

I. OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Legal citation	Type of authority	Legislative text
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A. General Authority Applicable to all Public Health Service Agencies

<p>a) Public Health Service Act</p> <ul style="list-style-type: none"> • P.L. 78-410§301 (1944), and amended • 42 USC ~ 241 	<p>General</p>	<p>(a) “The Secretary shall conduct in the Service, and encourage, cooperate with, and render assistance to other appropriate public authorities, scientific institutions, and scientists in the conduct of, and promote the coordination of, research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control and prevention of physical and mental diseases and impairments of man . . . In carrying out the foregoing the Secretary is authorized to—</p> <p>(1) collect and make available through publications and other appropriate means, information as to, the practical application of, such research and other activities . . .</p> <p>(6) make available, to health officials, scientists, and appropriate public and other nonprofit institutions and organizations, technical advice and assistance on the application of statistical methods to experiments, studies and surveys in health and medical fields;”</p>
<p>Transfer of functions</p>		
<p>[All functions of the Public Health Service, of the Surgeon General of the Public Health Service, and of all other officers and employees of the Public Health Service, and all functions of all agencies of or in the Public Health Service were transferred to the Secretary of Health, Education, and Welfare by 1966 Reorg. Plan No. 3, 31 F.R. 8855, as a note under section 202 of title 42 of the United States Code.]</p>		
<p>b) Public Health Service Act</p> <ul style="list-style-type: none"> • P.L. 78-410§310, as added by P.L. 93-353 §107(a) (1974) • 42 USC ~2420 	<p>Implied</p>	<p>“From time to time the Secretary shall issue information related to public health, in the form of publications or otherwise, for the use of the public, and shall publish weekly reports of health conditions in the United States and other countries and other pertinent health information for the use of persons and institutions concerned with health services. ”</p>

Legal citation	Type of authority	Legislative text
B. Health Maintenance Organizations (HMOs)		
a) Public Health Service Act • P.L. 78-410 ~1301 as added by P.L. 93-222§2 (1973) and amended • 42 USC §300e	Specific	(c) “Each health maintenance organization shall- . . . (11) provide, in accordance with regulations of the Secretary (including safeguards concerning the confidentiality of the doctor-patient relationship), an effective procedure for developing, compiling, evaluating, and reporting to the Secretary, statistics and other information (which the Secretary shall publish and disseminate on an annual basis and which the health maintenance organization shall disclose, in a manner acceptable to the Secretary, to its members and the general public) relating to (A) the cost of its operations, (B) the patterns of utilization of its services, (C) the availability, accessibility, and acceptability of its services, (D) to the extent practical, developments in the health status of its members, and (E) such other matters as the Secretary may require. ”
b) Public Health Service Act • P.L. 78-410 ~1315 as added by P.L. 93-222§2 (1973) and amended • 42 USC ~300e-14	General	(a) “The Secretary shall periodically review the programs of assistance authorized by this title and make an annual report to the Congress of a summary of the activities under each program. The Secretary shall include in such summary— . . . (2) The statistics and other information reported in such period to the Secretary in accordance with section Shoe of . . . title [42];”
C. Office of Adolescent Pregnancy Programs		
a) Health Services and Centers Amendments of 1978 • P.L. 95-626§606 (1978) • 42 USC ~300a-26	Specific	(a) “An application for a grant under this Act shall be in such form and contain such information as the Secretary may require, and shall include— (1) an identification of the incidence of adolescent pregnancy and related problems; (2) a description of the economic conditions and income levels in the geographic area to be served; (3) a description of existing pregnancy prevention and pregnancy-related services (including family life and sex education), and including where, how, by whom and to whom they are provided, and the extent to which they are coordinated in the geographic area to be served; (4) a description of the major unmet needs for services for adolescents at risk of initial or repeat pregnancies, the number

C. Office of Adolescent Pregnancy Programs—continued

Legal citation	Type of authority	Legislative text
		<p>of adolescents currently served in the area, and the number of adolescents not being served in the area;</p> <p>(5) a description of how all of the core services will be provided in the project using funds under this Act or otherwise provided by the grantee, to whom they will be provided, how they will be coordinated, integrated, and linked with other related programs and services and the source or sources of funding of such core services;</p> <p>(6) a description of how adolescents needing services other than those provided directly by the grantee will be identified and how access and appropriate referral to those services (such as medicaid, public assistance, employment services; child care services for adolescent parents; and other city, county, and State programs related to adolescent pregnancy) will be provided including a description of the plan to coordinate such services with activities funded under this Act;</p> <p>(12) assurances that the applicant shall have a system for maintaining the confidentiality of patient records in accordance with regulations promulgated by the Secretary;</p> <p>(b) Each grantee which participates in the program established by this title shall make such reports concerning its use of Federal funds as the Secretary may require. Reports shall include the impact the project has had on reducing the rate of first and repeat pregnancies among adolescents, and the effect on factors usually associated with welfare dependency. ”</p>

D. Office of Disease Prevention and Health Promotion

1. Office of Health Information, Health Promotion, and Physical Fitness, and Sports Medicine

a) Public Health Service Act	General	<p>(a) “The Secretary shall— . . .</p> <p>(4) undertake and support research and demonstrations respecting health information and health promotion, preventive health services, and education in the appropriate use of health care; . . .</p> <p>(7) foster the exchange of information respecting, and foster cooperation in the conduct of, research, demonstration, and training programs respecting health information and health promotion, preventive health services, and education in the appropriate use of health care; . . .</p>
<ul style="list-style-type: none"> • P.L. 78-410§1701 as added by P.L. 94-317§102 (1976), and amended 		
<ul style="list-style-type: none"> • 42 USC ~300u 		

1). Office of Disease Prevention and Health Promotion
 1. Office of Health Information, Health Promotion, and Physical Fitness, and Sports Medicine—continued

