. 1305. 1306. 1306a. 1306b. 	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability. VER X-GRANTS TO STATES FOR AID TO BLIND Authorization of appropriations. State plans for aid to blind. Repealed. Payment to States. Operation of State plans. Omitted. "Aid to the blind" defined. ER XI-GENERAL PROVISIONS, PEER ND ADMINISTRATIVE SIMPLIFICATION PART A-GENERAL PROVISIONS Definitions. Omitted. Rules and regulations; impact analyses of Medicare and Medicaid rules and regulations on small rural hospitals. Separability. Reservation of right to amend or repeal. Short title of chapter. Disclosure of information in possession of Social Security Administration or Department of Health and Human Services. Public access to State disbursement records. State data exchanges.	1320a-2. 1320a-2a. 1320a-3a. 1320a-3a. 1320a-4. 1320a-5. 1320a-6. 1320a-6a. 1320a-7. 1320a-7b. 1320a-7b. 1320a-7d.	Effe Rev gr ass w Diss fo sco Diss vi Issu G Diss ti et p Diss ti et p fo c fo Diss c fo S c S c S c fo S S c S S c S S c S S S S S S S S S S
1110. 1111. SUBCHAPT 1201. 1202. 1202a. 1203. 1204. 1205. 1206. SUBCHAPT REVIEW, AN 1301. 1301. 1301. 1302. 1303. 1304. 1305. 1306. 1306a.	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability. VER XGRANTS TO STATES FOR AID TO BLIND Authorization of appropriations. State plans for aid to blind. Repealed. Payment to States. Operation of State plans. Omitted. "Aid to the blind" defined. 'ER XIGENERAL PROVISIONS, PEER UD ADMINISTRATIVE SIMPLIFICATION PART AGENERAL PROVISIONS Definitions. Omitted. Rules and regulations; impact analyses of Medicare and Medicaid rules and regulations on small rural hospitals. Separability. Reservation of right to amend or repeal. Short title of chapter. Disclosure of information in possession of Social Security Administration or Department of Health and Human Services. Public access to State disbursement records.	1320a-2. 1320a-2a. 1320a-3a. 1320a-3a. 1320a-4. 1320a-5. 1320a-6. 1320a-6. 1320a-6. 1320a-7. 1320a-7. 1320a-7. 1320a-7. 1320a-7. 1320a-7.	Effe Rev gr ass w Diss fo sc Disc Vi Issu G Uisc Ti et Inte pr ti an Civi Crin Fra Gui ca Heaa Heaa ti
 1110. 1111. SUBCHAPT 1201. 1202. 1202a. 1203. 1204. 1205. 1206. SUBCHAPT REVIEW, AN 1301. 1301-1, 1301a. 1302. 1303. 1304. 1305. 1306. 1306a. 1306b. 	count. Borrowing between Federal accounts. Data exchange standardization for im- proved interoperability. 'ER X-GRANTS TO STATES FOR AID TO BLIND Authorization of appropriations. State plans for aid to blind. Repealed. Payment to States. Operation of State plans. Omitted. "Aid to the blind" defined. 'ER XI-GENERAL PROVISIONS, PEER ID ADMINISTRATIVE SIMPLIFICATION PART A-GENERAL PROVISIONS Definitions. Omitted. Rules and regulations; impact analyses of Medicare and Medicaid rules and regulations on small rural hospitals. Separability. Reservation of right to amend or repeal. Short title of chapter. Disclosure of information in possession of Social Security Administration or Department of Health and Human Services. Public access to State disbursement records. State data exchanges. Restriction on access to the Death Mas-	1320a-2. 1320a-2a. 1320a-3a. 1320a-3a. 1320a-4. 1320a-5. 1320a-6. 1320a-6. 1320a-6. 1320a-7c. 1320a-7c. 1320a-7d. 1320a-7d. 1320a-7f.	Effe Rev gr ass W Diss fo sc Diss Vi Issu G Diss ti et pr of ch Inte Exc ti an Civ Crin Fr Fra Gui ca Hea ti

ec.	
108.	Additional grants to Puerto Rico, Virgin
	Islands, Guam, and American Samoa;
	limitation on total payments.
09.	
09.	Amounts disregarded not to be taken
	into account in determining eligibility
10	of other individuals.
310.	Cooperative research or demonstration
	projects.
811.	Public assistance payments to legal rep-
	resentatives.
312.	Medical care guides and reports for pub-
	lic assistance and medical assistance.
513.	Assistance for United States citizens re-
	turned from foreign countries.
314.	Public advisory groups.
314a.	Measurement and reporting of welfare
	receipt.
814b.	National Advisory Committee on the Sex
	Trafficking of Children and Youth in
	the United States.
15.	Demonstration projects.
315a.	Center for Medicare and Medicaid Inno-
	vation.
15b.	Providing Federal coverage and payment
	coordination for dual eligible bene-
	ficiaries.
316.	Administrative and judicial review of
	public assistance determinations.
817.	Appointment of the Administrator and
	Chief Actuary of the Centers for Medi-
	care & Medicaid Services.
18.	Alternative Federal payment with re-
010.	
	spect to public assistance expendi-
10	tures.
319.	Federal participation in payments for re-
	pairs to home owned by recipient of
200	aid or assistance.
820.	Approval of certain projects.
20a.	Uniform reporting systems for health
	services facilities and organizations.
20a–1.	Limitation on use of Federal funds for
	capital expenditures.
20a–1a.	Transferred.
20a–2.	Effect of failure to carry out State plan.
20a–2a.	Reviews of child and family services pro-
	grams, and of foster care and adoption
	assistance programs, for conformity
	with State plan requirements.
20a–3.	Disclosure of ownership and related in-
	formation; procedure; definitions;
	scope of requirements.
20a–3a.	Disclosure requirements for other pro-
	viders under part B of Medicare.
20a-4.	Issuance of subpenas by Comptroller
	General.
20a-5.	Disclosure by institutions, organiza-
	tions, and agencies of owners, officers,
	etc., convicted of offenses related to
	programs; notification requirements;
	"managing employee" defined.
20a-6.	Adjustments in SSI benefits on account
	of retroactive benefits under sub-
	chapter II.
20a–6a.	Interagency coordination to improve
200 00.	program administration.
20a-7.	Exclusion of certain individuals and en-
202 1.	tities from participation in Medicare
200 70	and State health care programs.
20a-7a.	Civil monetary penalties.
20a–7b.	Criminal penalties for acts involving
00.0 7.0	Federal health care programs.
20a-7c.	Fraud and abuse control program.
20a–7d.	Guidance regarding application of health
00- 7-	care fraud and abuse sanctions.
20a–7e.	Health care fraud and abuse data collec-
100 - FC	tion program.
20a–7f.	Coordination of medicare and medicaid
	surety bond provisions.
820a–7g.	Funds to reduce medicaid fraud and
	abuse.

TITLE 42-THE PUBLIC HEALTH AND WELFARE

1 age 1575	TITLE 42—THE FUBLIC	IIEAI
Sec.		Sec.
1320a–7h.	Transparency reports and reporting of	1320
	physician ownership or investment in-	
	terests.	1320
1320a–7i.	Reporting of information relating to drug samples.	
1320a–7j.	Accountability requirements for facili-	1320
1320a–7k.	ties. Medicare and Medicaid program integ-	1320
1320a–71.	rity provisions. Nationwide program for national and	1320
10200 11.	State background checks on direct pa- tient access employees of long-term care facilities and providers.	1020
1320a–7m.	Use of predictive modeling and other	PA
	analytics technologies to identify and	
	prevent waste, fraud, and abuse in the	1320
1320a–7n.	Medicare fee-for-service program. Disclosure of predictive modeling and	1320
101000 111	other analytics technologies to iden-	1320
	tify and prevent waste, fraud, and	
1990 . 0	abuse.	1320
1320a–8.	Civil monetary penalties and assess- ments for subchapters II, VIII and XVI.	1320
1320a-8a.	Administrative procedure for imposing	1320
	penalties for false or misleading state-	
1320a-8b.	ments. Attempts to interfere with administra-	
1320a-00.	tion of this chapter.	1320
1320a–9.	Demonstration projects.	1320
1320a–10.	Effect of failure to carry out State plan.	
1320b. 1320b–1.	Repealed. Notification of Social Security claimant	1320
10200-1.	with respect to deferred vested bene-	1520
	fits.	1320
1320b–2.	Period within which certain claims must	1000
1320b-3.	be filed. Applicants or recipients under public as-	$1320 \\ 1320$
	sistance programs not to be required to	1010
	make election respecting certain vet-	1320
1320b-4.	erans' benefits. Nonprofit hospital or critical access hos-	
10200-1.	pital philanthropy.	
1320b–5.	Authority to waive requirements during	
1320b-6.	national emergencies. Exclusion of representatives and health	1320
13200-0.	care providers convicted of violations	
	from participation in social security	1320
10001- 7	programs.	1320
1320b–7.	Income and eligibility verification system.	1320
1320b-8.	Hospital protocols for organ procure-	1020
	ment and standards for organ procure-	1320
1320b-9.	ment agencies. Improved access to, and delivery of,	1320
102010-0.	health care for Indians under sub-	1320
	chapters XIX and XXI.	1320
1320b-9a.	Child health quality measures.	1000
1320b–9b. 1320b–10.	Adult health quality measures. Prohibitions relating to references to	1320 1320
101010 101	Social Security or Medicare.	1020
1320b-11.	Blood Donor Locator Service.	1320
1320b–12.	Research on outcomes of health care services and procedures.	
1320b–13.	Social security account statements.	-
1320b–14.	Outreach efforts to increase awareness of	
	the availability of medicare cost-shar-	1320
	ing and subsidies for low-income indi- viduals under subchapter XVIII.	1320
1320b–15.	Protection of social security and medi-	1020
10001 10	care trust funds.	1320
1320b–16.	Public disclosure of certain information on hospital financial interest and re-	1320
	ferral patterns.	1040
1320b–17.	Cross-program recovery of overpayments	
1320b–18.	from benefits. Repealed.	
1320b-18. 1320b-19.	The Ticket to Work and Self-Sufficiency	1321
	Program.	
1320b–20.	Work incentives outreach program.	

