

**(h) Omitted****(i) Authorization of appropriations****(1) In general**

There are authorized to be appropriated to carry out this section—

- (A) \$50,000,000 for fiscal year 1990;
- (B) \$75,000,000 for fiscal year 1991;
- (C) \$110,000,000 for fiscal year 1992;
- (D) \$148,000,000 for fiscal year 1993; and
- (E) \$185,000,000 for fiscal year 1994.

**(2) Specifications**

For the purpose of carrying out this section, for each of the fiscal years 1990 through 1992 an amount equal to two-thirds of the amounts authorized to be appropriated under paragraph (1), and for each of the fiscal years 1993 and 1994 an amount equal to 70 percent of such amounts, are to be appropriated in the following proportions from the following trust funds:

- (A) 60 percent from the Federal Hospital Insurance Trust Fund (established under section 1395i of this title).
- (B) 40 percent from the Federal Supplementary Medical Insurance Trust Fund (established under section 1395t of this title).

**(3) Allocations**

(A) For each fiscal year, of the amounts transferred or otherwise appropriated to carry out this section, the Secretary shall reserve appropriate amounts for each of the purposes specified in clauses (i) through (iv) of subparagraph (B).

(B) The purposes referred to in subparagraph (A) are—

- (i) the development of guidelines, standards, performance measures, and review criteria;
- (ii) research and evaluation;
- (iii) data-base standards and development; and
- (iv) education and information dissemination.

(Aug. 14, 1935, ch. 531, title XI, §1142, as added Pub. L. 101-239, title VI, §6103(b)(1), Dec. 19, 1989, 103 Stat. 2195; amended Pub. L. 106-129, §2(b)(2), Dec. 6, 1999, 113 Stat. 1670; Pub. L. 108-173, title IX, §900(e)(1)(C), Dec. 8, 2003, 117 Stat. 2371.)

## REFERENCES IN TEXT

Sections 299b-1 to 299b-3 of this title, referred to in subsecs. (a) and (b), were in the original references to sections 912 to 914 of act July 1, 1944, which were omitted in the general amendment of subchapter VII of chapter 6A of this title by Pub. L. 106-129, §2(a), Dec. 6, 1999, 113 Stat. 1653. Section 2(a) of Pub. L. 106-129 enacted new sections 912 to 914 of act July 1, 1944, which are classified to sections 299b-1 to 299b-3, respectively, of this title.

## CODIFICATION

Subsec. (h) of this section, which required the Secretary to report biennially to Congress on the progress of the activities under this section during the preceding 2 fiscal years, including the impact of such activities on medical care (particularly medical care for individuals receiving benefits under subchapter XVIII of this chapter), terminated, effective May 15, 2000, pursuant to section 3003 of Pub. L. 104-66, as amended, set out as a note under section 1113 of Title 31, Money and Finance. See, also, item 10 on page 94 of House Document No. 103-7.

Another section 1142 of act Aug. 14, 1935, was renumbered section 1143 by Pub. L. 101-508, title V, §5111(a)(1), Nov. 5, 1990, 104 Stat. 1388-272, and is classified to section 1320b-13 of this title.

## AMENDMENTS

2003—Subsec. (b)(3). Pub. L. 108-173, §900(e)(1)(C), substituted “Centers for Medicare & Medicaid Services” for “Health Care Financing Administration”.

1999—Subsec. (a)(1). Pub. L. 106-129 substituted “Director of the Agency for Healthcare Research and Quality” for “Administrator for Health Care Policy and Research” in introductory provisions.

