

Sec.		Sec.	
416.	Additional definitions.	615.	Waivers.
417.	Benefits for veterans.	616.	Administration.
418.	Voluntary agreements for coverage of State and local employees.	617.	Limitation on Federal authority.
418a.	Voluntary agreements for coverage of Indian tribal council members.	618.	Funding for child care.
419.	Repealed.	619.	Definitions.
420.	Disability provisions inapplicable if benefit rights impaired.		PART B—CHILD AND FAMILY SERVICES
421.	Disability determinations.		SUBPART 1—CHILD WELFARE SERVICES
422.	Rehabilitation services.	620.	Repealed.
423.	Disability insurance benefit payments.	621.	Purpose.
424.	Repealed.	622.	State plans for child welfare services.
424a.	Reduction of disability benefits.	623.	Allotments to States.
425.	Additional rules relating to benefits based on disability.	624.	Payment to States.
426.	Entitlement to hospital insurance benefits.	625.	Limitations on authorization of appropriations.
426-1.	End stage renal disease program.	626.	Research, training, or demonstration projects.
426a.	Transitional provision on eligibility of uninsured individuals for hospital insurance benefits.	627.	Family connection grants.
427.	Transitional insured status for purposes of old-age and survivors benefits.	628.	Payments to Indian tribal organizations.
428.	Benefits at age 72 for certain uninsured individuals.	628a.	Transferred.
429.	Benefits in case of members of uniformed services.	628b.	National random sample study of child welfare.
430.	Adjustment of contribution and benefit base.		SUBPART 2—PROMOTING SAFE AND STABLE FAMILIES
431.	Benefits for certain individuals interned by United States during World War II.	629.	Purpose.
432.	Processing of tax data.	629a.	Definitions.
433.	International agreements.	629b.	State plans.
434.	Demonstration project authority.	629c.	Allotments to States.
	SUBCHAPTER III—GRANTS TO STATES FOR UNEMPLOYMENT COMPENSATION ADMINISTRATION	629d.	Payments to States.
501.	Use of available funds.	629e.	Evaluations; research; technical assistance.
502.	Payments to States; computation of amounts.	629f.	Authorization of appropriations; reservation of certain amounts.
503.	State laws.	629g.	Discretionary and targeted grants.
504.	Judicial review.	629h.	Entitlement funding for State courts to assess and improve handling of proceedings relating to foster care and adoption.
505.	Demonstration projects.	629i.	Grants for programs for mentoring children of prisoners.
506.	Grants to States for reemployment services and eligibility assessments.		SUBPART 3—COMMON PROVISIONS
	SUBCHAPTER IV—GRANTS TO STATES FOR AID AND SERVICES TO NEEDY FAMILIES WITH CHILDREN AND FOR CHILD-WELFARE SERVICES	629m.	Data exchange standards for improved interoperability.
	PART A—BLOCK GRANTS TO STATES FOR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES		PART C—WORK INCENTIVE PROGRAM FOR RECIPIENTS OF AID UNDER STATE PLAN APPROVED UNDER PART A
601.	Purpose.	630 to 645.	Repealed or Omitted.
602.	Eligible States; State plan.		PART D—CHILD SUPPORT AND ESTABLISHMENT OF PATERNITY
603.	Grants to States.	651.	Authorization of appropriations.
603a.	Transferred.	652.	Duties of Secretary.
604.	Use of grants.	653.	Federal Parent Locator Service.
604a.	Services provided by charitable, religious, or private organizations.	653a.	State Directory of New Hires.
605.	Administrative provisions.	654.	State plan for child and spousal support.
606.	Federal loans for State welfare programs.	654a.	Automated data processing.
607.	Mandatory work requirements.	654b.	Collection and disbursement of support payments.
608.	Prohibitions; requirements.	655.	Payments to States.
608a.	Fraud under means-tested welfare and public assistance programs.	655a.	Provision for reimbursement of expenses.
609.	Penalties.	656.	Support obligation as obligation to State; amount; discharge in bankruptcy.
610.	Appeal of adverse decision.	657.	Distribution of collected support.
611.	Data collection and reporting.	658.	Repealed.
611a.	State required to provide certain information.	658a.	Incentive payments to States.
612.	Direct funding and administration by Indian tribes.	659.	Consent by United States to income withholding, garnishment, and similar proceedings for enforcement of child support and alimony obligations.
613.	Evaluation of temporary assistance for needy families and related programs.	659a.	International support enforcement.
614.	Repealed.	660.	Civil action to enforce child support obligations; jurisdiction of district courts.
		661, 662.	Repealed.