The fielde to work and som sumereneg	
Program.	
Work incentives outreach program.	

Sec.	
1320b–21.	State grants for work incentives assist- ance to disabled beneficiaries.
1320b–22.	Grants to develop and establish State in- frastructures to support working indi- viduals with disabilities.
1320b–23.	Pharmacy benefit managers trans- parency requirements.
1320b–24.	Consultation with Tribal Technical Ad- visory Group.
1320b–25.	Reporting to law enforcement of crimes occurring in federally funded long- term care facilities.
Part B—F	PEER REVIEW OF UTILIZATION AND QUALITY OF HEALTH CARE SERVICES
1320c.	Purpose.
1320c-1.	Definition of quality improvement orga- nization.
1320c-2.	Contracts with quality improvement or- ganizations.
1320c–3.	Functions of quality improvement orga- nizations.
1320c–4.	Right to hearing and judicial review.
1320c–5.	Obligations of health care practitioners and providers of health care services; sanctions and penalties; hearings and review.
1320c-6.	Limitation on liability.
1320c-7.	Application of this part to certain State programs receiving Federal financial assistance.
1320c-8.	Authorization for use of certain funds to administer provisions of this part.
1320c-9.	Prohibition against disclosure of infor- mation.
1320c-10.	Annual reports.
1320c-11.	Exemptions for religious nonmedical health care institutions.
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 improve- ment program.
1320c–13 to 1	320c-22. Repealed or Omitted.
PART	5 C—Administrative Simplification

Definitions. General requirements for adoption of 1320d. 1320d-1. standards. Standards for information transactions 1320d–2. and data elements. 1320d–3. Timetables for adoption of standards. Requirements. General penalty for failure to comply 1320d-4. 1320d–5. with requirements and standards. 1320d–6. Wrongful disclosure of individually identifiable health information. 1320d-7. Effect on State law. Processing payment transactions by fi-1320d-8. nancial institutions. Application of HIPAA regulations to ge-1320d–9. netic information. PART D-COMPARATIVE CLINICAL EFFECTIVENESS RESEARCH 1320e. Comparative clinical effectiveness research. 1320e–1. Limitations on certain uses of comparative clinical effectiveness research. 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; appli-cation; certification; limitation.

Sec. 1322.	Repayment by State; certification; transfer; interest on loan; credit of in- terest on loan.	Sec. 1394.
1323.	Repayable advances to Federal unemployment account.	SUBCHA
1324. SUBC	"Governor" defined. CHAPTER XIII—RECONVERSION	1395.
UNEMPL	OYMENT BENEFITS FOR SEAMEN	1395a.
1331 to 1336.	Repealed.	1395b.
	R XIV—GRANTS TO STATES FOR AID ANENTLY AND TOTALLY DISABLED	1395b–1.
1351. 1352.	Authorization of appropriations. State plans for aid to permanently and totally disabled.	1395b–2.
1353. 1354.	Payments to States. Operation of State plans.	1395b–3.
1355.	Definitions.	1395b-4.
	HAPTER XV—UNEMPLOYMENT SATION FOR FEDERAL EMPLOYEES	1395b–5. 1395b–6.
1361 to 1371.	Repealed.	10051 5
	ER XVI—SUPPLEMENTAL SECURITY FOR AGED, BLIND, AND DISABLED	1395b–7. 1395b–8. 1395b–9.
1381.	Statement of purpose; authorization of appropriations.	1395b–10.
1381a.	Basic entitlement to benefits.	Part A-
PART	A—Determination of Benefits	1395c.
1382.	Eligibility for benefits.	1395d.
1382a.	Income; earned and unearned income de- fined; exclusions from income.	1395e. 1395f.
1382b.	Resources.	
1382c. 1382d.	Definitions. Rehabilitation services for blind and dis-	1395g. 1395h.
100141	abled individuals.	1000111
1382e.	Supplementary assistance by State or subdivision to needy individuals.	1395i. 1395i-1.
1382f. 1382g.	Cost-of-living adjustments in benefits. Payments to State for operation of sup-	1395i—1a. 1395i—2.
1382h.	plementation program. Benefits for individuals who perform substantial gainful activity despite se-	1395i–2a.
1382i.	vere medical impairment. Medical and social services for certain	
1382j.	handicapped persons. Attribution of sponsor's income and re-	1395i–3.
1382k.	sources to aliens. Repealed.	1395i–3a.
	PROCEDURAL AND GENERAL PROVISIONS	1395i-4.
1383.	Procedure for payment of benefits.	1395i-5.
1383a.	Penalties for fraud.	
1383b.	Administration.	
1383c.	Eligibility for medical assistance of aged, blind, or disabled individuals	PART
1383d.	under State's medical assistance plan. Outreach program for children.	19051
1383e.	Treatment referrals for individuals with	1395j.
	alcoholism or drug addiction condi- tion.	1395k.
1383f.	Annual report on program.	1395 <i>l</i> .
1384, 1385.	Omitted.	1395m.
	ENSIVE ACTION TO COMBAT MENTAL	1395m–1.
RETARDAT		1395n.
1391. 1392.	Authorization of appropriations. Availability of funds during certain fis-	1395 <i>0</i> .
1004.	cal years; limitation on amount; utili-	13950. 1395p.
	zation of grant.	1395q.
1393.	Applications; single State agency des-	1395r.
	ignation; essential planning services; plans for expenditure; final activities	1395s.
	plans for expenditure; final activities	13955. 1395+