Legal citation	Type of authority	Legislative text
	Implied	(c) It shall be the duty of the State Council on Physical Fitness to— . . . (2) assess the physical fitness and nutrition status of residents of the State; (3) plan and administer a program of grants-in-aid to support physical fitness projects, research projects, and public information efforts to promote the development of physical fitness for the residents of the State; (4) evaluate and improve the availability and quality of sports medicine and athletic trainer programs in the State. ” [Jointly administered with the Center for Disease Control.]
b) Public Health Service Act • P.L. 78-410 ~1702, as added by P.L. 94-317 ~102 (1976)	General	(a) “The Secretary is authorized to conduct and support by grant or contract . . . research in health information and health promotion, preventive health services, and education in the appropriate use of health care. . . . The Secretary shall also— * * *
• 42 USC ~300u-1	Implied	(2) determine the best methods of disseminating information concerning personal health behavior, preventive health services and the appropriate use of health care and of affecting behavior so that such information is applied to maintain and improve health, and prevent disease, reduce its risk, or modify its course or severity; , . .
	General	(4) develop (A) methods by which the cost and effectiveness of activities respecting health information and health’th promotion, preventive health services, and education in the appropriate use of health care, can be measured, including methods for evaluating the effectiveness of various settings for such activities and the various types of persons engaged in such activities, (B) methods for reimbursement or payment for such activities, and (C) models and standards for the conduct of such activities . . . (5) develop a method for assessing the cost and effectiveness of specific medical services and procedures under various conditions of use, including the assessment of the sensitivity and specificity of screening and diagnostic procedures; and (6) enumerate and assess, using methods developed under paragraph (5), preventive health measures and services with

f). Office of Disease Prevention and Health Promotion
 1. Office of Health Information, Health Promotion, and Physical fitness, and Sports Medicine—contiflued

Legal citation	Type of authority	Legislative text
	Specific	<p>respect to their cost and effectiveness under various conditions of use.</p> <p>(b) The Secretary shall make a periodic survey of the needs, interest, attitudes, knowledge, and behavior of the American public regarding health and health care. The Secretary shall take into consideration the findings of such surveys and the findings of similiar surveys conducted by national and community health education organizations, and other organizations and agencies for formulating policy respecting health information and health promotion, preventive health services, and education in the appropriate use of health care. ” [Jointly administered with the Center for Disease Control.]</p>
<p>c) Public Health Service Act</p> <ul style="list-style-type: none"> ● P.L. 78-410 ~1704, as added by P.L. 94-317 ~102 (1976) ● 42 USC §300u-3 	Implied	<p>“The Secretary is authorized to conduct and support . . . such activities as may be required to make information respecting health information and health promotion, preventive health services, and education in the appropriate use of health care available to the consumers of medical care, providers of such care, schools, and others who are or should be informed respecting such matters. Such activities may include at least the following:</p> <p>(1) The publication of information, pamphlets, and other reports which are specially suited to interest and instruct the health consumer, which information, pamphlets and other reports shall . . . pertain to the individual’s ability to improve and safeguard his own health shall include material, accompanied by suitable illustrations, on child care, family life and human development, disease prevention . . . physical fitness, dental health, environmental health, nutrition, safety and accident prevention, drug abuse and alcoholism, mental health, management of chronic diseases . . . and venereal diseases;</p> <p style="text-align: center;">* * *</p>
	General	<p>(6) Assess, with respect to the effectiveness, safety, cost, and required training for and conditions of use, of new aspects of health care, and new activities, programs, and services designed to improve human health and publish in readily understandable language . . . such assessments . . . “ [Jointly administered with the Center for Disease Control.]</p>

D. Office of Disease Prevention and Health Promotion**1. Office of Health Information, Health Promotion, and Physical Fitness, and Sports Medicine—continued**

Legal citation	Type of authority	Legislative text
<p>d) Public Health Service Act</p> <ul style="list-style-type: none"> • P.L. 94-317 ~102 (1976) • 42 USC ~300u-4 	Implied	<p>(a) “The Secretary shall, not later than two years after June 23, 1976, and annually thereafter, submit to the President for transmittal to Congress a report on the status of health information and health promotion, preventive health services, and education in the appropriate use of health care. Each such report shall include—</p> <ol style="list-style-type: none"> (1) a statement of the activities carried out under this subchapter since the last report and the extent to which such activity achieves the purposes of this subchapter; (2) an assessment of the manpower resources needed to carry out programs relating to health information and health promotion, preventive health services, and education in the appropriate use of health care, and a statement describing the activities currently being carried out under this subchapter designed to prepare teachers and other manpower for such programs; (3) the goals and strategy formulated pursuant to section 300u(a)(l) of title 42. . . (4) such recommendations as the Secretary considers appropriate for legislation respecting health information and health promotion, preventive health services, and education in the appropriate use of health care . . .
	Specific	<p>(b) “The Secretary shall conduct a study of health education services and preventive health services to determine the coverage of such services under public and private health insurance programs, including the extent and nature of such coverage and the cost sharing requirements required by such programs for coverage of such services. ” [Jointly administered with the Center for Disease Control]</p>
<p>e) Public Health Service Act</p> <ul style="list-style-type: none"> • P.L. 78-410 ~1706 as added by P.L. 94-317§102 (1976), and amended • 42 USC ~300u-5 	Implied	<p>(a) “The Secretary shall establish within the Office of the Assistant Secretary for Health an Office of Health Information and Health Promotion and Physical Fitness and Sports Medicine which shall—</p> <ol style="list-style-type: none"> (3) establish a national information clearinghouse to facilitate the exchange of information concerning matters relating to health information and health promotion, preventive health services, and education in the appropriate use of health care, to facilitate access to such information, and to assist in the analysis of issues and problems relating to such matters; and (4) support projects, conduct research, and disseminate information in the areas of physical fitness and sports medicine.

D. Office of Disease Prevention and Health Promotion**1. Office of Health Information, Health Promotion, and Physical Fitness, and Sports Medicine—continued**

Legal citation	Type of authority	Legislative text
	General	<p>(b) The Office shall also—</p> <p>(1) assist, and foster research, investigations, and model projects on the nature of physical fitness, the development of physical fitness, and the relation of physical fitness to health;</p> <p>(2) assist, and foster research and investigations into the utilization of sports medicine, the development of sports medicine techniques, and the application of sports medicine throughout organized systems of athletic competition and in personal physical fitness development activities at every age and competition level;</p> <p>(3) foster and assist research into the proper role of nutrition in physical fitness programs;</p> <p>(4) promote the coordination of research and model programs conducted by the Office with similar programs conducted by other agencies of the Federal Government and other public and private organizations;</p> <p>(5) communicate the results of the studies in the widest possible manner to the American people and to special groups with particular interests and special needs in the development of physical fitness, such as young children, the handicapped, senior citizens, and workers in occupations which present special risks of physical disability; . . . “</p>
<p>f) Public Health Service Act</p> <p>• P.L. 78-410 ~1709 as added by P.L. 95-626§502 (1978)</p> <p>42 USC §300u-8</p>	General	<p>(a) “The Office shall establish a program of project grants to conduct research into the problem of athletic injuries with specific concentration on frequency of injuries, seriousness of injuries, the development of training and conditioning techniques and the development of athletic protective equipment to enable participants to avoid injuries to the maximum extent feasible, recovery rates, and problems associated with full recovery from athletic injuries.</p>
	Implied	<p>(b) The Office shall, in cooperation with the President’s Council on Physical Fitness, establish a Clearinghouse on Sports Medicine Research to disseminate the results of that research to practioners in relevant fields of health care and physical fitness. . . . “</p>