Sec. 663.	Use of Federal Parent Locator Service in connection with enforcement or determination of child custody in cases of parental kidnaping of child.	Sec. 709.	Administration of Federal and State programs.
664.	Collection of past-due support from Federal tax refunds.	710.	Sexual risk avoidance education.
665.	Allotments from pay for child and spousal support owed by members of uniformed services on active duty.	711.	Maternal, infant, and early childhood home visiting programs.
666.	Requirement of statutorily prescribed procedures to improve effectiveness of child support enforcement.	711a.	Emergency assistance to families through home visiting programs.
667.	State guidelines for child support awards.	712.	Services to individuals with a postpartum condition and their families.
668.	Encouragement of States to adopt civil procedure for establishing paternity in contested cases.	713.	Personal responsibility education.
669.	Collection and reporting of child support enforcement data.	714 to 731.	Omitted or Repealed.
669a.	Nonliability for financial institutions providing financial records to State child support enforcement agencies in child support cases.	SUBCHAPTER VI—CORONAVIRUS RELIEF, FISCAL RECOVERY, AND CRITICAL CAPITAL PROJECTS FUNDS	
669b.	Grants to States for access and visitation programs.	801.	Coronavirus relief fund.
PART E—FEDERAL PAYMENTS FOR FOSTER CARE, PREVENTION, AND PERMANENCY		802.	Coronavirus State fiscal recovery fund.
670.	Congressional declaration of purpose; authorization of appropriations.	803.	Coronavirus local fiscal recovery fund.
671.	State plan for foster care and adoption assistance.	804.	Coronavirus capital projects fund.
672.	Foster care maintenance payments program.	805.	Local assistance and Tribal consistency fund.
673.	Adoption and guardianship assistance program.	SUBCHAPTER VII—ADMINISTRATION	
673a.	Interstate compacts.	901.	Social Security Administration.
673b.	Adoption and legal guardianship incentive payments.	901a.	Repealed.
673c.	Timely interstate home study incentive payments.	902.	Commissioner; Deputy Commissioner; other officers.
674.	Payments to States.	903.	Social Security Advisory Board.
675.	Definitions.	904.	Administrative duties of Commissioner.
675a.	Additional case plan and case review system requirements.	905, 905a.	Transferred.
676.	Administration.	906.	Training grants for public welfare personnel.
677.	John H. Chafee Foster Care Program for Successful Transition to Adulthood.	907.	Repealed.
678.	Rule of construction.	907a.	National Commission on Social Security.
679.	Collection of data relating to adoption and foster care.	908.	Omitted.
679a.	National Adoption Information Clearinghouse.	909.	Delivery of benefit checks.
679b.	Annual report.	910.	Recommendations by Board of Trustees to remedy inadequate balances in Social Security trust funds.
679c.	Programs operated by Indian tribal organizations.	911.	Budgetary treatment of trust fund operations.
PART F—JOB OPPORTUNITIES AND BASIC SKILLS TRAINING PROGRAM		912.	Office of Rural Health Policy.
681 to 687.	Repealed.	913.	Duties and authority of Secretary.
SUBCHAPTER V—MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT		914.	Office of Women's Health.
701.	Authorization of appropriations; purposes; definitions.	SUBCHAPTER VIII—SPECIAL BENEFITS FOR CERTAIN WORLD WAR II VETERANS	
702.	Allotment to States and Federal set-aside.	1001.	Basic entitlement to benefits.
703.	Payments to States.	1002.	Qualified individuals.
703a.	Omitted.	1003.	Residence outside the United States.
704.	Use of allotment funds.	1004.	Disqualifications.
704a.	Omitted.	1005.	Benefit amount.
704b.	Nonavailability of allotments after close of fiscal year.	1006.	Applications and furnishing of information.
705.	Application for block grant funds.	1007.	Representative payees.
706.	Administrative and fiscal accountability.	1008.	Overpayments and underpayments.
707.	Criminal penalty for false statements.	1009.	Hearings and review.
708.	Nondiscrimination provisions.	1010.	Other administrative provisions.
		1010a.	Optional Federal administration of State recognition payments.
		1011.	Penalties for fraud.
		1012.	Definitions.
		1013.	Appropriations.
		SUBCHAPTER IX—EMPLOYMENT SECURITY ADMINISTRATIVE FINANCING	
		1101.	Employment security administration account.
		1102.	Transfers between Federal unemployment account and employment security administration account.
		1103.	Amounts transferred to State accounts.
		1104.	Unemployment Trust Fund.
		1105.	Extended unemployment compensation account.
		1106.	Unemployment compensation research program.