SUBCHAPTER XVIII—HEALTH INSURANCE FOR AGED AND DISABLED 1395. Prohibition against any Federal inter- ference. 1395b. Option to individuals to obtain other health insurance protection. 1395b-1. Incentives for economy while maintain- ing or improving quality in provision of health services. 1395b-2. Notice of medicare benefits; medicare and medigap information. 1395b-3. Health insurance advisory service for medicare beneficiaries. 1395b-4. Health insurance information, counsel- ing, and assistance grants. 1395b-5. Beneficiary incentive programs. 1395b-6. Medicare Payment Advisory Commis- sion. 1395b-7. Explanation of medicare benefits. 1395b-8. Chronic care improvement. 1395b-9. Provisions relating to administration. 1395b-10. Addressing health care disparities. 13956. Deductibles and coinsurance. 13956. Deductibles and coinsurance. 13956. Deductibles and coinsurance. 13956. Deductibles and coinsurance. 13956. Porvisions relating to the administra- tion of part A. 13956. Podetal insurance benefits for unin- sured elderly individuals not otherwise eligible. 13951. Requem	1394.	Payments to States; adjustments; ad- vances or reimbursement; install- ments; conditions.
ference. 1395a. Free choice by patient guaranteed. 1395b. Option to individuals to obtain other health insurance protection. 1395b-1. Incentives for economy while maintain- ing or improving quality in provision of health services. 1395b-2. Notice of medicare benefits; medicare and medigap information. 1395b-3. Health insurance advisory service for medicare beneficiaries. 1395b-4. Health insurance advisory service for medicare beneficiaries. 1395b-5. Beneficiary incentive programs. 1395b-7. Explanation of medicare benefits. 1395b-8. Chronic care improvement. 1395b-9. Provisions relating to administration. 1395b-9. Provisions relating to administration. 1395b-10. Addressing health care disparities. PART A—HOSPITAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395c. Description of program. 1395d. Conditions of and limitations on pay- ment for services. 1395f. Conditions of and limitations on pay- ment for services. 1395g. Payments to providers of services. 1395f. Conditions of appropriations. 1395f. Payments to providers of services. 1395g. Payments to providers of services. 1395j. Payments to providers of services. 1395j. Authorization of appropriations. 1395i-1. Authorization of appropriations. 1395i-2. Hospital insurance benefits for unin- sured elderly individuals not otherwise eligible. 1395i-3. Protecting residents of long-term care facilities. 1395i-4. Medicare rural hospital flexibility pro- gram. 1395i-5. Conditions for coverage of religious non- medical health care institutional serv- ices. PART B—SUPPLEMENTARY MEDICAL INSURANCE BEENEFITS FOR AGED AND DISABLED 1395i. Establishment of supplementary medical insurance program for aged and dis- abled. 1395i. Scope of benefits; definitions. 1395j. Establishment of supplementary medical insurance program for aged and dis- abled. 13956. Scope of benefits; definitions. 13956. Beroeling payment rules for particular items and services. 13950. Eligible individuals. 13950. Eligible individuals. 13955. Pedecarel Su	SUBCHAP	TER XVIII—HEALTH INSURANCE FOR
 1395a. Free choice by patient guaranteed. 1395b. Option to individuals to obtain other health insurance protection. 1395b-1. Incentives for economy while maintaining or improving quality in provision of health services. 1395b-2. Notice of medicare benefits; medicare and medigap information. 1395b-3. Health insurance advisory service for medicare beneficiaries. 1395b-4. Health insurance information, counseling, and assistance grants. 1395b-5. Beneficiary incentive programs. 1395b-6. Medicare Payment Advisory Commission. 1395b-7. Explanation of medicare benefits. 1395b-8. Chronic care improvement. 1395b-9. Provisions relating to administration. 1395b-9. Provisions relating to administration. 1395c. Description of program. 1395d. Scope of benefits. 1395d. Scope of porytam. 1395d. Scope of part A. 1395d. Provisions relating to the administration of part A. 1395i-1. Authorization of appropriations. 1395i-2. Hospital insurance benefits for uninsured elderly individuals not otherwise eligible. 1395i-3. Repeated. 1395i-4. Medicare rural hospital flexibility program. 1395i-3. Frotecting residents of long-term care facilities. 1395i-4. Medicare rural hospital flexibility program. 1395i-3. Frotecting residents of long-term care facilities. 1395i-4. Medicare rural hospital flexibility program. 1395i-3. Frotecting residents of long-term care facilities. 1395i-4. Medicare rural hospital flexibility program. 1395i-5. Conditions for coverage of religious nonmedical health care institutional services. 139	1395.	Prohibition against any Federal inter-
 health insurance protection. 1395b-1. Incentives for economy while maintaining or improving quality in provision of health services. 1395b-2. Notice of medicare benefits; medicare and medigap information. 1395b-3. Health insurance advisory service for medicare beneficiaries. 1395b-4. Health insurance information, counseling, and assistance grants. 1395b-5. Beneficiary incentive programs. 1395b-6. Medicare Payment Advisory Commission. 1395b-7. Explanation of medicare benefits. 1395b-8. Chronic care improvement. 1395b-9. Provisions relating to administration. 1395b-9. Provisions relating to administration. 1395b-10. Addressing health care disparities. PART A—HOSPITAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395c. Description of program. 1395d. Scope of benefits. 1395d. Scope of benefits. 1395d. Conditions of and limitations on payment for services. 1395h. Provisions relating to the administration of partar. A. 1395i. Federal Hospital Insurance Trust Fund. 1395i. Federal Hospital Insurance Trust Fund. 1395i-2. Hospital insurance benefits for uninsure eligible. 1395i-3. Requirements for, and assuring quality of care in, skilled nursing facilities. 1395i-3. Protecting residents of long-term care facilities. 1395i-4. Medicare rural hospital flexibility program. 1395i-5. Conditions for coverage of religious nonmedical health care institutional services. 1395i-3. Requirements for coverage of religious nonmedical health care institutional services. 1395i-4. Medicare rural hospital flexibility program. 1395i-5. Conditions for coverage of religious nonmedical health care institutional services. 1395i-5. Conditions for coverage of religious nonmedical		Free choice by patient guaranteed.
 1395b-1. Incentives for economy while maintaining or improving quality in provision of health services. 1395b-2. Notice of medicare benefits; medicare and medigap information. 1395b-3. Health insurance advisory service for medicare beneficiaries. 1395b-4. Health insurance information, counseling, and assistance grants. 1395b-5. Beneficiary incentive programs. 1395b-6. Medicare Payment Advisory Commission. 1395b-7. Explanation of medicare benefits. 1395b-8. Chronic care improvement. 1395b-9. Provisions relating to administration. 1395b-9. Provisions relating to administration. 1395c. Description of program. 1395c. Description of program. 1395c. Deductibles and coinsurance. 1395f. Conditions of and limitations on payment for services. 1395g. Payments to providers of services. 1395g. Payments to providers of services. 1395i. Federal Hospital Insurance Trust Fund. 1395i. Federal Hospital Insurance Trust Fund. 1395i. Federal Hospital insurance to therwise eligible. 1395i-2. Hospital insurance benefits for uninsured elderly individuals not otherwise eligible. 1395i-3. Conditions for, and assuring quality of care in, skilled nursing facilities. 1395i-4. Medicare rural hospital flexibility program. 1395i-5. Conditions for coverage of religious nonmedical health care institutional services. 1395i. Federal Hospital flexibility program. 1395i. Special payment of supplementary medical insurance program for aged and distabled individuals who have exhausted other entitlement. 1395i-3. Conditions for coverage of religious nonmedical health care institutional services. 1395i. Feynent of benefits. 1395i. Feynent of services. 1395i. Fayment of supplementary m	13956.	
 1395b-2. Notice of medicare benefits; medicare and medigap information. 1395b-3. Health insurance advisory service for medicare beneficiaries. 1395b-4. Health insurance information, counseling, and assistance grants. 1395b-5. Beneficiary incentive programs. 1395b-6. Medicare Payment Advisory Commission. 1395b-7. Explanation of medicare benefits. 1395b-7. Explanation of medicare benefits. 1395b-9. Provisions relating to administration. 1395b-10. Addressing health care disparities. PART A-HOSPITAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395c. Description of program. 1395d. Scope of benefits. 1395d. Conditions of and limitations on payment for services. 1395f. Conditions of and limitations on payment for services. 1395b. Provisions relating to the administration of part A. 1395i. Federal Hospital Insurance Trust Fund. 1395i-12. Hospital insurance benefits for disabled individuals who have exhausted other entitlement. 1395i-24. Hospital insurance benefits for disabled individuals who have exhausted other entitlement. 1395i-3. Requirements for, and assuring quality of care in, skilled nursing facilities. 1395i-4. Medicare rural hospital flexibility program. 1395i-5. Conditions for coverage of religious non-medical health care institutional services. 1395i-4. Medicare rural hospital flexibility program. 1395i-5. Conditions for coverage of religious non-medical health care institutional services. 1395i-4. Medicare for grapm for aged and disabled. 1395i-5. Conditions for coverage of religious non-medical health care institutional services. 1395i-6. Coverage period. 1395i-7. Payment of benefits. 1395i. Establishment of supplementary medical insurance program fo	1395b–1.	ing or improving quality in provision
 1395b-3. Health insurance advisory service for medicare beneficiaries. 1395b-4. Health insurance information, counseling, and assistance grants. 1395b-5. Beneficiary incentive programs. 1395b-6. Medicare Payment Advisory Commission. 1395b-6. Medicare Payment Advisory Commission. 1395b-7. Explanation of medicare benefits. 1395b-8. Chronic care improvement. 1395b-10. Addressing health care disparities. PART A—HOSPITAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395c. Description of program. 1395d. Scope of benefits. 1395e. Deductibles and coinsurance. 1395f. Conditions of and limitations on payment for services. 1395g. Payments to providers of services. 1395j. Federal Hospital Insurance Trust Fund. 1395i. Federal Hospital Insurance Trust Fund. 1395i-1a. Repealed. 1395i-2a. Hospital insurance benefits for uninsured elderly individuals not otherwise eligible. 1395i-3a. Protecting residents of long-term care facilities. 1395i-3a. Protecting residents of long-term care facilities. 1395i-4. Medicare rural hospital flexibility program. 1395i-5. Conditions for coverage of religious nonmedical health care institutional services. PART B—SUPPLEMENTARY MEDICAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395i-5. Conditions for coverage of religious nonmedical health care institutional services. 1395i-5. Payment of benefits; definitions. 1395i-6. Scope of benefits; definitions. 1395i-7. Procedure for payment of claims of providers of services. 1395i-7. Procedure for payment of claims of providers of services. 1395i-8. Scope of particulas. 1395i-9. Enrollment periods. 13955. Payment of penefits; definitions. 13954. Procedu	1395b–2.	Notice of medicare benefits; medicare
 1395b-4. Health insurance information, counseling, and assistance grants. 1395b-5. Beneficiary incentive programs. 1395b-6. Medicare Payment Advisory Commission. 1395b-7. Explanation of medicare benefits. 1395b-8. Chronic care improvement. 1395b-8. Chronic care improvement. 1395b-9. Provisions relating to administration. 1395b-10. Addressing health care disparities. PART A—HOSPITAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395c. Description of program. 1395d. Scope of benefits. 1395c. Deductibles and coinsurance. 1395f. Conditions of and limitations on payment for services. 1395f. Conditions of and limitations on payment for services. 13955. Payments to providers of services. 13956. Provisions relating to the administration of part A. 13951. Federal Hospital Insurance Trust Fund. 13951-1. Authorization of appropriations. 13951-2. Hospital insurance benefits for uninsured elderly individuals not otherwise eligible. 13951-3. Requirements for, and assuring quality of care in, skilled nursing facilities. 13951-4. Medicare rural hospital flexibility program. 13951-5. Conditions for coverage of religious nonmedical health care institutional services. 13951-6. Establishment of supplementary medical insurance program for aged and disabled. 13954. Scope of benefits; definitions. 13954. Scope of benefits. 13955. Payment to benefits. 13951. Establishment of supplementary medical insurance program for aged and disabled. 13954. Scope of benefits. 13955. Payment of benefits. 13956. Payment rules for particular items and services. 13957. Procedure for payment of claims of providers of services. 13959. Procedure for pa	1395b–3.	Health insurance advisory service for
 1395b-5. Beneficiary incentive programs. 1395b-6. Medicare Payment Advisory Commission. 1395b-7. Explanation of medicare benefits. 1395b-7. Explanation of medicare benefits. 1395b-9. Provisions relating to administration. 1395b-10. Addressing health care disparities. PART A—HOSPITAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395c. Description of program. 1395d. Scope of benefits. 1395e. Deductibles and coinsurance. 1395f. Conditions of and limitations on payment for services. 1395g. Payments to providers of services. 1395i. Federal Hospital Insurance Trust Fund. 1395i-1a. Repealed. 1395i-2. Hospital insurance benefits for uninsured elderly individuals not otherwise eligible. 1395i-3. Requirements for, and assuring quality of care in, skilled nursing facilities. 1395i-4. Medicare rural hospital flexibility program. 1395i-5. Conditions for coverage of religious nonmedical health care institutional services. PART B—SUPPLEMENTARY MEDICAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395i. Establishment of supplementary medical insurance program for aged and disabled. 1395i. Payment of benefits. 1395i. Payment of claims of prorvices. 1395i. Payment of claims of proving policies for claims of proving policies for particular items and services. PART B—SUPPLEMENTARY MEDICAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395i. Payment of benefits. 1395i. Payment of payment of claims of providers of services. 1395i. Payment of payment of claims of providers of services. 1395i. Payment of payment of claims of providers of services. 1395i. Payment of payment of claims of providers of services. 1395i. Payment of premiums for individuals enrolled under this part. 13955. Federal Supplementary Medical Insur- 	1395b–4.	Health insurance information, counsel-
 sion. 1395b-7. Explanation of medicare benefits. 1395b-8. Chronic care improvement. 1395b-9. Provisions relating to administration. 1395b-10. Addressing health care disparities. PART A—HosPITAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395c. Description of program. 1395d. Scope of benefits. 1395e. Deductibles and coinsurance. 1395f. Conditions of and limitations on payment for services. 1395f. Payments to providers of services. 1395h. Provisions relating to the administration of part A. 1395i. Federal Hospital Insurance Trust Fund. 1395i-1. Authorization of appropriations. 1395i-2. Hospital insurance benefits for uninsured eliderly individuals not otherwise eligible. 1395i-3. Requirements for, and assuring quality of care in, skilled nursing facilities. 1395i-3. Protecting residents of long-term care facilities. 1395i-4. Medicare rural hospital flexibility program. 1395i-5. Conditions for coverage of religious nonmedical health care institutional services. 1395i-5. Conditions for coverage of religious nonmedical health care institutional services. 1395i-5. Establishment of supplementary medical insurance program for aged and disabled. 1395j. Establishment rules for particular items and services. 1395j. Payment foenefits: 1395j. Payment of benefits. 1395j. Payment of penefits. 1395j. Payment of penefits. 1395j. Payment of penefits. 1395j. Payment of penefits. 1395j. Establishment of supplementary medical insurance program for aged and disabled. 1395j. Payment of benefits. 1395j. Payment of benefits. 1395j. Payment of penefits. 1395j. Payment of penefits. 1395j. Payment of penefi	1395b-5.	
 1395b-8. Chronic care improvement. 1395b-9. Provisions relating to administration. 1395b-10. Addressing health care disparities. PART A—HOSPITAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395c. Description of program. 1395d. Scope of benefits. 1395e. Deductibles and coinsurance. 1395f. Conditions of and limitations on payment for services. 1395f. Payments to providers of services. 1395h. Provisions relating to the administration of part A. 1395i. Federal Hospital Insurance Trust Fund. 1395i-1. Authorization of appropriations. 1395i-2. Hospital insurance benefits for uninsure elderly individuals not otherwise eligible. 1395i-3. Requirements for, and assuring quality of care in, skilled nursing facilities. 1395i-3. Requirements of long-term care facilities. 1395i-4. Medicare rural hospital flexibility program. 1395i-5. Conditions for coverage of religious nonmedical health care institutional services. PART B—SUPPLEMENTARY MEDICAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395i. Establishment of supplementary medical insurance program for aged and disabled. 1395i. Payment of benefits. 1395i. Payment of benefits. 1395i. Payment of supplementary medical insurance program for aged and disabled. 1395i. Payment of benefits. 1395i. Payment of benefits. 1395m. Special payment rules for particular items and services. 1395m. Procedure for payment of claims of providers of services. 1395m. Procedure for payment of claims of providers of services. 1395m. Procedure for payment of claims of providers of services. 1395m. Procedure for payment of claims of providers of services. 1395m. Procedure for payment of claims of providers of services. 1395m. Procedure for payment of claims of providers of services. 1395m. Amount of premiums for individuals	1395b–6.	Medicare Payment Advisory Commis-
 1395b-9. Provisions relating to administration. 1395b-10. Addressing health care disparities. PART A—Hospital Insurance BENEFITS FOR AGED AND DISABLED 1395c. Description of program. 1395d. Scope of benefits. 1395e. Deductibles and coinsurance. 1395f. Conditions of and limitations on payment for services. 1395g. Payments to providers of services. 1395h. Provisions relating to the administration of part A. 1395i. Federal Hospital Insurance Trust Fund. 1395i.1. Authorization of appropriations. 1395i-1a. Repealed. 1395i-2. Hospital insurance benefits for uninsured elderly individuals not otherwise eligible. 1395i-3. Requirements for, and assuring quality of care in, skilled nursing facilities. 1395i-4. Medicare rural hospital flexibility program. 1395i-5. Conditions for coverage of religious nonmedical health care institutional services. PART B—SUPPLEMENTARY MEDICAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395j. Scope of benefits. 1395j. Payment of benefits. 1395j. Payment of benefits. 1395j. Payment of benefits. 1395j. Payment of supplementary medical insurance program for aged and disabled. 1395k. Scope of benefits. 1395m. Special payment rules for particular items and services. 1395m. Procedure for payment of claims of providers of services. 1395m. Procedure for payment of claims of providers of services. 1395m. Procedure for payment of claims of providers of services. 1395p. Enrollment periods. 1395p. Federal Supplementary Medical Insur- 		-
 1395b-10. Addressing health care disparities. PART A—HOSPITAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395c. Description of program. 1395d. Scope of benefits. 1395e. Deductibles and coinsurance. 1395f. Conditions of and limitations on payment for services. 1395g. Payments to providers of services. 1395i. Provisions relating to the administration of part A. 1395i. Federal Hospital Insurance Trust Fund. 1395i-1. Authorization of appropriations. 1395i-1. Authorization of appropriations. 1395i-2. Hospital insurance benefits for uninsured elderly individuals not otherwise eligible. 1395i-3. Requirements for, and assuring quality of care in, skilled nursing facilities. 1395i-3. Protecting residents of long-term care facilities. 1395i-4. Medicare rural hospital flexibility program. 1395i-5. Conditions for coverage of religious nonmedical health care institutional services. PART B—SUPPLEMENTARY MEDICAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395j. Establishment of supplementary medical insurance program for aged and disabled. 1395m. Special payment rules for particular items and services. 1395m. Special payment rules for particular items and services. 1395m. Procedure for payment of claims of providers of services. 1395m. Procedure for payment of claims of providers of services. 1395m. Procedure for payment of claims of providers of services. 1395m. Procedure for payment of claims of providers of services. 1395n. Procedure for payment for individuals enrolled under this part. 1395p. Enrollment periods. 1395p. Enrollment of premiums. 1395t. Federal Supplementary Medical Insur- 		