Legal citation	Type of authority	Legislative text
E. Office of Smoking and Health		
a) Federal Cigarette Labeling and Advertising Act • P.L. 89-92, §8 (1965), and amended • 15 USC §1337	Implied	(a) “The Secretary of Health, Education, and Welfare shall transmit a report to the Congress not later than January 1, 1971, and annually thereafter, concerning (A) current information on the health consequences of smoking, and (B) such recommendations for legislation as he may deem appropriate.”
b) Health Services and Centers Amendments of 1978 • P.L. 95-626 ~402 (1978) • 42 USC §247b-2	General	(a) “The Secretary of Health, Education, and Welfare, after consultation with appropriate public and private entities, shall establish a comprehensive program designed to deter smoking and the use of alcoholic beverages among children and adolescents. Such a program shall include— (1) the undertaking or support (through grants or contracts or both) of biomedical and behavioral research designed to increase understanding of the biological and behavioral determinants of smoking and the use of alcoholic beverages among children and adolescents, with special emphasis on children aged twelve or below, . . . “ [Jointly administered with National Institute on Alcohol Abuse and Alcoholism (ADAMHA).]

F. Office of Health Research, Statistics, and Technology
1. National Center for Health Care Technology

a) Public Health Service Act • P.L. 78-410 ~304, as added by P.L. 93-353§103, (1974), and amended • 42 USC §242b	Specific	(a)(l) “The Secretary, acting through the National Center for Health Services Research, the National Center for Health Statistics, and the National Center for Health Care Technology, shall conduct and support research, demonstrations, evaluations, and statistical and epidemiological activities for the purpose of improving the effectiveness, efficiency, and quality of health services in the United States. (2) In carrying out paragraph (l), the Secretary shall give appropriate emphasis to research, demonstrations, evaluations, and statistical and epidemiological activities respecting — (A) the accessibility, acceptability, planning, organization, distribution, utilization, and financing of systems for the delivery of health care, (B) alternative methods for measuring and evaluating the quality of systems for the delivery of health care,
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F. Office of Health Research, Statistics, and Technology
1. National Center for Health Care Technology—continued

Legal citation	Type of authority	Legislative text
		<p>(C) the collection, analysis, and dissemination of health related statistics,</p> <p>(D) alternative methods to improve and promote health statistical and epidemiological activities,</p> <p>(E) the safety, efficacy, effectiveness, cost effectiveness, and social, economic, and ethical impacts of health care technologies,</p> <p>(F) alternative methods for disseminating knowledge concerning health and health related activities,</p> <p>(G) the special health problems of low income and minority groups and the elderly to insure that these problems are assessed on a periodic regular basis,</p> <p>(H) the prevention of illness, disability, and premature deaths in the United States,</p> <p>(I) health care costs, increases in such costs, and the reasons for such increases, and</p> <p>(J) the impact of the environment on individual health and on health care. . . .</p> <p>(b) To implement subsection (a), the Secretary may, in addition to any other authority which under other provisions of this Act or any other law may be used by him to implement such subsection, do the following:</p> <p>(1) Utilize personnel and equipment, facilities, and other physical resources of the Department of Health, Education, and Welfare . . . provide technical assistance and advice, make grants, and when appropriate enter into contracts.</p> <p>(c)(1) The Secretary shall coordinate all health services research, evaluations, and demonstrations, all health statistical and epidemiological activities, and all research, evaluations, and demonstrations respecting the assessment of health care technology undertaken and supported through units of the Department of Health, Education, and Welfare. To the maximum extent feasible such coordination shall be carried out through the National Center for Health Services Research, the National Center for Health Statistics, and the National Center for Health Care Technology.</p> <p>(2) The Secretary shall coordinate the health services research, evaluations, and demonstrations, the health statistical and (where appropriate) epidemiological activities, and the research, evaluations, and demonstrations respecting the assessment of health care technology authorized by this Act through the National Center for Health Services Research, the National Center of Health Statistics, and the National Center for Health Care Technology. ”</p> <p>[Jointly administered with the National Center for Health</p>

F. Office of Health Research, Statistics, and Technology
1. National Center for Health Care Technology—continued

Legal citation	Type of authority	Legislative text
b) Public Health Service Act	General	<p>Statistics and the National Center for Health Services Research.]</p>
<ul style="list-style-type: none"> • P.L. 78-410§309, as added by P.L. 95-623, §6 (1978) 		<p>(a) “There is established in the Department of Health, Education, and Welfare the National Center for Health Care Technology (hereinafter in this section referred to as the ‘Center’) which shall be under the direction of a Director who shall be appointed by the Secretary and supervised by the Assistant Secretary for Health (or such other officer of the Department as maybe designated by the Secretary as the principal adviser to him for health programs).</p>
<ul style="list-style-type: none"> • 42 USC ~242n 		<p>(b)(1) The Secretary, acting through the Center, shall undertake and support (by grant or contract) assessments of health care technology. Such assessments shall take into account the safety, effectiveness, and cost effectiveness of, and the social, ethical, and economic impact of health care technologies.</p>
		<p>(2) The Secretary, acting through the Center, shall encourage, undertake, and support (by grant or contract) research, demonstrations, and evaluations respecting—</p>
		<p>(A) the factors that affect the use of health care technologies in the United States;</p>
		<p>(B) methods for disseminating information on health care technologies, and</p>
		<p>(C) the effectiveness, cost effectiveness, and social, ethical, and economic impacts of particular medical technologies.</p>
		<p>(3) The Secretary, acting through the Center, shall encourage and support (by grant or contract) research, evaluations, and demonstrations respecting the safety and efficacy of particular health care technologies.</p>
		<p>(4) The Secretary, acting through the Center and in consultation with the National Council on Health Care Technology, shall establish priorities for the activities prescribed by paragraphs (1), (2), and (3). In determining if an activity respecting a particular health care technology should be given priority, emphasis shall be placed on—</p>
		<p>(A) the actual or potential risks and the actual or potential benefits to patients associated with the use of the technology,</p>
		<p>(B) the actual or potential cost of the technology,</p>
		<p>(C) the actual or potential rate of its use, and</p>
		<p>(D) the stage of development of the technology . . . “</p>