Sec.		Sec.	
1107.	Personnel training.	1320a.	Uniform reporting systems for health services facilities and organizations.
1108.	Advisory Council on Unemployment Compensation.	1320a-1.	Limitation on use of Federal funds for capital expenditures.
1109.	Federal Employees Compensation Account.	1320a-1a.	Transferred.
1110.	Borrowing between Federal accounts.	1320a-2.	Effect of failure to carry out State plan.
1111.	Data exchange standardization for improved interoperability.	1320a-2a.	Reviews of child and family services programs, and of foster care and adoption assistance programs, for conformity with State plan requirements.
SUBCHAPTER X—GRANTS TO STATES FOR AID TO BLIND			
1201.	Authorization of appropriations.	1320a-3.	Disclosure of ownership and related information; procedure; definitions; scope of requirements.
1202.	State plans for aid to blind.	1320a-3a.	Disclosure requirements for other providers under part B of Medicare.
1202a.	Repealed.	1320a-4.	Issuance of subpoenas by Comptroller General.
1203.	Payment to States.	1320a-5.	Disclosure by institutions, organizations, and agencies of owners, officers, etc., convicted of offenses related to programs; notification requirements; "managing employee" defined.
1204.	Operation of State plans.	1320a-6.	Adjustments in SSI benefits on account of retroactive benefits under subchapter II.
1205.	Omitted.	1320a-6a.	Interagency coordination to improve program administration.
1206.	"Aid to the blind" defined.	1320a-7.	Exclusion of certain individuals and entities from participation in Medicare and State health care programs.
SUBCHAPTER XI—GENERAL PROVISIONS, PEER REVIEW, AND ADMINISTRATIVE SIMPLIFICATION			
PART A—GENERAL PROVISIONS			
1301.	Definitions.	1320a-7a.	Civil monetary penalties.
1301-1, 1301a.	Omitted.	1320a-7b.	Criminal penalties for acts involving Federal health care programs.
1302.	Rules and regulations; impact analyses of Medicare and Medicaid rules and regulations on small rural hospitals.	1320a-7c.	Fraud and abuse control program.
1303.	Separability.	1320a-7d.	Guidance regarding application of health care fraud and abuse sanctions.
1304.	Reservation of right to amend or repeal.	1320a-7e.	Health care fraud and abuse data collection program.
1305.	Short title of chapter.	1320a-7f.	Coordination of medicare and medicaid surety bond provisions.
1306.	Disclosure of information in possession of Social Security Administration or Department of Health and Human Services.	1320a-7g.	Funds to reduce medicaid fraud and abuse.
1306a.	Public access to State disbursement records.	1320a-7h.	Transparency reports and reporting of physician ownership or investment interests.
1306b.	State data exchanges.	1320a-7i.	Reporting of information relating to drug samples.
1306c.	Restriction on access to the Death Master File.	1320a-7j.	Accountability requirements for facilities.
1307.	Penalty for fraud.	1320a-7k.	Medicare and Medicaid program integrity provisions.
1308.	Additional grants to Puerto Rico, Virgin Islands, Guam, and American Samoa; limitation on total payments.	1320a-7l.	Nationwide program for national and State background checks on direct patient access employees of long-term care facilities and providers.
1309.	Amounts disregarded not to be taken into account in determining eligibility of other individuals.	1320a-7m.	Use of predictive modeling and other analytics technologies to identify and prevent waste, fraud, and abuse in the Medicare fee-for-service program.
1310.	Cooperative research or demonstration projects.	1320a-7n.	Disclosure of predictive modeling and other analytics technologies to identify and prevent waste, fraud, and abuse.
1311.	Public assistance payments to legal representatives.	1320a-8.	Civil monetary penalties and assessments for subchapters II, VIII and XVI.
1312.	Medical care guides and reports for public assistance and medical assistance.	1320a-8a.	Administrative procedure for imposing penalties for false or misleading statements.
1313.	Assistance for United States citizens returned from foreign countries.	1320a-8b.	Attempts to interfere with administration of this chapter.
1314.	Public advisory groups.	1320a-9.	Demonstration projects.
1314a.	Measurement and reporting of welfare receipt.	1320a-10.	Effect of failure to carry out State plan.
1314b.	National Advisory Committee on the Sex Trafficking of Children and Youth in the United States.	1320b.	Repealed.
1315.	Demonstration projects.	1320b-1.	Notification of Social Security claimant with respect to deferred vested benefits.
1315a.	Center for Medicare and Medicaid Innovation.	1320b-2.	Period within which certain claims must be filed.
1315b.	Providing Federal coverage and payment coordination for dual eligible beneficiaries.		
1316.	Administrative and judicial review of public assistance determinations.		
1317.	Appointment of the Administrator and Chief Actuary of the Centers for Medicare & Medicaid Services.		
1318.	Alternative Federal payment with respect to public assistance expenditures.		
1319.	Federal participation in payments for repairs to home owned by recipient of aid or assistance.		
1320.	Approval of certain projects.		