AND DISABLED1395c.Description of program.1395d.Scope of benefits.1395e.Deductibles and coinsurance.1395f.Conditions of and limitations on payment for services.1395g.Payments to providers of services.1395h.Provisions relating to the administration of part A.1395i.Federal Hospital Insurance Trust Fund.1395i-1.Authorization of appropriations.1395i-2.Hospital insurance benefits for uninsured elderly individuals not otherwise eligible.1395i-3.Requirements for, and assuring quality of care in, skilled nursing facilities.1395i-3.Protecting residents of long-term care facilities.1395i-4.Medicare rural hospital flexibility program.1395i-5.Conditions for coverage of religious nonmedical health care institutional services.1395j.Establishment of supplementary medical insurance program for aged and disabled.1395k.Scope of benefits; definitions.1395j.Payment of benefits.1395j.Special payment rules for particular items and services.1395j.Payment of claims of providers of services.1395j.Payment of program for claims of providers of services.1395j.Payment of payment of claims of providers of services.1395j.Payment of premiums for individuals enrolled under this part.1395j.Eligible individuals.1395j.Eligible individuals.1395j.Eligible individuals.1395j.Encollment periods.1395j.Eligible individuals.1395j. <td></td> <td></td>		
 1395d. Scope of benefits. 1395e. Deductibles and coinsurance. 1395f. Conditions of and limitations on payment for services. 1395g. Payments to providers of services. 1395h. Provisions relating to the administration of part A. 1395i. Federal Hospital Insurance Trust Fund. 1395i-1. Authorization of appropriations. 1395i-2. Hospital insurance benefits for uninsured elderly individuals not otherwise eligible. 1395i-2a. Hospital insurance benefits for disabled individuals who have exhausted other entitlement. 1395i-3a. Requirements for, and assuring quality of care in, skilled nursing facilities. 1395i-4. Medicare rural hospital flexibility program. 1395i-5. Conditions for coverage of religious nonmedical health care institutional services. PART B—SUPPLEMENTARY MEDICAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395j. Establishment of supplementary medical insurance program for aged and disabled. 1395m. Special payment rules for particular items and services. 1395m. Improving policies for clinical diagnostic laboratory tests. 1395m. Eligible individuals. 1395m. Eligible individuals. 1395p. Enrollment periods. 1395p. Enrollment periods. 1395p. Enrollment periods. 1395p. Federal Supplementary Medical Insurance for particular individuals. 1395p. Enrollment periods. 1395p. Enrollment periods. 1395p. Enrollment periods. 1395p. Federal Supplementary Medical Insur- 	Part A—I	
 1395e. Deductibles and coinsurance. 1395f. Conditions of and limitations on payment for services. 1395p. Payments to providers of services. 1395h. Provisions relating to the administration of part A. 1395i. Federal Hospital Insurance Trust Fund. 1395i-1. Authorization of appropriations. 1395i-1. Authorization of appropriations. 1395i-2. Hospital insurance benefits for uninsurance eligible. 1395i-2a. Hospital insurance benefits for disabled individuals who have exhausted other entitlement. 1395i-3. Requirements for, and assuring quality of care in, skilled nursing facilities. 1395i-3. Protecting residents of long-term care facilities. 1395i-4. Medicare rural hospital flexibility program. 1395i-5. Conditions for coverage of religious nonmedical health care institutional services. PART B—SUPPLEMENTARY MEDICAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395k. Scope of benefits; definitions. 1395k. Scope of benefits. 1395m. Special payment rules for particular items and services. 1395m. Procedure for payment of claims of providers of services. 1395m. Procedure for payment of claims of providers of services. 1395m. Procedure for payment of claims of providers of services. 1395m. Procedure for payment of claims of providers of services. 1395m. Procedure for payment of claims of providers of services. 1395m. Procedure for payment of claims of providers of services. 1395m. Procedure for payment of claims of providers of services. 1395m. Procedure for payment of claims of providers of services. 1395m. Procedure for payment of claims of providers of services. 1395m. Procedure for payment of claims of providers of services. 13950. Eligible individuals. 13950. Eligible individuals. 13950. Eligible individuals. 13950. Fibrolle periods. 13951. A		
 1395f. Conditions of and limitations on payment for services. 1395g. Payments to providers of services. 1395h. Provisions relating to the administration of part A. 1395i. Federal Hospital Insurance Trust Fund. 1395i-1. Authorization of appropriations. 1395i-2. Hospital insurance benefits for uninsured elderly individuals not otherwise eligible. 1395i-2a. Hospital insurance benefits for disabled individuals who have exhausted other entitlement. 1395i-3a. Requirements for, and assuring quality of care in, skilled nursing facilities. 1395i-4. Medicare rural hospital flexibility program. 1395i-5. Conditions for coverage of religious nonmedical health care institutional services. PART B—SUPPLEMENTARY MEDICAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395k. Scope of benefits; definitions. 1395k. Scope of benefits. 1395m. Special payment rules for particular items and services. 1395m-1. Improving policies for clinical diagnostic laboratory tests. 1395n. Procedure for payment of claims of providers of services. 1395m. Special payment rules for particular items and services. 1395n. Procedure for payment of claims of providers of services. 1395n. Procedure for payment of claims of providers of services. 1395n. Procedure for payment of claims of providers of services. 1395n. Enrollment periods. 13950. Eligible individuals. 13950. Federal Supplementary Medical Insur-ruled under this part. 13951. Federal Supplementary Medical Insur- 		-
 1395g. Payments to providers of services. 1395h. Provisions relating to the administration of part A. 1395i. Federal Hospital Insurance Trust Fund. 1395i-1. Authorization of appropriations. 1395i-1a. Repealed. 1395i-2. Hospital insurance benefits for uninsured elderly individuals not otherwise eligible. 1395i-2a. Hospital insurance benefits for disabled individuals who have exhausted other entitlement. 1395i-3. Requirements for, and assuring quality of care in, skilled nursing facilities. 1395i-4. Medicare rural hospital flexibility program. 1395i-5. Conditions for coverage of religious nonmedical health care institutional services. PART B—SUPPLEMENTARY MEDICAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395j. Establishment of supplementary medical insurance program for aged and disabled. 1395k. Scope of benefits; definitions. 1395h. Special payment rules for particular items and services. 1395m. Procedure for payment of claims of providers of services. 1395m. Procedure for payment of claims of providers of services. 1395m. Enrollment periods. 1395p. Forderal Supplementary Medical Insur-rolled under this part. 1395s. Federal Supplementary Medical Insur- 		Conditions of and limitations on pay-
 1395h. Provisions relating to the administration of part A. 1395i. Federal Hospital Insurance Trust Fund. 1395i-1. Authorization of appropriations. 1395i-1. Authorization of appropriations. 1395i-2. Hospital insurance benefits for uninsured elderly individuals not otherwise eligible. 1395i-2. Hospital insurance benefits for disabled individuals who have exhausted other entitlement. 1395i-3. Requirements for, and assuring quality of care in, skilled nursing facilities. 1395i-3. Requirements for, and assuring quality of care in, skilled nursing facilities. 1395i-4. Medicare rural hospital flexibility program. 1395i-5. Conditions for coverage of religious nonmedical health care institutional services. PART B—SUPPLEMENTARY MEDICAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395j. Establishment of supplementary medical insurance program for aged and disabled. 1395k. Scope of benefits; definitions. 1395m. Special payment rules for particular items and services. 1395m. Procedure for payment of claims of providers of services. 1395m. Procedure for payment of claims of providers of services. 1395p. Enrollment periods. 1395p. Enrollment periods. 1395p. Amount of premiums for individuals enrolled under this part. 1395s. Payment of premiums. 1395s. Federal Supplementary Medical Insur-rolled under this part. 	1395g.	
 1395i-1. Authorization of appropriations. 1395i-1. Repealed. 1395i-2. Hospital insurance benefits for uninsured elderly individuals not otherwise eligible. 1395i-2a. Hospital insurance benefits for disabled individuals who have exhausted other entitlement. 1395i-3. Requirements for, and assuring quality of care in, skilled nursing facilities. 1395i-3. Protecting residents of long-term care facilities. 1395i-4. Medicare rural hospital flexibility program. 1395i-5. Conditions for coverage of religious nonmedical health care institutional services. PART B—SUPPLEMENTARY MEDICAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395i. Establishment of supplementary medical insurance program for aged and disabled. 1395m. Special payment rules for particular items and services. 1395m. Improving policies for clinical diagnostic laboratory tests. 1395p. Enrollment periods. 1395p. Functional times for individuals enrolled under this part. 1395s. Payment of premiums. 1395t. Federal Supplementary Medical Insur- 		Provisions relating to the administra-
 1395i-1a. Repealed. 1395i-2. Hospital insurance benefits for uninsured elderly individuals not otherwise eligible. 1395i-2a. Hospital insurance benefits for disabled individuals who have exhausted other entitlement. 1395i-3. Requirements for, and assuring quality of care in, skilled nursing facilities. 1395i-3. Protecting residents of long-term care facilities. 1395i-4. Medicare rural hospital flexibility program. 1395i-5. Conditions for coverage of religious nonmedical health care institutional services. PART B—SUPPLEMENTARY MEDICAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395j. Establishment of supplementary medical insurance program for aged and disabled. 1395k. Scope of benefits; definitions. 1395h. Special payment rules for particular items and services. 1395m. Procedure for payment of claims of providers of services. 1395p. Enrollment periods. 1395p. Enrollment periods. 1395p. Enrollment periods. 1395p. Enrollment periods. 1395p. Amount of premiums for individuals enrolled under this part. 1395s. Payment of premiums. 1395s. Federal Supplementary Medical Insur- 	1395i.	Federal Hospital Insurance Trust Fund.
 1395i-2. Hospital insurance benefits for uninsured elderly individuals not otherwise eligible. 1395i-2a. Hospital insurance benefits for disabled individuals who have exhausted other entitlement. 1395i-3. Requirements for, and assuring quality of care in, skilled nursing facilities. 1395i-3. Protecting residents of long-term care facilities. 1395i-4. Medicare rural hospital flexibility program. 1395i-5. Conditions for coverage of religious nonmedical health care institutional services. PART B—SUPPLEMENTARY MEDICAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395i. Establishment of supplementary medical insurance program for aged and disabled. 1395M. Scope of benefits; definitions. 1395M. Special payment rules for particular items and services. 1395m. Procedure for payment of claims of providers of services. 1395n. Procedure for payment of claims of providers of services. 1395n. Enrollment periods. 13950. Eligible individuals. 13950. Eligible individuals. 13950. Amount of premiums for individuals enrolled under this part. 13953. Payment of premiums. 13954. Federal Supplementary Medical Insur- 		
 1395i-2a. Hospital insurance benefits for disabled individuals who have exhausted other entitlement. 1395i-3. Requirements for, and assuring quality of care in, skilled nursing facilities. 1395i-3a. Protecting residents of long-term care facilities. 1395i-4. Medicare rural hospital flexibility program. 1395i-5. Conditions for coverage of religious non-medical health care institutional services. PART B—SUPPLEMENTARY MEDICAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395j. Establishment of supplementary medical insurance program for aged and disabled. 1395k. Scope of benefits; definitions. 1395h. Special payment rules for particular items and services. 1395m. Procedure for payment of claims of providers of services. 1395n. Procedure for payment of claims of providers of services. 1395p. Enrollment periods. 1395p. Enrollment periods. 1395p. Amount of premiums for individuals enrolled under this part. 1395s. Payment of premiums. 1395s. Federal Supplementary Medical Insur- 		Hospital insurance benefits for unin- sured elderly individuals not otherwise
 1395i-3. Requirements for, and assuring quality of care in, skilled nursing facilities. 1395i-3a. Protecting residents of long-term care facilities. 1395i-4. Medicare rural hospital flexibility program. 1395i-5. Conditions for coverage of religious non-medical health care institutional services. PART B—SUPPLEMENTARY MEDICAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395j. Establishment of supplementary medical insurance program for aged and disabled. 1395k. Scope of benefits; definitions. 1395k. Scope of benefits. 1395m. Special payment rules for particular items and services. 1395m. Procedure for payment of claims of providers of services. 1395n. Procedure for payment of claims of providers of services. 1395p. Enrollment periods. 1395p. Enrollment periods. 1395p. Amount of premiums for individuals enrolled under this part. 1395s. Payment of premiums. 1395s. Federal Supplementary Medical Insur- 	1395i–2a.	Hospital insurance benefits for disabled individuals who have exhausted other
 1395i-3a. Protecting residents of long-term care facilities. 1395i-4. Medicare rural hospital flexibility program. 1395i-5. Conditions for coverage of religious non-medical health care institutional services. PART B—SUPPLEMENTARY MEDICAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395j. Establishment of supplementary medical insurance program for aged and disabled. 1395k. Scope of benefits; definitions. 1395k. Scope of benefits. 1395m. Special payment rules for particular items and services. 1395m. Procedure for payment of claims of providers of services. 1395n. Procedure for payment of claims of providers of services. 1395p. Enrollment periods. 1395p. Amount of premiums for individuals enrolled under this part. 1395s. Payment of premiums. 1395t. Federal Supplementary Medical Insur- 	1395i-3.	Requirements for, and assuring quality
 1395i-4. Medicare rural hospital flexibility program. 1395i-5. Conditions for coverage of religious non-medical health care institutional services. PART B—SUPPLEMENTARY MEDICAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395j. Establishment of supplementary medical insurance program for aged and disabled. 1395k. Scope of benefits; definitions. 1395M. Special payment rules for particular items and services. 1395m-1. Improving policies for clinical diagnostic laboratory tests. 1395n. Procedure for payment of claims of providers of services. 1395p. Enrollment periods. 1395q. Coverage period. 1395r. Amount of premiums for individuals enrolled under this part. 1395s. Payment of premiums. 1395t. Federal Supplementary Medical Insur- 	1395i–3a.	Protecting residents of long-term care
 1395i-5. Conditions for coverage of religious non-medical health care institutional services. PART B—SUPPLEMENTARY MEDICAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395j. Establishment of supplementary medical insurance program for aged and disabled. 1395k. Scope of benefits; definitions. 1395h. Special payment rules for particular items and services. 1395m-1. Improving policies for clinical diagnostic laboratory tests. 1395n. Procedure for payment of claims of providers of services. 1395p. Enrollment periods. 1395p. Coverage period. 1395r. Amount of premiums for individuals enrolled under this part. 1395s. Payment of premiums. 1395t. Federal Supplementary Medical Insur- 	1395i-4.	Medicare rural hospital flexibility pro-
 PART B—SUPPLEMENTARY MEDICAL INSURANCE BENEFITS FOR AGED AND DISABLED 1395j. Establishment of supplementary medical insurance program for aged and dis- abled. 1395k. Scope of benefits; definitions. 13957. Payment of benefits. 1395m. Special payment rules for particular items and services. 1395m-1. Improving policies for clinical diagnostic laboratory tests. 1395n. Procedure for payment of claims of pro- viders of services. 1395p. Eligible individuals. 1395p. Enrollment periods. 1395q. Coverage period. 1395r. Amount of premiums for individuals en- rolled under this part. 1395t. Federal Supplementary Medical Insur- 	13951–5.	Conditions for coverage of religious non-
BENEFITS FOR AGED AND DISABLED 1395j. Establishment of supplementary medical insurance program for aged and disabled. 1395k. Scope of benefits; definitions. 1395k. Payment of benefits. 1395m. Special payment rules for particular items and services. 1395m-1. Improving policies for clinical diagnostic laboratory tests. 1395n. Procedure for payment of claims of providers of services. 1395p. Elligible individuals. 1395p. Enrollment periods. 1395q. Coverage period. 1395s. Payment of premiums for individuals enrolled under this part. 1395s. Payment of premiums. 1395t. Federal Supplementary Medical Insur-		ices.
 insurance program for aged and disabled. 1395k. Scope of benefits; definitions. 1395<i>I</i>. Payment of benefits. 1395<i>I</i>. Special payment rules for particular items and services. 1395m-1. Improving policies for clinical diagnostic laboratory tests. 1395n. Procedure for payment of claims of providers of services. 13950. Eligible individuals. 13959. Enrollment periods. 13957. Amount of premiums for individuals enrolled under this part. 13958. Payment of premiums. 13954. Federal Supplementary Medical Insur- 		
 13957. Payment of benefits. 13957. Special payment rules for particular items and services. 1395m-1. Improving policies for clinical diagnostic laboratory tests. 13957. Procedure for payment of claims of providers of services. 13959. Eligible individuals. 13959. Enrollment periods. 13957. Amount of premiums for individuals enrolled under this part. 13958. Payment of premiums. 13954. Federal Supplementary Medical Insur- 	1395j.	insurance program for aged and dis-
 1395m. Special payment rules for particular items and services. 1395m-1. Improving policies for clinical diagnostic laboratory tests. 1395n. Procedure for payment of claims of pro- viders of services. 1395o. Eligible individuals. 1395p. Enrollment periods. 1395q. Coverage period. 1395r. Amount of premiums for individuals en- rolled under this part. 1395t. Federal Supplementary Medical Insur- 		- ,
items and services. 1395m–1. Improving policies for clinical diagnostic laboratory tests. 1395n. Procedure for payment of claims of pro- viders of services. 1395o. Eligible individuals. 1395p. Enrollment periods. 1395q. Coverage period. 1395r. Amount of premiums for individuals en- rolled under this part. 1395s. Payment of premiums. 1395t. Federal Supplementary Medical Insur-		
 1395m-1. Improving policies for clinical diagnostic laboratory tests. 1395n. Procedure for payment of claims of pro- viders of services. 1395o. Eligible individuals. 1395p. Enrollment periods. 1395q. Coverage period. 1395r. Amount of premiums for individuals en- rolled under this part. 1395s. Payment of premiums. 1395t. Federal Supplementary Medical Insur- 	1555111.	
 1395n. Procedure for payment of claims of providers of services. 13950. Eligible individuals. 1395p. Enrollment periods. 1395q. Coverage period. 1395r. Amount of premiums for individuals enrolled under this part. 1395s. Payment of premiums. 1395t. Federal Supplementary Medical Insur- 	1395m–1.	Improving policies for clinical diagnostic
 13950. Eligible individuals. 1395p. Enrollment periods. 1395q. Coverage period. 1395r. Amount of premiums for individuals enrolled under this part. 1395s. Payment of premiums. 1395t. Federal Supplementary Medical Insur- 	1395n.	Procedure for payment of claims of pro-
 1395q. Coverage period. 1395r. Amount of premiums for individuals enrolled under this part. 1395s. Payment of premiums. 1395t. Federal Supplementary Medical Insur- 		
 1395r. Amount of premiums for individuals en- rolled under this part. 1395s. Payment of premiums. 1395t. Federal Supplementary Medical Insur- 	-	-
rolled under this part. 1395s. Payment of premiums. 1395t. Federal Supplementary Medical Insur-	-	
1395s.Payment of premiums.1395t.Federal Supplementary Medical Insur-	19991.	
		Payment of premiums.
WILCO I WASSI MILLS	1395t.	Federal Supplementary Medical Insur- ance Trust Fund.

