

(C) proposals on establishing best practices guidelines to ensure—

- (i) interdisciplinary coordination between all relevant service providers receiving Federal funding;
- (ii) coordination with transitioning youth and the family of such transitioning youth; and
- (iii) inclusion of the individualized education program for the transitioning youth, as prescribed in section 1414 of title 20;

(D) comprehensive approaches to transitioning from existing school-based services to those services available during adulthood, including—

- (i) services that increase access to, and improve integration and completion of, post-secondary education, peer support, vocational training (as defined in section 723 of title 29), rehabilitation, self-advocacy skills, and competitive, integrated employment;
- (ii) community-based behavioral supports and interventions;
- (iii) community-based integrated residential services, housing, and transportation;
- (iv) nutrition, health and wellness, recreational, and social activities;
- (v) personal safety services for individuals with autism spectrum disorder related to public safety agencies or the criminal justice system; and
- (vi) evidence-based approaches for coordination of resources and services once individuals have aged out of post-secondary education; and

(E) proposals that seek to improve outcomes for adults with autism spectrum disorder making the transition from a school-based support system to adulthood by—

- (i) increasing the effectiveness of programs that provide transition services;
- (ii) increasing the ability of the relevant service providers described in subparagraph (C) to provide supports and services to underserved populations and regions;
- (iii) increasing the efficiency of service delivery to maximize resources and outcomes, including with respect to the integration of and collaboration among services for transitioning youth;
- (iv) ensuring access to all services necessary to transitioning youth of all capabilities; and
- (v) encouraging transitioning youth to utilize all available transition services to maximize independence, equal opportunity, full participation, and self-sufficiency.

(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; Pub. L. 113-157, §6, Aug. 8, 2014, 128 Stat. 1834.)

REFERENCES IN TEXT

The Autism CARES Act of 2014, referred to in subsec. (a)(2)(A), (B), is Pub. L. 113-157, Aug. 8, 2014, 128 Stat.

1831, also known as the Autism Collaboration, Accountability, Research, Education, and Support Act of 2014. For complete classification of this Act to the Code, see Short Title of 2014 Amendment note set out under section 201 of this title and Tables.

AMENDMENTS

2014—Pub. L. 113-157, §6(1), substituted “Reports” for “Report” in section catchline.

Subsec. (a). Pub. L. 113-157, §6(2)–(4), designated existing provisions of entire section as subsec. (a), inserted heading, redesignated former subsecs. (a) and (b) as pars. (1) and (2), respectively, of subsec. (a), redesignated pars. (1) to (9) of former subsec. (b) as subpars. (A) to (I), respectively, of par. (2) of subsec. (a), and realigned margins.

Subsec. (a)(1). Pub. L. 113-157, §6(5), substituted “4 years after August 8, 2014” for “2 years after September 30, 2011” and inserted “and the Secretary of Defense” after “the Secretary of Education” and “, and make publicly available, including through posting on the Internet Web site of the Department of Health and Human Services,” after “Representatives”.

Subsec. (a)(2)(A). Pub. L. 113-157, §6(6)(A), substituted “Autism CARES Act of 2014” for “Combating Autism Act of 2006”.

Subsec. (a)(2)(B). Pub. L. 113-157, §6(6)(B), substituted “amendments made by the Autism CARES Act of 2014” for “particular provisions of Combating Autism Act of 2006”.

Subsec. (a)(2)(C). Pub. L. 113-157, §6(6)(C), added subpar. (C) and struck out former subpar. (C) which read as follows: “information on the incidence of autism spectrum disorder and trend data of such incidence since December 19, 2006”.

Subsec. (a)(2)(D), (E). Pub. L. 113-157, §6(6)(D), (E), substituted “4-year period beginning on August 8, 2014, and, as appropriate, how this age varies across population subgroups” for “6-year period beginning on December 19, 2006”.

Subsec. (a)(2)(F). Pub. L. 113-157, §6(6)(F), inserted “and, as appropriate, on how such average time varies across population subgroups” before semicolon at end.

Subsec. (a)(2)(G). Pub. L. 113-157, §6(6)(G), substituted “including by severity level as practicable,” for “including by various subtypes,” and “child or other factors, such as demographic characteristics, may” for “child may”.

Subsec. (a)(2)(I). Pub. L. 113-157, §6(6)(H), added subpar. (I) and struck out former subpar. (I) which read as follows: “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).”

Subsec. (b). Pub. L. 113-157, §6(7), added subsec. (b). Former subsec. (b) redesignated par. (2) of subsec. (a).

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 2015 through 2019.

(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 2015 through 2019.

(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 \$190,000,000 for each of fiscal years 2015 through 2019.

(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; Pub. L. 113–157, §7, Aug. 8, 2014, 128 Stat. 1836.)

AMENDMENTS

2014—Subsec. (a). Pub. L. 113–157, §7(1), substituted “fiscal years 2015 through 2019” for “fiscal years 2012 through 2014”.

Subsec. (b). Pub. L. 113–157, §7(2), substituted “fiscal years 2015 through 2019” for “fiscal years 2011 through 2014”.

Subsec. (c). Pub. L. 113–157, §7(3), substituted “\$190,000,000 for each of fiscal years 2015 through 2019” for “\$161,000,000 for each of fiscal years 2011 through 2014”.

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 285t¹ 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 consideration the recommendations submitted by the entity with a contract under section 1890(a) of the Social Security Act [42 U.S.C. 1395aaa(a)] and other stakeholders.

(D) Coordination with State agencies

The Secretary shall collaborate, coordinate, and consult with State agencies responsible for administering the Medicaid program under title XIX of the Social Security Act [42 U.S.C. 1396 et seq.] and the Children’s Health Insurance Program under title XXI of such Act [42 U.S.C. 1397aa et seq.] with respect to developing and disseminating strategies, goals, models, and timetables that are consistent with the national priorities identified under subparagraph (A).

(b) Strategic plan

(1) In general

The national strategy shall include a comprehensive strategic plan to achieve the priorities described in subsection (a).

(2) Requirements

The strategic plan shall include provisions for addressing, at a minimum, the following:

(A) Coordination among agencies within the Department, which shall include steps to minimize duplication of efforts and utilization of common quality measures, where available. Such common quality measures shall be measures identified by the Secretary under section 1139A or 1139B of the Social Security Act [42 U.S.C. 1320b–9a, 1320b–9b] or endorsed under section 1890 of such Act [42 U.S.C. 1395aaa].

(B) Agency-specific strategic plans to achieve national priorities.

(C) Establishment of annual benchmarks for each relevant agency to achieve national priorities.

(D) A process for regular reporting by the agencies to the Secretary on the implementation of the strategic plan.

¹ See References in Text note below.