Sec.		Sec.	
1320b-3.	Applicants or recipients under public assistance programs not to be required to make election respecting certain veterans' benefits.	1320c-10.	Annual reports.
1320b-4.	Nonprofit hospital or critical access hospital philanthropy.	1320c-11.	Exemptions for religious nonmedical health care institutions.
1320b-5.	Authority to waive requirements during national emergencies.	1320c-12.	Medical officers in American Samoa, the Northern Mariana Islands, and the Trust Territory of the Pacific Islands to be included in the quality improvement program.
1320b-6.	Exclusion of representatives and health care providers convicted of violations from participation in social security programs.	1320c-13 to 1320c-22.	Repealed or Omitted.
1320b-7.	Income and eligibility verification system.	PART C—ADMINISTRATIVE SIMPLIFICATION	
1320b-8.	Hospital protocols for organ procurement and standards for organ procurement agencies.	1320d.	Definitions.
1320b-9.	Improved access to, and delivery of, health care for Indians under subchapters XIX and XXI.	1320d-1.	General requirements for adoption of standards.
1320b-9a.	Child health quality measures.	1320d-2.	Standards for information transactions and data elements.
1320b-9b.	Adult health quality measures.	1320d-3.	Timetables for adoption of standards.
1320b-10.	Prohibitions relating to references to Social Security or Medicare.	1320d-4.	Requirements.
1320b-11.	Blood Donor Locator Service.	1320d-5.	General penalty for failure to comply with requirements and standards.
1320b-12.	Research on outcomes of health care services and procedures.	1320d-6.	Wrongful disclosure of individually identifiable health information.
1320b-13.	Social security account statements.	1320d-7.	Effect on State law.
1320b-14.	Outreach efforts to increase awareness of the availability of medicare cost-sharing and subsidies for low-income individuals under subchapter XVIII.	1320d-8.	Processing payment transactions by financial institutions.
1320b-15.	Protection of social security and medicare trust funds.	1320d-9.	Application of HIPAA regulations to genetic information.
1320b-16.	Public disclosure of certain information on hospital financial interest and referral patterns.	PART D—COMPARATIVE CLINICAL EFFECTIVENESS RESEARCH	
1320b-17.	Cross-program recovery of overpayments from benefits.	1320e.	Comparative clinical effectiveness research.
1320b-18.	Repealed.	1320e-1.	Limitations on certain uses of comparative clinical effectiveness research.
1320b-19.	The Ticket to Work and Self-Sufficiency Program.	1320e-2.	Trust Fund transfers to Patient-Centered Outcomes Research Trust Fund.
1320b-20.	Work incentives outreach program.	1320e-3.	Information exchange with payroll data providers.
1320b-21.	State grants for work incentives assistance to disabled beneficiaries.	SUBCHAPTER XII—ADVANCES TO STATE UNEMPLOYMENT FUNDS	
1320b-22.	Grants to develop and establish State infrastructures to support working individuals with disabilities.	1321.	Eligibility requirements for transfer of funds; reimbursement by State; application; certification; limitation.
1320b-23.	Pharmacy benefit managers transparency requirements.	1322.	Repayment by State; certification; transfer; interest on loan; credit of interest on loan.
1320b-24.	Consultation with Tribal Technical Advisory Group.	1323.	Repayable advances to Federal unemployment account.
1320b-25.	Reporting to law enforcement of crimes occurring in federally funded long-term care facilities.	1324.	“Governor” defined.
1320b-26.	Funding for providers relating to COVID-19.	SUBCHAPTER XIII—RECONVERSION UNEMPLOYMENT BENEFITS FOR SEAMEN	
PART B—PEER REVIEW OF UTILIZATION AND QUALITY OF HEALTH CARE SERVICES		1331 to 1336.	Repealed.
1320c.	Purpose.	SUBCHAPTER XIV—GRANTS TO STATES FOR AID TO PERMANENTLY AND TOTALLY DISABLED	
1320c-1.	Definition of quality improvement organization.	1351.	Authorization of appropriations.
1320c-2.	Contracts with quality improvement organizations.	1352.	State plans for aid to permanently and totally disabled.
1320c-3.	Functions of quality improvement organizations.	1353.	Payments to States.
1320c-4.	Right to hearing and judicial review.	1354.	Operation of State plans.
1320c-5.	Obligations of health care practitioners and providers of health care services; sanctions and penalties; hearings and review.	1355.	Definitions.
1320c-6.	Limitation on liability.	SUBCHAPTER XV—UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES	
1320c-7.	Application of this part to certain State programs receiving Federal financial assistance.	1361 to 1371.	Repealed.
1320c-8.	Authorization for use of certain funds to administer provisions of this part.	SUBCHAPTER XVI—SUPPLEMENTAL SECURITY INCOME FOR AGED, BLIND, AND DISABLED	
1320c-9.	Prohibition against disclosure of information.	1381.	Statement of purpose; authorization of appropriations.
		1381a.	Basic entitlement to benefits.
		PART A—DETERMINATION OF BENEFITS	
		1382.	Eligibility for benefits.
		1382a.	Income; earned and unearned income defined; exclusions from income.