## AHCPR STUDY ON EFFECT OF CREDENTIALING OF TECHNOLOGISTS AND SONOGRAPHERS ON QUALITY OF ULTRASOUND

Pub. L. 106-113, div. B, §1000(a)(6) [title II, §229(b)], Nov. 29, 1999, 113 Stat. 1536, 1501A-357, provided that:

“(1) STUDY.—The Administrator for Health Care Policy and Research shall provide for a study that, with respect to the provision of ultrasound under the medicare and medicaid programs under titles XVIII and XIX of the Social Security Act [42 U.S.C. 1395 et seq., 1396 et seq.], compares differences in quality between ultrasound furnished by individuals who are credentialed by private entities or organizations and ultrasound furnished by those who are not so credentialed. Such study shall examine and evaluate differences in error rates, resulting complications, and patient outcomes as a result of the differences in credentialing. In designing the study, the Administrator shall consult with organizations nationally recognized for their expertise in ultrasound.

“(2) REPORT.—Not later than two years after the date of the enactment of this Act [Nov. 29, 1999], the Administrator shall submit a report to Congress on the study conducted under paragraph (1).”

## REPORT ON LINKAGE OF PUBLIC AND PRIVATE RESEARCH RELATED DATA

Pub. L. 101-239, title VI, §6103(b)(2), Dec. 19, 1989, 103 Stat. 2198, provided that: “Not later than 1 year after the date of the enactment of this Act [Dec. 19, 1989], the Secretary of Health and Human Services shall report to the Congress on the feasibility of linking research-related data described in section 1142(d) of the Social Security Act [42 U.S.C. 1320b-12(d)] (as added by paragraph (1) of this subsection) with similar data collected or maintained by non-Federal entities and by Federal agencies other than the Department of Health and Human Services (including the Departments of Defense and Veterans Affairs and the Office of Personnel Management).”

**§ 1320b-13. Social security account statements****(a) Provision upon request**

(1) Beginning not later than October 1, 1990, the Commissioner of Social Security shall provide upon the request of an eligible individual a social security account statement (hereinafter referred to as the “statement”).

(2) Each statement shall contain—

(A) the amount of wages paid to and self-employment income derived by the eligible individual as shown by the records of the Commissioner at the date of the request;

(B) an estimate of the aggregate of the employer, employee, and self-employment contributions of the eligible individual for old-age, survivors, and disability insurance as shown by the records of the Commissioner on the date of the request;

(C) a separate estimate of the aggregate of the employer, employee, and self-employment contributions of the eligible individual for

hospital insurance as shown by the records of the Commissioner on the date of the request;

(D) an estimate of the potential monthly retirement, disability, survivor, and auxiliary benefits payable on the eligible individual's account together with a description of the benefits payable under the medicare program of subchapter XVIII; and

(E) in the case of an eligible individual described in paragraph (3)(C)(ii), an explanation, in language calculated to be understood by the average eligible individual, of the operation of the provisions under sections 402(k)(5) and 415(a)(7) of this title and an explanation of the maximum potential effects of such provisions on the eligible individual's monthly retirement, survivor, and auxiliary benefits.

(3) For purposes of this section, the term "eligible individual" means an individual—

(A) who has a social security account number,

(B) who has attained age 25 or over, and

(C)(i) who has wages or net earnings from self-employment, or (ii) with respect to whom the Commissioner has information that the pattern of wages or self-employment income indicate a likelihood of noncovered employment.

**(b) Notice to eligible individuals**

The Commissioner shall, to the maximum extent practicable, take such steps as are necessary to assure that eligible individuals are informed of the availability of the statement described in subsection (a).

**(c) Mandatory provision of statements**

(1) By not later than September 30, 1995, the Commissioner shall provide a statement to each eligible individual who has attained age 60 by October 1, 1994, and who is not receiving benefits under subchapter II and for whom a current mailing address can be determined through such methods as the Commissioner determines to be appropriate. In fiscal years 1995 through 1999 the Commissioner shall provide a statement to each eligible individual who attains age 60 in such fiscal years and who is not receiving benefits under subchapter II and for whom a current mailing address can be determined through such methods as the Commissioner determines to be appropriate. The Commissioner shall provide with each statement to an eligible individual notice that such statement is updated annually and is available upon request.