- report and other necessary reports; records; accounting.

Page 1577	TITLE 42—THE PUBLIC	HEALTH
Sec. 1395t–1, 1395t–2 1395u.	2. Repealed. Provisions relating to the administra-	Sec. 1395w–133
1395v.	tion of part B. Agreements with States.	1395w–134
1395w. 1395w–1.	Appropriations to cover Government contributions and contingency reserve. Repealed.	SUBPAR CARI
1395w-2.	Intermediate sanctions for providers or suppliers of clinical diagnostic labora-	1395w–141
1395w–3.	tory tests. Competitive acquisition of certain items and services.	SUB
1395w–3a.	Use of average sales price payment methodology.	1395w–151
1395w–3b.	Competitive acquisition of outpatient drugs and biologicals.	1395w–152 1395w–153
1395w–4. 1395w–5.	Payment for physicians' services. Public reporting of performance infor- mation.	1395w–154
1395w–6.	Empowering beneficiary choices through continued access to information on physicians' services.	
PAR	C-MEDICARE+CHOICE PROGRAM	1395x. 1395y.
1395w–21.	Eligibility, election, and enrollment.	Ū
1395w–22. 1395w–23.	Benefits and beneficiary protections. Payments to Medicare+Choice organiza- tions.	1395z.
1395w–24. 1395w–25.	Premiums and bid amounts. Organizational and financial require- ments for Medicare+Choice organiza- tions; provider-sponsored organiza-	1395aa. 1395bb. 1395cc.
1395w–26. 1395w–27.	tions. Establishment of standards. Contracts with Medicare+Choice organi-	1395cc-1.
1395w–27a.	zations. Special rules for MA regional plans.	1395cc-2.
1395w–28. 1395w–29.	Definitions; miscellaneous provisions. Repealed.	1395cc-3.
Part D—V	OLUNTARY PRESCRIPTION DRUG BENEFIT PROGRAM	1395cc-4.
	1—PART D ELIGIBLE INDIVIDUALS AND PRESCRIPTION DRUG BENEFITS	1395cc-5. 1395cc-6.
1395w–101.	Eligibility, enrollment, and information.	
1395w–102. 1395w–103.	Prescription drug benefits. Access to a choice of qualified prescrip-	1395dd.
1395w–104.	tion drug coverage. Beneficiary protections for qualified pre- scription drug coverage.	1395ee.
SUBPART 2—P	RESCRIPTION DRUG PLANS; PDP SPONSORS; FINANCING	1395ff. 1395gg.
1395w–111.	PDP regions; submission of bids; plan approval.	
1395w-112.	Requirements for and contracts with prescription drug plan (PDP) sponsors.	1395hh. 1395ii.
1395w–113. 1395w–114.	Premiums; late enrollment penalty. Premium and cost-sharing subsidies for	1395jj.
1395w–114a.	low-income individuals. Medicare coverage gap discount pro- gram.	1395kk. 1395kk–1.
1395w–115.	Subsidies for part D eligible individuals for qualified prescription drug cov- erage.	1395kk–2. 1395 <i>ll</i> .
1395w–116.	Medicare Prescription Drug Account in the Federal Supplementary Medical In- surance Trust Fund.	1395mm. 1395nn.
GRAM AND 7	PPLICATION TO MEDICARE ADVANTAGE PRO- REATMENT OF EMPLOYER-SPONSORED PRO- OTHER PRESCRIPTION DRUG PLANS	1395 <i>00</i> . 1395pp.
1395w–131.	Application to Medicare Advantage pro- gram and related managed care pro-	1395qq. 1395rr. 1395rr–1.
1395w–132.	grams. Special rules for employer-sponsored programs.	1395ss.