Sec.		Sec.	
1382b.	Resources.	1395g.	Payments to providers of services.
1382c.	Definitions.	1395h.	Provisions relating to the administration of part A.
1382d.	Rehabilitation services for blind and disabled individuals.	1395i.	Federal Hospital Insurance Trust Fund.
1382e.	Supplementary assistance by State or subdivision to needy individuals.	1395i-1.	Authorization of appropriations.
1382f.	Cost-of-living adjustments in benefits.	1395i-1a.	Repealed.
1382g.	Payments to State for operation of supplementation program.	1395i-2.	Hospital insurance benefits for uninsured elderly individuals not otherwise eligible.
1382h.	Benefits for individuals who perform substantial gainful activity despite severe medical impairment.	1395i-2a.	Hospital insurance benefits for disabled individuals who have exhausted other entitlement.
1382i.	Medical and social services for certain handicapped persons.	1395i-3.	Requirements for, and assuring quality of care in, skilled nursing facilities.
1382j.	Attribution of sponsor's income and resources to aliens.	1395i-3a.	Protecting residents of long-term care facilities.
1382k.	Repealed.	1395i-4.	Medicare rural hospital flexibility program.
PART B—PROCEDURAL AND GENERAL PROVISIONS			
1383.	Procedure for payment of benefits.	1395i-5.	Conditions for coverage of religious non-medical health care institutional services.
1383a.	Penalties for fraud.	1395i-6.	Hospice program survey and enforcement procedures.
1383b.	Administration.	PART B—SUPPLEMENTARY MEDICAL INSURANCE BENEFITS FOR AGED AND DISABLED	
1383c.	Eligibility for medical assistance of aged, blind, or disabled individuals under State's medical assistance plan.	1395j.	Establishment of supplementary medical insurance program for aged and disabled.
1383d.	Outreach program for children.	1395k.	Scope of benefits; definitions.
1383e.	Treatment referrals for individuals with alcoholism or drug addiction condition.	1395l.	Payment of benefits.
1383f.	Annual report on program.	1395m.	Special payment rules for particular items and services.
1384, 1385.	Omitted.	1395m-1.	Improving policies for clinical diagnostic laboratory tests.
SUBCHAPTER XVII—GRANTS FOR PLANNING COMPREHENSIVE ACTION TO COMBAT MENTAL RETARDATION			
1391.	Authorization of appropriations.	1395n.	Procedure for payment of claims of providers of services.
1392.	Availability of funds during certain fiscal years; limitation on amount; utilization of grant.	1395o.	Eligible individuals.
1393.	Applications; single State agency designation; essential planning services; plans for expenditure; final activities report and other necessary reports; records; accounting.	1395p.	Enrollment periods.
1394.	Payments to States; adjustments; advances or reimbursement; installments; conditions.	1395q.	Coverage period.
SUBCHAPTER XVIII—HEALTH INSURANCE FOR AGED AND DISABLED			
1395.	Prohibition against any Federal interference.	1395r.	Amount of premiums for individuals enrolled under this part.
1395a.	Free choice by patient guaranteed.	1395s.	Payment of premiums.
1395b.	Option to individuals to obtain other health insurance protection.	1395t.	Federal Supplementary Medical Insurance Trust Fund.
1395b-1.	Incentives for economy while maintaining or improving quality in provision of health services.	1395t-1, 1395t-2.	Repealed.
1395b-2.	Notice of medicare benefits; medicare and medigap information.	1395u.	Provisions relating to the administration of part B.
1395b-3.	Health insurance advisory service for medicare beneficiaries.	1395v.	Agreements with States.
1395b-4.	Health insurance information, counseling, and assistance grants.	1395w.	Appropriations to cover Government contributions and contingency reserve.
1395b-5.	Beneficiary incentive programs.	1395w-1.	Repealed.
1395b-6.	Medicare Payment Advisory Commission.	1395w-2.	Intermediate sanctions for providers or suppliers of clinical diagnostic laboratory tests.
1395b-7.	Explanation of medicare benefits.	1395w-3.	Competitive acquisition of certain items and services.
1395b-8.	Chronic care improvement.	1395w-3a.	Use of average sales price payment methodology.
1395b-9.	Provisions relating to administration.	1395w-3b.	Competitive acquisition of outpatient drugs and biologicals.
1395b-10.	Addressing health care disparities.	1395w-4.	Payment for physicians' services.
PART A—HOSPITAL INSURANCE BENEFITS FOR AGED AND DISABLED			
1395c.	Description of program.	1395w-5.	Public reporting of performance information.
1395d.	Scope of benefits.	1395w-6.	Empowering beneficiary choices through continued access to information on physicians' services.
1395e.	Deductibles and coinsurance.	PART C—MEDICARE+CHOICE PROGRAM	
1395f.	Conditions of and limitations on payment for services.	1395w-21.	Eligibility, election, and enrollment.
		1395w-22.	Benefits and beneficiary protections.
		1395w-23.	Payments to Medicare+Choice organizations.
		1395w-24.	Premiums and bid amounts.
		1395w-25.	Organizational and financial requirements for Medicare+Choice organizations; provider-sponsored organizations.