F. Office of Health Research, Statistics, and Technology
 2. National Center for Health Service Research

Legal citation	Type of authority	Legislative text
2. National Center for Health Services Research		
a) Public Health Service Act • P.L. 78-410 §304 and added by P. L. 93-353 §103 (1974) and amended • 42 USC ~242b	Specific	(a)(1) “The Secretary, acting through the National Center for Health Services Research, the National Center for Health Statistics, and the National Center for Health Care Technology, shall conduct and support research, demonstrations, evaluations, and statistical and epidemiological activities for the purpose of improving the effectiveness, efficiency, and quality of health services in the United States. (2) In carrying out paragraph (1), the Secretary shall give appropriate emphasis to research, demonstrations, evaluations, and statistical and epidemiological activities respecting— (A) the accessibility, acceptability, planning, organization, distribution, utilization, and financing of systems for the delivery of health care, (B) alternative methods for measuring and evaluating the quality of systems for the delivery of health care, (C) the collection, analysis, and dissemination of health related statistics, (D) alternative methods to improve and promote health statistical and epidemiological activities, (E) the safety, efficacy, effectiveness, cost effectiveness, and social, economic, and ethical impacts of health care technologies, (F) alternative methods for disseminating knowledge concerning health and health related activities, (G) the special health problems of low income and minority groups and the elderly to insure that these problems are assessed on a periodic regular basis, (H) the prevention of illness, disability, and premature deaths in the United States, (I) health care costs, increases in such costs, and the reasons for such increases, and (J) the impact of the environment on individual health and on health care . . . (b) To implement subsection (a), the Secretary may, in addition to any other authority which under other provisions of this Act or any other law may be used by him to implement such subsection, do the following: (1) Utilize personnel and equipment, facilities, and other physical resources of the Department of Health, Education, and Welfare . . . provide technical assistance and advice, make grants, and when appropriate enter into contracts. (c)(1) The Secretary shall coordinate all health services

F. Office of Health Research, Statistics, and Technology
2. National Center for Health Research—continued

Legal citation	Type of authority	Legislative text
<p>b) Public Health Service Act</p> <ul style="list-style-type: none"> • P.L. 78-4105305, as added by P.L. 93-353 ~lo4 (1974), and amended • 42 USC §242c 	<p>General</p>	<p>research, evaluations, and demonstrations, all health statistical and epidemiological activities, and all research, evaluations, and demonstrations respecting the assessment of health care technology undertaken and supported through units of the Department of Health, Education, and Welfare. To the maximum extent feasible such coordination shall be carried out through the National Center for Health Services Research, the National Center for Health Statistics, and the National Center for Health Care Technology.</p> <p>(2) The Secretary shall coordinate the health services research, evaluations, and demonstrations, the health statistical and (where appropriate) epidemiological activities, and the research, evaluations, and demonstrations respecting the assessment of health care technology authorized by this Act through the National Center for Health Services Research, the National Center for Health Statistics, and the National Center for Health Care Technology.”</p> <p>[Jointly administered with the National Center for Health Statistics and the National Center for Health Care Technology.]</p> <p>(b) “In carrying out section 242b(a) of this title, the Secretary, acting through the Center, shall undertake and support research, evaluation, and demonstration projects (which may include and shall be appropriately coordinated with experiments and demonstration activities authorized by the Social Security Act and the Social Security Amendments of 1967) respecting—</p> <ul style="list-style-type: none"> (1) the accessibility, acceptability, planning, organization, distribution, technology, utilization, quality, and financing of health services and systems; (2) the supply and distribution, education and training, quality, utilization, organization, and costs of health manpower; (3) the design, utilization, organization, cost of facilities and equipment; and (4) the uses of computer science in health services delivery and medical information systems. ”

F. Office of Health Research, Statistics, and Technology
3. National Center for Health Statistics

Legal citation	Type of authority	Legislative text
3. National Center for Health Statistics		
<p>a) Public Health Service Act</p> <ul style="list-style-type: none"> • P.L. 78-410 ~304, as added by P.L. 93-353 ~103 (1974), and amended • 42 USC ~242b 	Specific	<p>(a)(1) “The Secretary, acting through the National Center for Health Services Research, the National Center for Health Statistics, and the National Center for Health Care Technology, shall conduct and support research, demonstrations, evaluations, and statistical and epidemiological activities for the purpose of improving the effectiveness, efficiency, and quality of health services in the United States.</p> <p>(2) In carrying out paragraph (1), the Secretary shall give appropriate emphasis to research, demonstrations, evaluations, and statistical and epidemiological activities respecting—</p> <ul style="list-style-type: none"> (A) the accessibility, acceptability, planning, organization, distribution, utilization, and financing of systems for the delivery of health care, (B) alternative methods for measuring and evaluating the quality of systems for the delivery of health care, (C) the collection, analysis, and dissemination of health related statistics, (D) alternative methods to improve and promote health statistical and epidemiological activities, (E) the safety, efficacy, effectiveness, cost effectiveness, and social, economic, and ethical impacts of health care technologies, (F) alternative methods for disseminating knowledge concerning health and health related activities, (G) the special health problems of low income and minority groups and the elderly to insure that these problems are assessed on a periodic regular basis, (H) the prevention of illness, disability, and premature deaths in the United States, (I) health care costs, increases in such costs, and the reasons for such increases, and (J) the impact of the environment on individual health and on health care . . . <p>(b) To implement subsection (a), the Secretary may, in addition to any other authority which under other provisions of this Act or any other law may be used by him to implement such subsection, do the following:</p> <ul style="list-style-type: none"> (1) Utilize personnel and equipment, facilities, and other physical resources of the Department of Health, Education, and Welfare . . . provide technical assistance and advice, make grants . . . and when appropriate enter into contracts. . . .