Sec. 1395w–133.	State Pharmaceutical Assistance Pro-
1395w–134.	grams. Coordination requirements for plans pro- viding prescription drug coverage.
	MEDICARE PRESCRIPTION DRUG DISCOUNT D TRANSITIONAL ASSISTANCE PROGRAM
1395w–141.	Medicare prescription drug discount card and transitional assistance program.
SUBPART	5—DEFINITIONS AND MISCELLANEOUS PROVISIONS
1395w–151.	Definitions; treatment of references to
1395w–152. 1395w–153.	provisions in part C. Miscellaneous provisions. Condition for coverage of drugs under this part.
1395w–154.	Improved Medicare prescription drug plan and MA-PD plan complaint sys- tem.
PART	r E—Miscellaneous Provisions
1395x.	Definitions.
1395y.	Exclusions from coverage and medicare as secondary payer.
1395z.	Consultation with State agencies and other organizations to develop condi- tions of participation for providers of
1395aa.	services. Agreements with States.
1395bb.	Effect of accreditation.
1395cc.	Agreements with providers of services; enrollment processes.
1395cc-1.	Demonstration of application of physi- cian volume increases to group prac- tices.
1395cc-2.	Provisions for administration of dem- onstration program.
1395cc-3.	Health care quality demonstration pro- gram.
1395cc-4.	National pilot program on payment bun- dling.
1395cc-5.	Independence at home medical practice demonstration program.
1395cc-6.	Opioid use disorder treatment dem- onstration program.
1395dd.	Examination and treatment for emer- gency medical conditions and women in labor.
1395ee.	Practicing Physicians Advisory Council; Council for Technology and Innova- tion.
1395ff.	Determinations; appeals.
1395gg.	Overpayment on behalf of individuals and settlement of claims for benefits on behalf of deceased individuals.
1395hh. 1395ii.	Regulations. Application of certain provisions of sub-
1395jj.	chapter II. Designation of organization or publica-
1395kk. 1395kk-1.	tion by name. Administration of insurance programs. Contracts with medicare administrative contractors.
1395kk-2.	Expanding availability of Medicare data.
1395 <i>ll</i> . 1395mm.	Studies and recommendations. Payments to health maintenance organi-
1395nn.	zations and competitive medical plans. Limitation on certain physician refer- rals.
1395 <i>00</i> . 1395pp.	Provider Reimbursement Review Board. Limitation on liability where claims are disallowed.
1395qq.	Indian Health Service facilities.
1395rr.	End stage renal disease program.
1395rr–1.	Medicare coverage for individuals exposed to environmental health hazards.
1395ss.	Certification of medicare supplemental health insurance policies.