Sec.		Sec.	
1395w-26.	Establishment of standards.	1395cc-1.	Demonstration of application of physician volume increases to group practices.
1395w-27.	Contracts with Medicare+Choice organizations.	1395cc-2.	Provisions for administration of demonstration program.
1395w-27a.	Special rules for MA regional plans.	1395cc-3.	Health care quality demonstration program.
1395w-28.	Definitions; miscellaneous provisions.	1395cc-4.	National pilot program on payment bundling.
1395w-29.	Repealed.	1395cc-5.	Independence at home medical practice demonstration program.
PART D—VOLUNTARY PRESCRIPTION DRUG BENEFIT PROGRAM		1395cc-6.	Opioid use disorder treatment demonstration program.
SUBPART 1—PART D ELIGIBLE INDIVIDUALS AND PRESCRIPTION DRUG BENEFITS		1395dd.	Examination and treatment for emergency medical conditions and women in labor.
1395w-101.	Eligibility, enrollment, and information.	1395ee.	Practicing Physicians Advisory Council; Council for Technology and Innovation.
1395w-102.	Prescription drug benefits.	1395ff.	Determinations; appeals.
1395w-103.	Access to a choice of qualified prescription drug coverage.	1395gg.	Overpayment on behalf of individuals and settlement of claims for benefits on behalf of deceased individuals.
1395w-104.	Beneficiary protections for qualified prescription drug coverage.	1395hh.	Regulations.
SUBPART 2—PRESCRIPTION DRUG PLANS; PDP SPONSORS; FINANCING		1395ii.	Application of certain provisions of subchapter II.
1395w-111.	PDP regions; submission of bids; plan approval.	1395jj.	Designation of organization or publication by name.
1395w-112.	Requirements for and contracts with prescription drug plan (PDP) sponsors.	1395kk.	Administration of insurance programs.
1395w-113.	Premiums; late enrollment penalty.	1395kk-1.	Contracts with medicare administrative contractors.
1395w-114.	Premium and cost-sharing subsidies for low-income individuals.	1395kk-2.	Expanding availability of Medicare data.
1395w-114a.	Medicare coverage gap discount program.	1395ll.	Studies and recommendations.
1395w-115.	Subsidies for part D eligible individuals for qualified prescription drug coverage.	1395mm.	Payments to health maintenance organizations and competitive medical plans.
1395w-116.	Medicare Prescription Drug Account in the Federal Supplementary Medical Insurance Trust Fund.	1395nn.	Limitation on certain physician referrals.
SUBPART 3—APPLICATION TO MEDICARE ADVANTAGE PROGRAM AND TREATMENT OF EMPLOYER-SPONSORED PROGRAMS AND OTHER PRESCRIPTION DRUG PLANS		1395oo.	Provider Reimbursement Review Board.
1395w-131.	Application to Medicare Advantage program and related managed care programs.	1395pp.	Limitation on liability where claims are disallowed.
1395w-132.	Special rules for employer-sponsored programs.	1395qq.	Indian Health Service facilities.
1395w-133.	State Pharmaceutical Assistance Programs.	1395rr.	End stage renal disease program.
1395w-134.	Coordination requirements for plans providing prescription drug coverage.	1395rr-1.	Medicare coverage for individuals exposed to environmental health hazards.
SUBPART 4—MEDICARE PRESCRIPTION DRUG DISCOUNT CARD AND TRANSITIONAL ASSISTANCE PROGRAM		1395ss.	Certification of medicare supplemental health insurance policies.
1395w-141.	Medicare prescription drug discount card and transitional assistance program.	1395ss-1.	Clarification.
SUBPART 5—DEFINITIONS AND MISCELLANEOUS PROVISIONS		1395tt.	Hospital providers of extended care services.
1395w-151.	Definitions; treatment of references to provisions in part C.	1395uu.	Payments to promote closing or conversion of underutilized hospital facilities.
1395w-152.	Miscellaneous provisions.	1395vv.	Withholding payments from certain medicaid providers.
1395w-153.	Condition for coverage of drugs under this part.	1395ww.	Payments to hospitals for inpatient hospital services.
1395w-154.	Improved Medicare prescription drug plan and MA-PD plan complaint system.	1395xx.	Payment of provider-based physicians and payment under certain percentage arrangements.
PART E—MISCELLANEOUS PROVISIONS		1395yy.	Payment to skilled nursing facilities for routine service costs.
1395x.	Definitions.	1395zz.	Provider education and technical assistance.
1395y.	Exclusions from coverage and medicare as secondary payer.	1395aaa.	Contract with a consensus-based entity regarding performance measurement.
1395z.	Consultation with State agencies and other organizations to develop conditions of participation for providers of services.	1395aaa-1.	Quality and efficiency measurement.
1395aa.	Agreements with States.	1395bbb.	Conditions of participation for home health agencies; home health quality.
1395bb.	Effect of accreditation.	1395ccc.	Offset of payments to individuals to collect past-due obligations arising from breach of scholarship and loan contract.
1395cc.	Agreements with providers of services; enrollment processes.	1395ddd.	Medicare Integrity Program.
		1395eee.	Payments to, and coverage of benefits under, programs of all-inclusive care for elderly (PACE).
		1395fff.	Prospective payment for home health services.
		1395ggg.	Omitted.