F. Office of Health Research, Statistics, and Technology
3. National Center for Health Statistics—continued

Legal citation	Type of authority	Legislative text
		<p>(c)(l) The Secretary shall coordinate all health services research, evaluations, and demonstrations, all health statistical and epidemiological activities, and all research, evaluations, and demonstrations respecting the assessment of health care technology undertaken and supported through units of the Department of Health, Education, and Welfare. To the maximum extent feasible such coordination shall be carried out through the National Center for Health Services Research, the National Center for Health Statistics, and the National Center for Health Care Technology.</p> <p>(2) The Secretary shall coordinate the health services research, evaluations, and demonstrations, the health statistical and (where appropriate) epidemiological activities, and the research, evaluations, and demonstrations respecting the assessment of health care technology authorized by this Act through the National Center for Health Services Research, the National Center for Health Statistics, and the National Center for Health Care Technology.” [Jointly administered with the National Center for Health Services Research and the National Center for Health Care Technology.]</p>
	Specific	<p>(e)(l) The Secretary and the National Academy of Sciences (acting through the Institute of Medicine and other appropriate units) shall, jointly and in cooperation with the Administrator of the Environmental Protection Agency, the Secretary of Labor, the Consumer Product Safety Commission, the Council of Economic Advisers, the Council on Wage and Price Stability, the Council on Environmental Quality, and other entities of the Federal Government which the Secretary determines have the expertise in the subject of the study prescribed by this paragraph, conduct, with funds appropriated under section 308(i)(2) [42 USC S242m], an ongoing study of the present and projected future health costs of pollution and other environmental conditions resulting from human activity (including human activity in any place in the indoor or outdoor environment, including places of employment and residence). In conducting the study, the Secretary and the National Academy of Sciences (hereinafter in this subsection referred to as the ‘Academy’) shall, to the extent feasible—</p> <p>(A) identify the pollution (and the pollutants responsible for the pollution) and other environmental conditions which are, or may reasonably be anticipated to be, responsible for causing, contributing to, increasing susceptibility to, or aggravating human diseases and adverse effects on humans;</p>

F. Office of Health Research, Statistics, and Technology
3. National Center for Health Statistics—continued

Legal citation	Type of authority	Legislative text
		<p>(B) identify each such disease and adverse effect on humans and specifically determine whether cancer, birth defects, genetic damage, emphysema, asthma, bronchitis, and other respiratory diseases, heart disease, stroke, and mental illness and impairment are such a disease or effect;</p> <p>(C) identify (on a national, regional, or other geographical basis) the source or sources of such pollutants and conditions and estimate the portion of each pollutant and the extent of each condition which can be traced to a specific type of source;</p> <p>(D) ascertain</p> <p>(i) the extent to which the pollutants and conditions identified under subparagraph (A) are, or may reasonably be anticipated to be, responsible, individually or collectively, for causing, contributing to, increasing susceptibility to, or aggravating the diseases and effects identified under subparagraph (B), and</p> <p>(ii) the effect upon the incidence or severity of specific diseases and effects of individual or collective, as appropriate, incremental reductions in the pollutants and changes in such conditions, and</p> <p>(E) quantify</p> <p>(i) the present and projected future health costs of the diseases and effects identified under subparagraph (B), and</p> <p>(ii) the reduction in health costs which would result from each incremental reduction and change referred to in subparagraph (D)(ii).</p> <p style="text-align: center;">* * *</p> <p>(3) The first report on the study prescribed by paragraph (1) shall be made to the Committee on Human Resources of the Senate and the Committee on Interstate and Foreign Commerce of the House of Representatives by the Secretary and the Academy not later than eighteen months after the date of the enactment of this subsection. Subsequent reports on the study shall be made by the Secretary and the Academy every two years after the date the first report is submitted. Each report shall</p> <p>(A) identify deficiencies and limitations in the data on the matters considered in the study and recommend actions which may be taken to eliminate such deficiencies and limitations,</p> <p>(B) include such recommendations for legislation as the Secretary determines appropriate,</p> <p>(C) include recommendations for facilitating studies of the effects of hazardous substances on humans, and</p>

F. Office of Health Research, Statistics, and Technology
3. National Center for Health Statistics—continued

Legal citation	Type of authority	Legislative text
<p>b) Public Health Service Act</p> <ul style="list-style-type: none"> • P.L. 78-410§306, as added by P.L. 93-353§105 (1974), and amended • 42 USC §242k 	Specific	<p>(D) include a description of any administrative action proposed to be taken by the Secretary, the Administrator of the Environmental Protection Agency, the Secretary of Labor, and the Consumer Product Safety Commission to reduce the costs which have been quantified under paragraph (l)(E)(i). In conducting the study, the Secretary and the Academy shall seek assistance from public and private health financing entities in securing the data needed for the study.</p> <p>(4) For purposes of paragraph (1), the term ‘health costs of pollution and other environmental conditions’ means the costs of human diseases and other adverse effects on humans which pollution and other environmental conditions are, or may reasonably be anticipated to be, responsible for causing, contributing to, increasing susceptibility to, or aggravating, including the costs of preventing such diseases and effects, the costs of the treatment, cure, convalescence, and rehabilitation of persons afflicted by such diseases, costs reasonably attributable to pain and suffering from such diseases and effects, loss of income and future earnings resulting from such diseases and effects, adverse effects on productivity (and thus increases in production costs and consumer prices) resulting from such diseases and effects, loss of tax revenues resulting from such decreases in earnings and productivity, costs to the welfare and unemployment compensation systems and the programs of health benefits under titles XVIII and XIX of the Social Security Act resulting from such diseases and effects, the overall increases in costs throughout the economy resulting from such diseases and effects, and other related direct and indirect costs. ”</p> <p>[National Center for Health Statistics has the lead responsibility, though there is coordination with other Federal agencies.]</p> <p>(b) “In carrying out section 242b(a) of this title, the Secretary, acting through the Center, shall</p> <p>(1) collect statistics on—</p> <p>(A) the extent and nature of illness and disability of the population of the United States (or of any groupings of the people included in the population), including life expectancy, the incidence of various acute and chronic illnesses, and infant and maternal morbidity and mortality,</p> <p>(B) the impact of illness and disability of the population on the economy of the United States and on other aspects of the well-being of its population (or of such groupings).</p> <p>(C) environmental, social, and other health hazards,</p>

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		<p>(D) determinants of health,</p> <p>(E) health resources, including physicians, dentists, nurses, and other health professionals by specialty and type of practice and the supply of services by hospitals, extended care facilities, home health agencies, and other health institutions,</p> <p>(F) utilization of health care, including utilization of</p> <p>(i) ambulatory health services by specialties and types of practice of the health professionals providing such services, and</p> <p>(ii) services of hospitals, extended care facilities, home health agencies, and other institutions</p> <p>(G) health care costs and financing, including the trends in health care prices and cost, the sources of pay-merit for health care services, and Federal, State and local government expenditures for health care services, and</p> <p>(H) family formation, growth and dissolution; and . . .</p> <p>(3) may undertake and support . . . epidemiological research, demonstrations, and evaluations on the matters referred to in paragraph (1); and</p> <p>(4) may collect, furnish, tabulate, and analyze statistics, and prepare studies, on matters referred to in paragraph (1) upon request of public and nonprofit private entities under arrangements under which the entities will pay the cost of the service provided. . . .</p> <p>(e) for the purpose of producing comparable and uniform health information and statistics, there is established the Cooperative Health Statistics System. The Secretary, acting through the Center, shall—</p> <p>(1) coordinate the activities of Federal agencies involved in the design and implementation of the System;</p> <p>(2) undertake and support (by grant or contract) research, development, demonstrations, and evaluations respecting the System;</p> <p>(3) make grants to and enter into contracts with State and local health agencies to assist them in meeting the costs of data collection carried out under the System; and</p> <p>(4) review the statistical activities of the Department of Health, Education, and Welfare to assure that they are consistent with the System.</p> <p>States participating in the System shall designate a State agency to administer or be responsible for the administration of the statistical activities within the State under the System. The Secretary, acting through the Center, shall prescribe guidelines to assure that statistical activities within States par-</p>