Sec.		Sec.	
1395ss-1.	Clarification.	1396 <i>0</i> –1.	State option for alternative premiums
1395tt.	Hospital providers of extended care serv- ices.	1396p.	and cost sharing. Liens, adjustments and recoveries, and
1395uu.	Payments to promote closing or conver- sion of underutilized hospital facili-	1396q.	transfers of assets. Application of provisions of subchapter
1395vv.	ties. Withholding payments from certain medicaid providers.	1396r.	II relating to subpoenas. Requirements for nursing facilities.
1395ww.	Payments to hospitals for inpatient hospital services.	1396r-1.	Presumptive eligibility for pregnant women.
1395xx.	Payment of provider-based physicians and payment under certain percentage arrangements.	1396r–1a. 1396r–1b. 1396r–1c.	Presumptive eligibility for children. Presumptive eligibility for certain breast or cervical cancer patients. Presumpting eligibility for femily plan
1395yy.	Payment to skilled nursing facilities for routine service costs.	1396r - 1c.	Presumptive eligibility for family plan- ning services. Information concerning sanctions taken
1395zz.	Provider education and technical assistance.	13301-2.	by State licensing authorities against health care practitioners and provid-
1395aaa. 1395aaa–1.	Contract with a consensus-based entity regarding performance measurement. Quality and efficiency measurement.	1396r-3.	ers. Correction and reduction plans for inter-
1395bbb.	Conditions of participation for home health agencies; home health quality.	1002 4	mediate care facilities for mentally re- tarded.
1395ccc.	Offset of payments to individuals to col- lect past-due obligations arising from	1396r–4.	Adjustment in payment for inpatient hospital services furnished by dis- proportionate share hospitals.
	breach of scholarship and loan con- tract.	1396r-5.	Treatment of income and resources for certain institutionalized spouses.
1395ddd. 1395eee.	Medicare Integrity Program. Payments to, and coverage of benefits under, programs of all-inclusive care	1396r-6.	Extension of eligibility for medical as- sistance.
	for elderly (PACE).	1396r-7.	Repealed.
1395fff.	Prospective payment for home health services.	1396r–8. 1396s.	Payment for covered outpatient drugs. Program for distribution of pediatric vaccines.
1395ggg. 1395hhh.	Omitted. Health care infrastructure improvement	1396t.	Home and community care for function- ally disabled elderly individuals.
1395111.	program. Medicare Improvement Fund.	1396u.	Community supported living arrange- ments services.
1395jjj. 1395kkk, 1395 1395 <i>lll</i> .	Shared savings program. kkk-1. Repealed. Standardized post-acute care (PAC) as-	1396u–1.	Assuring coverage for certain low-in- come families.
1000111.	sessment data for quality, payment,	1396u–2.	Provisions relating to managed care.
	and discharge planning.	1396u–3.	State coverage of medicare cost-sharing
	PTER XIX—GRANTS TO STATES FOR DICAL ASSISTANCE PROGRAMS	1396u–4.	for additional low-income medicare beneficiaries. Program of all-inclusive care for elderly
1396.	Medicaid and CHIP Payment and Access Commission.	1396u–5.	(PACE). Special provisions relating to medicare
1396–1.	Appropriations.	100000 01	prescription drug benefit.
1396a.	State plans for medical assistance.	1396u–6.	Medicaid Integrity Program.
1396b. 1396b–1.	Payment to States. Payment adjustment for health care-ac-	1396u-7.	State flexibility in benefit packages.
13300-1.	quired conditions.	1396u–8. 1396v.	Health opportunity accounts. References to laws directly affecting
1396c.	Operation of State plans.	100011	medicaid program.
1396d.	Definitions.	1396w.	Asset verification through access to in-
1396e.	Enrollment of individuals under group health plans.		formation held by financial institu-
1396e-1.	Premium assistance.	1396w–1.	tions. Medicaid Improvement Fund.
1396f.	Observance of religious beliefs.	1396w-2.	Authorization to receive relevant infor-
1396g.	State programs for licensing of adminis-		mation.
1396g–1.	trators of nursing homes. Required laws relating to medical child support.	1396w–3.	Enrollment simplification and coordina- tion with State health insurance ex- changes.
1396h.	State false claims act requirements for increased State share of recoveries.	1396w–3a.	Requirements relating to qualified pre- scription drug monitoring programs
1396i.	Certification and approval of rural health clinics and intermediate care		and prescribing certain controlled sub- stances.
1396j.	facilities for mentally retarded. Indian Health Service facilities.	1396w-4.	State option to provide coordinated care
1396k.	Assignment, enforcement, and collection		through a health home for individuals
	of rights of payments for medical care; establishment of procedures pursuant to State plan; amounts retained by	1396w-4a.	with chronic conditions. State option to provide coordinated care through a health home for children
13961.	State. Hospital providers of nursing facility	1396w–5.	with medically complex conditions. Addressing health care disparities.
1396m.	services. Withholding of Federal share of pay-		ER XX—BLOCK GRANTS AND PRO- FOR SOCIAL SERVICES AND ELDER
1396n.	ments for certain medicare providers. Compliance with State plan and pay-	JUSTICE DIVISION A	-BLOCK GRANTS TO STATES FOR SOCIAL
13960.	ment provisions. Use of enrollment fees, premiums, deduc-		SERVICES
	tions, cost sharing, and similar	1397.	Purposes of division; authorization of ap-
	charges.	1557.	propriations.