Sec. 1395hhh.	Health care infrastructure improvement program.	Sec. 1396t.	Home and community care for functionally disabled elderly individuals.
1395iii.	Medicare Improvement Fund.	1396u.	Community supported living arrangements services.
1395jjj.	Shared savings program.	1396u-1.	Assuring coverage for certain low-income families.
1395kkk, 1395kkk-1.	Repealed.	1396u-2.	Provisions relating to managed care.
1395lll.	Standardized post-acute care (PAC) assessment data for quality, payment, and discharge planning.	1396u-3.	State coverage of medicare cost-sharing for additional low-income medicare beneficiaries.
SUBCHAPTER XIX—GRANTS TO STATES FOR MEDICAL ASSISTANCE PROGRAMS		1396u-4.	Program of all-inclusive care for elderly (PACE).
1396.	Medicaid and CHIP Payment and Access Commission.	1396u-5.	Special provisions relating to medicare prescription drug benefit.
1396-1.	Appropriations.	1396u-6.	Medicaid Integrity Program.
1396a.	State plans for medical assistance.	1396u-7.	State flexibility in benefit packages.
1396b.	Payment to States.	1396u-8.	Health opportunity accounts.
1396b-1.	Payment adjustment for health care-acquired conditions.	1396v.	References to laws directly affecting medicare program.
1396c.	Operation of State plans.	1396w.	Asset verification through access to information held by financial institutions.
1396d.	Definitions.	1396w-1.	Medicaid Improvement Fund.
1396e.	Enrollment of individuals under group health plans.	1396w-2.	Authorization to receive relevant information.
1396e-1.	Premium assistance.	1396w-3.	Enrollment simplification and coordination with State health insurance exchanges.
1396f.	Observance of religious beliefs.	1396w-3a.	Requirements relating to qualified prescription drug monitoring programs and prescribing certain controlled substances.
1396g.	State programs for licensing of administrators of nursing homes.	1396w-4.	State option to provide coordinated care through a health home for individuals with chronic conditions.
1396g-1.	Required laws relating to medical child support.	1396w-4a.	State option to provide coordinated care through a health home for children with medically complex conditions.
1396h.	State false claims act requirements for increased State share of recoveries.	1396w-5.	Addressing health care disparities.
1396i.	Certification and approval of rural health clinics and intermediate care facilities for mentally retarded.	1396w-6.	State option to provide qualifying community-based mobile crisis intervention services.
1396j.	Indian Health Service facilities.	SUBCHAPTER XX—BLOCK GRANTS AND PROGRAMS FOR SOCIAL SERVICES AND ELDER JUSTICE	
1396k.	Assignment, enforcement, and collection of rights of payments for medical care; establishment of procedures pursuant to State plan; amounts retained by State.	DIVISION A—BLOCK GRANTS TO STATES FOR SOCIAL SERVICES	
1396l.	Hospital providers of nursing facility services.	1397.	Purposes of division; authorization of appropriations.
1396m.	Withholding of Federal share of payments for certain medicare providers.	1397a.	Payments to States.
1396n.	Compliance with State plan and payment provisions.	1397b.	Allotments.
1396o.	Use of enrollment fees, premiums, deductions, cost sharing, and similar charges.	1397c.	State reporting requirements.
1396o-1.	State option for alternative premiums and cost sharing.	1397d.	Limitation on use of grants; waiver.
1396p.	Liens, adjustments and recoveries, and transfers of assets.	1397e.	Administrative and fiscal accountability.
1396q.	Application of provisions of subchapter II relating to subpoenas.	1397f.	Additional grants.
1396r.	Requirements for nursing facilities.	1397g.	Demonstration projects to address health professions workforce needs.
1396r-1.	Presumptive eligibility for pregnant women.	1397h.	Program for early detection of certain medical conditions related to environmental health hazards.
1396r-1a.	Presumptive eligibility for children.	1397i.	Additional funding for aging and disability services programs.
1396r-1b.	Presumptive eligibility for certain breast or cervical cancer patients.	DIVISION B—ELDER JUSTICE	
1396r-1c.	Presumptive eligibility for family planning services.	1397j.	Definitions.
1396r-2.	Information concerning sanctions taken by State licensing authorities against health care practitioners and providers.	1397j-1.	General provisions.
1396r-3.	Correction and reduction plans for intermediate care facilities for mentally retarded.	PART I—NATIONAL COORDINATION OF ELDER JUSTICE ACTIVITIES AND RESEARCH	
1396r-4.	Adjustment in payment for inpatient hospital services furnished by disproportionate share hospitals.	SUBPART A—ELDER JUSTICE COORDINATING COUNCIL AND ADVISORY BOARD ON ELDER ABUSE, NEGLECT, AND EXPLOITATION	
1396r-5.	Treatment of income and resources for certain institutionalized spouses.	1397k.	Elder Justice Coordinating Council.
1396r-6.	Extension of eligibility for medical assistance.	1397k-1.	Advisory Board on Elder Abuse, Neglect, and Exploitation.
1396r-7.	Repealed.		
1396r-8.	Payment for covered outpatient drugs.		
1396s.	Program for distribution of pediatric vaccines.		