(2) Beginning not later than October 1, 1999, the Commissioner shall provide a statement on an annual basis to each eligible individual who is not receiving benefits under subchapter II and for whom a mailing address can be determined through such methods as the Commissioner determines to be appropriate. With respect to statements provided to eligible individuals who have not attained age 50, such statements need not include estimates of monthly retirement benefits. However, if such statements provided to eligible individuals who have not attained age 50 do not include estimates of retirement benefit amounts, such statements shall include a description of the benefits (including auxiliary benefits) that are available upon retirement.

**(d) Disclosure to governmental employees of effect of noncovered employment**

(1) In the case of any individual commencing employment on or after January 1, 2005, in any agency or instrumentality of any State (or political subdivision thereof, as defined in section 418(b)(2) of this title) in a position in which service performed by the individual does not constitute "employment" as defined in section 410 of this title, the head of the agency or instrumentality shall ensure that, prior to the date of the commencement of the individual's employment in the position, the individual is provided a written notice setting forth an explanation, in language calculated to be understood by the average individual, of the maximum effect on computations of primary insurance amounts (under section 415(a)(7) of this title) and the effect on benefit amounts (under section 402(k)(5) of this title) of monthly periodic payments or benefits payable based on earnings derived in such service. Such notice shall be in a form which shall be prescribed by the Commissioner of Social Security.

(2) The written notice provided to an individual pursuant to paragraph (1) shall include a form which, upon completion and signature by the individual, would constitute certification by the individual of receipt of the notice. The agency or instrumentality providing the notice to the individual shall require that the form be completed and signed by the individual and submitted to the agency or instrumentality and to the pension, annuity, retirement, or similar fund or system established by the governmental entity involved responsible for paying the monthly periodic payments or benefits, before commencement of service with the agency or instrumentality.

(Aug. 14, 1935, ch. 531, title XI, §1143, formerly §1142, as added Pub. L. 101-239, title X, §10308, Dec. 19, 1989, 103 Stat. 2485; renumbered §1143 and amended Pub. L. 101-508, title V, §5111(a), Nov. 5, 1990, 104 Stat. 1388-272; Pub. L. 105-78, title VI, §605, Nov. 13, 1997, 111 Stat. 1521; Pub. L. 108-203, title IV, §§419(a)-(c), 421, Mar. 2, 2004, 118 Stat. 533-535.)

AMENDMENTS

2004—Subsec. (a)(1). Pub. L. 108-203, §421(1), substituted "Commissioner of Social Security" for "Secretary".

Subsec. (a)(2)(A) to (C). Pub. L. 108-203, §421(2), substituted "Commissioner" for "Secretary".

Subsec. (a)(2)(E). Pub. L. 108-203, §419(b), added subpar. (E).

Subsec. (a)(3). Pub. L. 108-203, §419(a)(1), struck out "who" after "an individual" in introductory provisions.

Subsec. (a)(3)(A), (B). Pub. L. 108-203, §419(a)(1), inserted "who" before "has".

Subsec. (a)(3)(C). Pub. L. 108-203, §419(a)(2), (3), designated existing provisions as cl. (i), inserted "who" before "has wages", and inserted " , or" and cl. (ii) before period.

Subsecs. (b), (c). Pub. L. 108-203, §421(2), substituted "Commissioner" for "Secretary" wherever appearing.

Subsec. (d). Pub. L. 108-203, §419(c), added subsec. (d). 1997—Subsec. (a)(2)(B), (C). Pub. L. 105-78 substituted "employer, employee," for "employee".

1990—Subsec. (c)(2). Pub. L. 101-508, §5111(a)(2), substituted "an annual" for "a biennial".

## EFFECTIVE DATE OF 2004 AMENDMENT

Pub. L. 108-203, title IV, § 419(d), Mar. 2, 2004, 118 Stat. 534, provided that: “The amendments made by subsections (a) and (b) of this section [amending this section] shall apply with respect to social security account statements issued on or after January 1, 2007.”