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Legal citation	Type of authority	Legislative text
		<p>icipating in the system produce uniform and timely data and assure appropriate access to such data. . . .</p> <p>(g) To secure uniformity in the registration and collection of mortality, morbidity, and other health data, the Secretary shall prepare and distribute suitable and necessary forms for the collection and compilation of such data which shall be published as a part of the health reports published by the Secretary.</p> <p>(h) There shall be an annual collection of data from the records of births, deaths, marriages, and divorces in registration areas. The data shall be obtained only from and restricted to such records of the States and municipalities which the Secretary, in his discretion, determines possess records affording satisfactory data in necessary detail and form. . . .</p> <p>(j) In carrying out the requirements of this title [42 USC] and paragraph (1) of subsection (e) of this section, the Secretary shall coordinate health statistical and epidemiological activities of the Department of Health, Education, and Welfare by—</p> <p>(1) establishing standardized means for the collection of health information and statistics under laws administered by the Secretary;</p> <p>(2) developing, in consultation with the National Committee on Vital and Health Statistics, and maintaining the minimum sets of data needed on a continuing basis to fulfill the collection requirements of subsection (b)(l) of this section;</p> <p>(3) after consultation with the National committee on Vital and Health Statistics, establishing standards to assure the quality of health statistical and epidemiological data collection, processing, and analysis;</p> <p>(4) in the case of proposed health data collections of the Department which are required to be reviewed by the Director of the Office of Management and Budget under section 3509 of title 44, United States Code, reviewing such proposed collections to determine whether they conform with the minimum sets of data and the standards promulgated pursuant to paragraphs (2) and (3), and if any such proposed collection is found not to be in conformance, by taking such action as may be necessary to assure that it will conform to such sets of data and standards; and</p> <p>(5) periodically reviewing ongoing health data collections of the Department, subject to review under such section 3509, to determine if the collections are being conducted in accordance with the minimum sets of data and the standards promulgated pursuant to paragraphs (2) and (3) and, if any such</p>

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		<p>collection is found not to be in conformance, by taking such action as may be necessary to assure that the collection will conform to such sets of data and standards not later than the ninetieth day after the date of the completion of the review of the collection. . . .</p> <p>(1)(1) The Secretary, acting through the Center, shall develop a plan for the collection and coordination of statistical and epidemiological data on the effects of the environment on health. Such plan shall include a review of the data now available on health effects, deficiencies in such data, and methods by which existing data deficiencies can be corrected. The Secretary shall submit such plan to the Congress not later than January 1, 1980.</p> <p>(2)(A) The Secretary, acting through the Center, shall establish, not later than two years after November 9, 1978, guidelines for the collection, compilation, analysis, publication, and distribution of statistics and information necessary for determining the effects of conditions of employment and indoor and outdoor environmental conditions on the public health. . . . The guidelines shall be reviewed and, if appropriate, revised at least every three years after the date they are initially established. Guidelines shall take effect on the date of the promulgation of the regulation establishing or revising the guidelines or such later date as may be specified in the guidelines.</p> <p>(B) The guidelines shall be designed—</p> <p>(i) to improve coordination of environmental and health studies, statistics, and information, and to prevent overlap and unnecessary duplication with respect to such studies, statistics, and information;</p> <p>(ii) to assure that such studies, statistics, and information will be available to executive departments responsible for the administration of laws relating to the protection of the public health and safety or the environment;</p> <p>(iii) to encourage the more effective use by executive departments of such studies, statistics, and information;</p> <p>(iv) to improve the statistical validity and reliability of such studies, statistics, and information; and</p> <p>(v) to assure greater responsiveness by the Department of Health, Education, and Welfare and other executive departments in meeting informational and analytical needs for determining the effects of employment and indoor and outdoor environmental conditions on public health.</p>

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Legal citation	Type of authority	Legislative text
c) Public Health Service Act	Implied	<p>(C) In establishing and revising guidelines under subparagraph (A), the Secretary shall take into consideration the plan developed pursuant to paragraph (1).</p> <p>(D) The Center shall serve as a clearinghouse for statistics and information with respect to which guidelines have been established under subparagraph (A) and shall assist executive departments in obtaining such statistics and information for purposes of administering laws under their jurisdiction relating to environmental health protection or the safety and health of employees. . . .</p> <p>(F) In carrying out his duties under this paragraph, the Secretary, acting through the Center, shall, insofar as practicable, provide for coordination of his activities with those of other Federal agencies and interagency task forces relating to the collection, analysis, publication, or distribution of statistics and information necessary for determining the effects of conditions of employment and indoor and outdoor environmental conditions on the public health. ”</p>
<ul style="list-style-type: none"> • P.L. 78-410 § 308, as added by P.L. 93-353 ~107a (1974), and amended 	Specific	<p>(a)(1) “Not later than December 1, of each year the Secretary shall make a report to Congress respecting—</p> <p>(A) the administration of sections 242b, 242c, 242k, 242l and 242n of this title during the preceding fiscal year, and</p> <p>(B) the current state and progress of health services research, health statistics, and health care technology.</p> <p>(a)(2) The Secretary, acting through the National Center for Health Services Research and the National Center for Health Statistics, shall assemble and submit to the President and the Congress not later than December 1, of each year the following reports:</p> <p>(A) A report on health care costs and financing. Such report shall include a description and analysis of the statistics collected under section 242k(b)(1)(G) of this title.</p> <p>(B) A report on health resources. Such report shall include a description and analysis, by geographic area, of the statistics collected under section 242k(b)(1)(E) of this title.</p> <p>(C) A report on the utilization of health resources. Such report shall include a description and analysis, by age, sex, income, and geographic area, of the statistics collected under section 242k(b)(1)(F) of this title.</p> <p>(D) A report on the health of the Nation’s people. Such report shall include a description and analysis, by age, sex, income, and geographic area, of the statistics collected under</p>
<ul style="list-style-type: none"> • 42 USC § 242m 		