Sec.		
1397a.	Payments to States.	
1397b.	Allotments.	
1397c.	State reporting requirements.	
1397d.	Limitation on use of grants; waiver.	
1397e.	Administrative and fiscal accountabil- ity.	
1397f.	Additional grants.	
1397g.	Demonstration projects to address health professions workforce needs.	
1397h.	Program for early detection of certain medical conditions related to environ- mental health hazards.	
	DIVISION B—ELDER JUSTICE	
1397j. 1397j–1.	Definitions. 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 EX-PLOITATION

1397k.	Elder Justice Coordinating Council.						
1397k–1.	Advisory Board on Elder Abuse, Negle	ect,					
and Exploitation.							

- 1397k 2Research protections. 1397k-3.
- Authorization of appropriations.
- SUBPART B-ELDER ABUSE, NEGLECT, AND EXPLOITATION FORENSIC CENTERS
- 13971Establishment 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. Provision of information regarding, and 1397m-3.
- evaluations of, elder justice programs. Report. 1397m-4.
- 1397m-5. Rule of construction.
- DIVISION C-SOCIAL IMPACT DEMONSTRATION PROJECTS 1397n.
- Purposes. 1397n-1. Social impact partnership application.
- 1397n-2. Awarding social impact partnership agreements. Feasibility study funding. 1397n-3. 1397n-4. Evaluations. Federal Interagency Council on Social 1397n-5. Impact Partnerships. 1397n-6. Commission on Social Impact Partnerships.
- 1397n-7. Limitation on use of funds. 1397n-8. No Federal funding for credit enhance-
- ments. 1397n-9. Availability of funds. Website.
- 1397n-10.
- 1397n-11. Regulations.
- 1397n-12. Definitions. 1397n-13. Funding.

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.
- Process for submission, approval, and 1397ff. amendment of State child health plans.

1397mm. Grants to improve outreach and enrollment.

SUBCHAPTER I-GRANTS TO STATES FOR OLD-AGE ASSISTANCE

REPEAL OF SUBCHAPTER I OF THIS CHAPTER; INAP-PLICABILITY 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 subchapter is repealed effective January 1, 1974, except with respect to Puerto Rico, Guam, and the Virgin Islands.

CODIFICATION

Pub. L. 97-35, title XXI, §2184(a)(1), Aug. 13, 1981, 95 Stat. 816, struck out "AND MEDICAL ASSISTANCE" after "OLD-AGE ASSISTANCE" in subchapter heading. Words "FOR THE AGED" following "AND MEDICAL ASSISTANCE" were editorially struck out.

Pub. L. 86-778, title VI, §601(a), Sept. 13, 1960, 74 Stat. 987, inserted "AND MEDICAL ASSISTANCE FOR THE AGED" at end of 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 des-ignated 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 re-