

(7) information on the effectiveness and outcomes of interventions for individuals diagnosed with autism spectrum disorder, including by various subtypes, and other developmental disabilities and how the age of the child may affect such effectiveness;

(8) information on the effectiveness and outcomes of innovative and newly developed intervention strategies for individuals with autism spectrum disorder or other developmental disabilities; and

(9) information on services and supports provided to individuals with autism spectrum disorder and other developmental disabilities who have reached the age of majority (as defined for purposes of section 1415(m) of title 20).

(July 1, 1944, ch. 373, title III, §399DD, as added Pub. L. 109-416, §3(a), Dec. 19, 2006, 120 Stat. 2828; amended Pub. L. 112-32, §2(4), Sept. 30, 2011, 125 Stat. 361.)

#### REFERENCES IN TEXT

The Combating Autism Act of 2006, referred to in subsec. (b)(1), (2), is Pub. L. 109-416, Dec. 19, 2006, 120 Stat. 2821. For complete classification of this Act to the Code, see Short Title of 2006 Amendment note set out under section 201 of this title and Tables.

#### AMENDMENTS

2011—Subsec. (a). Pub. L. 112-32, §2(4)(A), substituted “Not later than 2 years after September 30, 2011” for “Not later than 4 years after December 19, 2006”.

Subsec. (b)(4), (5). Pub. L. 112-32, §2(4)(B), substituted “the 6-year period beginning on December 19, 2006” for “the 4-year period beginning on the date of enactment of this Act”, which for purposes of codification was translated as “the 4-year period beginning on December 19, 2006”.

#### § 280i-4. Authorization of appropriations

##### (a) Developmental disabilities surveillance and research program

To carry out section 280i of this title, there is authorized to be appropriated \$22,000,000 for each of fiscal years 2012 through 2014.

##### (b) Autism education, early detection, and intervention

To carry out section 280i-1 of this title, there is authorized to be appropriated \$48,000,000 for each of fiscal years 2011 through 2014.

##### (c) Interagency Autism Coordinating Committee; certain other programs

To carry out sections 280i-2, 283j, and 284g of this title, there is authorized to be appropriated \$161,000,000 for each of fiscal years 2011 through 2014.

(July 1, 1944, ch. 373, title III, §399EE, as added Pub. L. 109-416, §4(a), Dec. 19, 2006, 120 Stat. 2829; amended Pub. L. 112-32, §3, Sept. 30, 2011, 125 Stat. 361.)

#### AMENDMENTS

2011—Pub. L. 112-32 amended section generally. Prior to amendment, section authorized appropriations for fiscal years 2007 to 2011.

#### PART S—HEALTH CARE QUALITY PROGRAMS

##### SUBPART I—NATIONAL STRATEGY FOR QUALITY IMPROVEMENT IN HEALTH CARE

###### CODIFICATION

Subpart is based on subpart I of part S of title III of act July 1, 1944, as added by Pub. L. 111-148, title III, §3011, Mar. 23, 2010, 124 Stat. 378. No subpart II has been enacted.

#### § 280j. National strategy for quality improvement in health care

##### (a) Establishment of national strategy and priorities

###### (1) National strategy

The Secretary, through a transparent collaborative process, shall establish a national strategy to improve the delivery of health care services, patient health outcomes, and population health.

###### (2) Identification of priorities

###### (A) In general

The Secretary shall identify national priorities for improvement in developing the strategy under paragraph (1).

###### (B) Requirements

The Secretary shall ensure that priorities identified under subparagraph (A) will—

(i) have the greatest potential for improving the health outcomes, efficiency, and patient-centeredness of health care for all populations, including children and vulnerable populations;

(ii) identify areas in the delivery of health care services that have the potential for rapid improvement in the quality and efficiency of patient care;

(iii) address gaps in quality, efficiency, comparative effectiveness information (taking into consideration the limitations set forth in subsections (c) and (d) of section 1182 of the Social Security Act [42 U.S.C. 1320e-1(c), (d)]), and health outcomes measures and data aggregation techniques;

(iv) improve Federal payment policy to emphasize quality and efficiency;

(v) enhance the use of health care data to improve quality, efficiency, transparency, and outcomes;

(vi) address the health care provided to patients with high-cost chronic diseases;

(vii) improve research and dissemination of strategies and best practices to improve patient safety and reduce medical errors, preventable admissions and readmissions, and health care-associated infections;

(viii) reduce health disparities across health disparity populations (as defined in section 285t<sup>1</sup> of this title) and geographic areas; and

(ix) address other areas as determined appropriate by the Secretary.

###### (C) Considerations

In identifying priorities under subparagraph (A), the Secretary shall take into con-

<sup>1</sup> See References in Text note below.