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Legal citation	Type of authority	Legislative text
		<p>section 242k(b)(l)(A) of this title. ” [Jointly administered with the National Center for Health Services Research.]</p>
<p>d) Health Services and Centers Amendments of 1978</p> <ul style="list-style-type: none"> • P.L. 95-626 ~404 • 42 USC §242p 	Specific	<p>(a) “The Secretary, acting through the National Center for Health Statistics, shall submit to Congress on December 1, 1980, and on December 1 of every third year thereafter, a national disease prevention data profile in order to provide a data base for the effective implementation of this Act and to increase public awareness of the prevalence, incidence, and any trends in the preventable causes of death and disability in the United States. Such profile shall include at a minimum—</p> <ol style="list-style-type: none"> (1) mortality rates for preventable diseases; (2) morbidity rates associated with preventable diseases; (3) the physical determinants of health of the population of the United States and the relationship between these determinants of health and the incidence and prevalence of preventable causes of death and disability; and (4) the behavioral determinants of health of the population of the United States including, but not limited to, smoking, nutritional and dietary habits, exercise, and alcohol consumption, and the relationship between these determinants of health and the incidence and prevalence of preventable causes of death and disability.
<p>e) Public Health Service Act</p> <ul style="list-style-type: none"> • P.L. 78-410§708, as added by P.L. 94-484 ~206 (1976) and amended • 42 USC ~292h 	Specific	<p>(a) “The Secretary shall establish a program, including a uniform health professions data reporting system, to collect, compile, and analyze data on health professions personnel which shall initially include data respecting all physicians and dentists in the States. The Secretary is authorized to expand the program to include, whenever he determines it necessary, the collection, compilation, and analysis of data respecting pharmacists, optometrists, podiatrists, veterinarians, public health personnel, audiologists, speech pathologists, health care administration personnel, nurses, allied health personnel, medical technologists, and any other health personnel in States designated by the Secretary to be included in the programs. Such data shall include data respecting the training, licensure status (including permanent, temporary, partial, limited, or institutional), place or places of practice, professional speciality, practice characteristics, place and date of</p>

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		<p>birth, sex, and socio-economic background of health professions personnel and such other demographic information regarding health professions personnel as the Secretary may require.</p> <p>(b)(l) In carrying out subsection (a) of this section, the Secretary shall collect available information from appropriate local, State, and Federal agencies and other appropriate sources.</p> <p>(2) The Secretary shall conduct or enter into contracts for the conduct of analytic and descriptive studies of the health professions, including evaluations and projections of the supply of, and requirements for, the health professions by specialty and geographic locations.</p> <p>(3) The secretary is authorized to make grants and to enter into contracts with States (or an appropriate nonprofit private entity in any State) for the purpose of participating in the program established under subsection (a) of this section. . . . To be eligible for a grant or contract under this paragraph a State or entity shall submit an application in such form and manner and containing such information as the Secretary may require. Such application shall include reasonable assurances, satisfactory to the Secretary, that—</p> <p>(A) such State (or nonprofit entity within a State) will establish a program of mandatory annual registration of the health professions personnel described in subsection (a) of this section who reside in or practice in such State and of health institutions licensed by such State, which registration shall include such information as the Secretary shall determine to be appropriate;</p> <p>(B) such State or entity shall collect such information and report it to the Secretary in such form and manner as the Secretary shall prescribe; and</p> <p>(C) such State or entity shall comply with the requirements of subsection (e) of this section.</p> <p>(c) For purposes of providing the Secretary with information under this section, each school which receives financial support under section 295f of . . . title [42] shall annually report to the Secretary information, determined to be appropriate by the Secretary, respecting the students who attend such school. The Secretary may collect such additional data respecting students of the health professions as he determines to be appropriate.</p> <p>(d) The Secretary shall assemble and submit to the President and Congress a report on the status of health professions personnel in the United States, which report shall include a description and analysis of the data collected pursuant to this</p>

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Legal citation	Type of authority	Legislative text
<p>f) Public Health Service Act</p> <ul style="list-style-type: none"> • P.L. 78-410 §793, as added by P.L. 94-484, §701(a) (1976) • 42 USC §295h-2 	Specific	<p>section. Such report may be included as part of the report made under section 242m (a)(2)(C) of this title. Such report shall be submitted biennially, and the first such report shall be due not later than October 1, 1979. . . .</p> <p>(f) In carrying out his responsibilities under this section, the Secretary shall not be subject to the provisions of Chapter 35 of Title 44 [providing for exemption from the Federal Reports Clearance Act.] [Jointly administered with the Bureau of Health Manpower (HRA).]</p> <p>(a) “The Secretary shall, in coordination with the National Center for Health Statistics . . . continuously develop, publish, and disseminate on a nationwide basis statistics and other information respecting public and community health personnel, including—</p> <ol style="list-style-type: none"> (1) detailed descriptions of the various types of activities in which public and community health personnel are engaged, (2) the current and anticipated needs for the various types of public and community health personnel, and (3) the number, employment, geographic locations, salaries, and surpluses and shortages of public and community health personnel, the educational and licensure requirements for the various types of such personnel, and the cost of training such personnel. . . . <p>(c) The Secretary shall submit biennially to the Committee on Interstate and Foreign Commerce of the House of Representatives and the Committee on Labor and Public Welfare of the Senate a report on—</p> <ol style="list-style-type: none"> (1) the statistics and other information developed pursuant to subsection (a) of this section, and (2) the activities conducted under this subpart, including an evaluation of such activities. ” <p>[Jointly administered with the Bureau of Health Manpower (HRA).]</p>
<p>g) Public Health Service Act</p> <ul style="list-style-type: none"> • P.L. 78-410 ~795 note, as added by P. L. 94-484 §702 (1976) • 42 USC 295h-4 note 	Specific	<p>(b) “ . . . The Secretary shall, in coordination with the National Center for Health Statistics (established under section 306 of the Public Health Service Act) (section 242k of Title 42), develop, publish, and disseminate on a nationwide basis a report containing statistics and other information respecting allied health personnel, including—</p> <ol style="list-style-type: none"> (1) detailed descriptions of the various types of such personnel and the activities in which such personnel are engaged, (2) the current and anticipated needs for the various types of such health personnel,

