

# **Attachment A: Applicable Laws and Regulations**

## **National Center for Health Statistics Legislative Mandate (41 USC 242K)**

Sec. 306 [242k]

- (a) There is established in the Department of Health and Services the National Center for Health Statistics (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. The Secretary, acting through the Center, shall conduct and support statistical and epidemiological activities for the purpose of improving the effectiveness, efficiency, and quality of health services in the United States.
  - (b) In carrying out subsection (a), the Secretary, acting through the Center---
    - (1) shall collect statistics on---
      - (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,
      - (B) the impact of illness and disability of the population on the economy on the economy of the United States and on other aspects of the well-being of its population (or of such groupings),
      - (C) environmental , social, and other health hazards,
      - (D) determinants of health
      - (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,
      - (F) utilization of health care, including utilization of
        - (i) ambulatory health services by specialties, and
        - (ii) services of hospitals, extended care facilities, home health agencies, and other institutions,
      - (G) health care costs and financing, including the trends in health care prices and cost, the sources of payments for health care services, and
      - (H) family formation, growth, and dissolution;
    - (2) shall undertake and support (by grant or contract) research, demonstrations, and evaluations respecting new or improved methods for obtaining new or improved methods for obtaining current data on the matters referred to in paragraph (1);
    - (3) may undertake and support (by grant or contract) epidemiological research, demonstrations, and evaluations on the matters referred to in paragraph (1); and
    - (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.
- Amounts appropriated to the Secretary from payments made under arrangements made under paragraph (4) shall be available to the Secretary for obligation until expended.

## **Patient Protection and Affordable Care Act (H.R. 3590) (ACA)**

### **SEC. 4302. UNDERSTANDING HEALTH DISPARITIES: DATA COLLECTION AND ANALYSIS.**

#### **(a) UNIFORM CATEGORIES AND COLLECTION REQUIREMENTS.—**

The Public Health Service Act (42 U.S.C. 201 et seq.) is amended by adding at the end the following:

#### **TITLE XXXI—DATA COLLECTION, ANALYSIS, AND QUALITY**

##### **SEC. 3101. DATA COLLECTION, ANALYSIS, AND QUALITY.**

###### **(a) DATA COLLECTION.—**

(1) **IN GENERAL.**—The Secretary shall ensure that, by not later than 2 years after the date of enactment of this title, any federally conducted or supported health care or public health program, activity or survey (including Current Population Surveys and American Community Surveys conducted H. R. 3590—461 by the Bureau of Labor Statistics and the Bureau of the Census) collects and reports, to the extent practicable—

- (A) data on race, ethnicity, sex, primary language, and disability status for applicants, recipients, or participants;
- (B) data at the smallest geographic level such as State, local, or institutional levels if such data can be aggregated;
- (C) sufficient data to generate statistically reliable estimates by racial, ethnic, sex, primary language, and disability status subgroups for applicants, recipients or participants using, if needed, statistical oversamples of these subpopulations; and
- (D) any other demographic data as deemed appropriate by the Secretary regarding health disparities.

## **American Recovery and Reinvestment Act of 2009 (ARRA)**

### **SEC. 3001. OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY.**

- (a) Establishment.—There is established within the Department of Health and Human Services an Office of the National Coordinator for Health Information Technology (referred to in this section as the ‘Office’). The Office shall be headed by a National Coordinator who shall be appointed by the Secretary and shall report directly to the Secretary.
- (b) Purpose.—The National Coordinator shall perform the duties under subsection (c) in a manner consistent with the development of a nationwide health information technology infrastructure that allows for the electronic use and exchange of information and that—
- (1) ensures that each patient's health information is secure and protected, in accordance with applicable law;
  - (2) improves health care quality, reduces medical errors, reduces health disparities, and advances the delivery of patient-centered medical care;
  - (3) reduces health care costs resulting from inefficiency, medical errors, inappropriate care, duplicative care, and incomplete information;
  - (4) provides appropriate information to help guide medical decisions at the time and place of care;
  - (5) ensures the inclusion of meaningful public input in such development of such infrastructure;
  - (6) improves the coordination of care and information among hospitals, laboratories, physician offices, and other entities through an effective infrastructure for the secure and authorized exchange of health care information;
  - (7) improves public health activities and facilitates the early identification and rapid response to public health threats and emergencies, including bioterror events and infectious disease outbreaks;
  - (8) facilitates health and clinical research and health care quality;
  - (9) promotes early detection, prevention, and management of chronic diseases;
  - (10) promotes a more effective marketplace, greater competition, greater systems analysis, increased consumer choice, and improved outcomes in health care services; and
  - (11) improves efforts to reduce health disparities.