**§ 1320b-14. Outreach efforts to increase awareness of the availability of medicare cost-sharing and subsidies for low-income individuals under subchapter XVIII**

**(a) Outreach**

**(1) In general**

The Commissioner of Social Security (in this section referred to as the “Commissioner”) shall conduct outreach efforts to—

(A) identify individuals entitled to benefits under the medicare program under subchapter XVIII who may be eligible for medical assistance for payment of the cost of medicare cost-sharing under the medicaid program pursuant to sections 1396a(a)(10)(E) and 1396u-3 of this title<sup>1</sup> for the transitional assistance under section 1395w-141(f) of this title, or for premium and cost-sharing subsidies under section 1395w-114 of this title; and

(B) notify such individuals of the availability of such medical assistance, program, and subsidies under such sections.

**(2) Content of notice**

Any notice furnished under paragraph (1) shall state that eligibility for medicare cost-sharing assistance, the transitional assistance under section 1395w-141(f) of this title, or premium and cost-sharing subsidies under section 1395w-114 of this title under such sections is conditioned upon—

(A) the individual providing to the State information about income and resources (in the case of an individual residing in a State that imposes an assets test for eligibility for medicare cost-sharing under the medicaid program); and

(B) meeting the applicable eligibility criteria.

**(b) Coordination with States**

**(1) In general**

In conducting the outreach efforts under this section, the Commissioner shall—

(A) furnish the agency of each State responsible for the administration of the medicaid program and any other appropriate State agency with information consisting of the name and address of individuals residing in the State that the Commissioner determines may be eligible for medical assistance for payment of the cost of medicare cost-sharing under the medicaid program pursuant to sections 1396a(a)(10)(E) and 1396u-3 of this title, for transitional assistance under section 1395w-141(f) of this title, or for premium and cost-sharing subsidies for low-income individuals under section 1395w-114 of this title; and

(B) update any such information not less frequently than once per year.

**(2) Information in periodic updates**

The periodic updates described in paragraph (1)(B) shall include information on individuals who are or may be eligible for the medical assistance, program, and subsidies described in paragraph (1)(A) because such individuals have experienced reductions in benefits under subchapter II.

**(c) Assistance with Medicare Savings Program and low-income subsidy program applications**

**(1) Distribution of applications and information to individuals who are potentially eligible for low-income subsidy program**

For each individual who submits an application for low-income subsidies under section 1395w-114 of this title, requests an application for such subsidies, or is otherwise identified as an individual who is potentially eligible for such subsidies, the Commissioner shall do the following:

(A) Provide information describing the low-income subsidy program under section 1395w-114 of this title and the Medicare Savings Program (as defined in paragraph (7)).

(B) Provide an application for enrollment under such low-income subsidy program (if not already received by the Commissioner).

(C) In accordance with paragraph (3), transmit data from such an application for purposes of initiating an application for benefits under the Medicare Savings Program.

(D) Provide information on how the individual may obtain assistance in completing such application and an application under the Medicare Savings Program, including information on how the individual may contact the State health insurance assistance program (SHIP).

(E) Make the application described in subparagraph (B) and the information described in subparagraphs (A) and (D) available at local offices of the Social Security Administration.

**(2) Training personnel in explaining benefit programs and assisting in completing LIS application**

The Commissioner shall provide training to those employees of the Social Security Administration who are involved in receiving applications for benefits described in paragraph (1)(B) in order that they may promote beneficiary understanding of the low-income subsidy program and the Medicare Savings Program in order to increase participation in these programs. Such employees shall provide assistance in completing an application described in paragraph (1)(B) upon request.

**(3) Transmittal of data to States**

Beginning on January 1, 2010, with the consent of an individual completing an application for benefits described in paragraph (1)(B), the Commissioner shall electronically transmit to the appropriate State Medicaid agency data from such application, as determined by the Commissioner, which transmittal shall initiate an application of the individual for benefits under the Medicare Savings Program

<sup>1</sup> So in original. Probably should be followed by a comma.