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Legal citation	Type of authority	Legislative text
<p>h) Public Health Service Act</p> <ul style="list-style-type: none"> • P.L. 78-410 ~1513 as added by P.L. 93-641§3 (1975) and amended • 42 USC ~300/-2 	<p>Specific</p>	<p>(3) the number, employment, geographic locations, salaries, and surpluses and shortages of such personnel .“ [Jointly administered with the Bureau of Health Manpower (HRA).]</p> <p>(b) “In providing health planning and resources development for its health service area, a health system agency shall perform the following functions:</p> <p>(1) The agency shall assemble and analyze data concerning—</p> <p>(A) the status (and its determinants) of the health of the residents of its health service area,</p> <p>(B) the status of the health care delivery system in the area and the use of that system by residents of the area,</p> <p>(C) the effect the area’s health care delivery system has on the health of the residents of the area,</p> <p>(D) the number, type, and location of the area’s health resources, including health services, manpower, and facilities,</p> <p>(E) the patterns of utilization of the area’s health resources, and</p> <p>(F) the environmental and occupational exposure factors affecting immediate and longterm health conditions. . . .</p> <p>In carrying out this paragraph, the agency shall to the maximum extent practicable use existing data (including data developed under Federal health programs) and coordinate its activities with the cooperative system provided for under section 242k(e) of . . . tide [42].</p> <p>(2) The agency shall, after appropriate consideration of the recommended national guidelines for health planning policy issued by the Secretary under section 300k-1 of . . . title [42], the priorities set forth in section 300k-2 of . . . title [42], and the data developed pursuant to paragraph (1), establish, annually review, and amend as necessary a health systems plan (hereinafter in this subchapter referred to as the “HSP”) . . .</p> <p>(c) A health systems agency shall implement its HSP and AIP, and in implementing the plans it shall perform at least the following functions:</p> <p>(2) The agency may provide, in accordance with the priorities established in the AIP, technical assistance . . . for the development of projects and programs which the agency determines are necessary to achieve the health systems described in the HSP, . . .</p>
	<p>Implied</p>	

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Legal citation	Type of authority	Legislative text
		(d) Each health systems agency shall coordinate its activities with—
		(1) each Professional Standards Review Organization (designated under section 1320c-1 of . . . title [42],
		(2) entities referred to in paragraphs (1) and (2) of section 3334(a) of this title and regional and local entities the views of which are required to be considered under regulations prescribed . . . to carry out section 4231(b) of this title.
		(3) other appropriate general or special purpose regional planning or administrative agencies, and
	General	(4) any other appropriate entity, in the health systems agency's health service area. The agency shall, as appropriate, secure data from them for use in the agency's planning and development activities, . . .
	Implied	(g)(1) Except as provided in paragraph (2), each health systems agency shall review on a periodic basis (but at least every five years) all institutional health services offered in the health service area of the agency and shall make recommendations to the State health planning and development agency . . . respecting the appropriateness in the area of such services,
		(2) A health systems agency shall complete its initial review of existing institutional health services within three years after the date of the agency's designation under section 300 Z-4(C) of this title.”
		[Jointly administered with the Bureau of Health Planning (HRA).]
i) Public Health Service Act	General	(a) “A State administrative program (hereinafter in this section referred to as the “State Program”) is a program for the performance within the State by its State Agency of the functions prescribed by section 300m-2 of this title [42]. . . .
• P.L. 78-410§1522, as added by P.L. 93-641~3 (1975)		(b) The State Program of a State must—
		* * *
• 42 USC ~300m-1		(7)(A) provide for the coordination . . . with the cooperative system provided for under section 242k(e) of . . . title [42] of the activities of the State Agency for the collection, retrieval, analysis, reporting and publication of statistical and other information related to health and health care, and
		(B) require providers of health care doing business in the State to make statistical and other reports of such information to the State Agency; . . .
	Implied	(8) provide, in accordance with methods and procedures prescribed or approved by the Secretary, for the evaluation,

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j) Social Security Act	Specific	<p>at least annually, of the performance by the State Agency of its functions and of their economic effectiveness,</p> <p>(9) provide that the State Agency will from time to time, and in any event not less often than annually, review the State Program and submit to the Secretary required modifications;</p> <p>(10) require the State Agency to make such reports, in such form and containing such information, concerning its structure, operations, performance of functions, and other matters as the Secretary may from time to time require, and keep such records and afford such access thereto as the Secretary may find necessary to verify such records; . . .“ [Jointly administered with the Bureau of Health Planning (HRA).]</p> <p>(a) “For the purposes of reporting the cost of services provided by, of planning, and of measuring and comparing the efficiency of an effective use of services in hospitals, skilled nursing facilities, intermediate care facilities, home health agencies, health maintenance organizations, and other types of health services facilities and organizations to which payment may be made under this Act, the Secretary shall establish by regulation, for each such type of health services facility or organization a uniform system for the reporting by a facility or organization of that type of the following information:</p> <p>(1) The aggregate cost of operation and the aggregate volume of services.</p> <p>(2) The costs and volume of services for various functional accounts and sub-accounts.</p> <p>(3) Rate, by category of patient and class of purchaser.</p> <p>(4) Capital assets, as defined by the Secretary, including (as appropriate) capital funds, debt services, lease agreements used in lieu of capital funds, and the value of land, facilities, and equipment.</p> <p>(5) Discharge and bill data.</p> <p>The uniform reporting system for a type of health services facility or organization shall provide for appropriate variation in the application of the system to different classes of facilities or organizations within that type and shall be established, to the extent practicable, consistent with the cooperative system for producing comparable and uniform health information and statistics described in section 306(e)(l) of the Public Health Service Act. In reporting under such a system hospitals shall employ such chart of accounts, definitions, principles, and statistics as the Secretary may prescribe in order to reach</p>
<ul style="list-style-type: none"> • P.L. 74-241§1121 as added by P.L. 95-142 ~19(a) (1977) • 42 USC §1320a 	General	

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Legal citation	"Type of authority	Legislative text
		<p>a uniform reconciliation of financial and statistical data for specified uniform reports to be provided to the Secretary,</p> <p>(b) The Secretary shall—</p> <p>(1) monitor the operation of the systems established under subsection (a);</p> <p>(2) assist with and support demonstrations and evaluations of the effectiveness and cost of the operation of such systems and encourage State adoption of such systems; and</p> <p>(3) periodically revise such systems to improve their effectiveness and diminish their cost.</p> <p>(c) The Secretary shall provide information obtained through use of the uniform reporting systems described in subsection (a) in a useful manner and format to appropriate agencies and organizations, including health systems agencies (designated under section 1515 of the Public Health Service Act) and State health planning and development agencies (designated under section 1521 of such Act), as may be necessary to carry out such agencies' and organizations' functions."</p> <p>[Delegation is to the Health Care Financing Administration, and HCFA is directed to coordinate with the National Center for Health Statistics in carrying out portions of its duties under the above-cited authority.]</p>