- Sec.
1397k-2. Research protections.
1397k-3. Authorization of appropriations.

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

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

PART II—PROGRAMS TO PROMOTE ELDER JUSTICE

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

DIVISION C—SOCIAL IMPACT DEMONSTRATION PROJECTS

- 1397n. Purposes.
1397n-1. Social impact partnership application.
1397n-2. Awarding social impact partnership agreements.
1397n-3. Feasibility study funding.
1397n-4. Evaluations.
1397n-5. Federal Interagency Council on Social Impact Partnerships.
1397n-6. Commission on Social Impact Partnerships.
1397n-7. Limitation on use of funds.
1397n-8. No Federal funding for credit enhancements.
1397n-9. Availability of funds.
1397n-10. Website.
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.
1397ff. Process for submission, approval, and amendment of State child health plans.
1397gg. Strategic objectives and performance goals; plan administration.
1397hh. Annual reports; evaluations.
1397ii. Miscellaneous provisions.
1397jj. Definitions.
1397kk. Phase-out of coverage for nonpregnant childless adults; conditions for coverage of parents.
1397ll. Optional coverage of targeted low-income pregnant women through a State plan amendment.
1397mm. Grants to improve outreach and enrollment.

SUBCHAPTER I—GRANTS TO STATES FOR OLD-AGE ASSISTANCE

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

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

Editorial Notes

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.

Editorial Notes

AMENDMENTS

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

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

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

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