

assignment of an expert or consultant whose services are obtained under paragraph (1) unless and until the expert agrees in writing to complete the entire period of assignment, or 1 year, whichever is shorter, unless separated or reassigned for reasons that are beyond the control of the expert or consultant and that are acceptable to the Secretary. If the expert or consultant violates the agreement, the money spent by the United States for the expenses specified in subparagraph (A) is recoverable from the expert or consultant as a statutory obligation owed to the United States. The Secretary may waive in whole or in part a right of recovery under this subparagraph.

(g) Voluntary and uncompensated services

The Director, in carrying out this subchapter, may accept voluntary and uncompensated services.

(July 1, 1944, ch. 373, title IX, §946, formerly §926, as added Pub. L. 106-129, §2(a), Dec. 6, 1999, 113 Stat. 1668; renumbered §936, Pub. L. 109-41, §2(a)(3), July 29, 2005, 119 Stat. 424; renumbered §946, Pub. L. 111-148, title III, §3013(a)(2), Mar. 23, 2010, 124 Stat. 381.)

CODIFICATION

In subsec. (b)(1), “section 8141 of title 40” substituted for “the Act of March 3, 1877 (40 U.S.C. 34)” on authority of Pub. L. 107-217, §5(c), Aug. 21, 2002, 116 Stat. 1303, the first section of which enacted Title 40, Public Buildings, Property, and Works.

PRIOR PROVISIONS

A prior section 299c-5, act July 1, 1944, ch. 373, title IX, §926, as added Pub. L. 101-239, title VI, §6103(c), Dec. 19, 1989, 103 Stat. 2204; amended Pub. L. 101-381, title I, §102(7), Aug. 18, 1990, 104 Stat. 586; Pub. L. 102-410, §10, Oct. 13, 1992, 106 Stat. 2101; Pub. L. 103-43, title XX, §2010(b)(8), June 10, 1993, 107 Stat. 214, authorized appropriations to carry out this subchapter, prior to the general amendment of this subchapter by Pub. L. 106-129. See section 299c-6 of this title.

§ 299c-6. Funding

(a) Intent

To ensure that the United States investment in biomedical research is rapidly translated into improvements in the quality of patient care, there must be a corresponding investment in research on the most effective clinical and organizational strategies for use of these findings in daily practice. The authorization levels in subsections (b) and (c) of this section provide for a proportionate increase in health care research as the United States investment in biomedical research increases.

(b) Authorization of appropriations

For the purpose of carrying out this subchapter, there are authorized to be appropriated \$250,000,000 for fiscal year 2000, and such sums as may be necessary for each of the fiscal years 2001 through 2005.

(c) Evaluations

In addition to amounts available pursuant to subsection (b) of this section for carrying out this subchapter, there shall be made available for such purpose, from the amounts made avail-

able pursuant to section 238j of this title (relating to evaluations), an amount equal to 40 percent of the maximum amount authorized in such section 238j of this title to be made available for a fiscal year.

(d) Health disparities research

For the purpose of carrying out the activities under section 299a-1 of this title, there are authorized to be appropriated \$50,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 through 2005.

(e) Patient safety and quality improvement

For the purpose of carrying out part C of this subchapter, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2006 through 2010.

(July 1, 1944, ch. 373, title IX, §947, formerly §927, as added Pub. L. 106-129, §2(a), Dec. 6, 1999, 113 Stat. 1670; amended Pub. L. 106-525, title II, §201(b), Nov. 22, 2000, 114 Stat. 2507; renumbered §937 and amended Pub. L. 109-41, §2(a)(3), (b), July 29, 2005, 119 Stat. 424, 434; renumbered §947, Pub. L. 111-148, title III, §3013(a)(2), Mar. 23, 2010, 124 Stat. 381.)

PRIOR PROVISIONS

A prior section 299c-6, act July 1, 1944, ch. 373, title IX, §927, as added Pub. L. 101-239, title VI, §6103(c), Dec. 19, 1989, 103 Stat. 2204, set out definitions, prior to the general amendment of this subchapter by Pub. L. 106-129. See section 299c-7 of this title.

AMENDMENTS

2005—Subsec. (e). Pub. L. 109-41, §2(b), added subsec. (e).

2000—Subsec. (d). Pub. L. 106-525 added subsec. (d).

§ 299c-7. Definitions

In this subchapter:

(1) Advisory Council

The term “Advisory Council” means the National Advisory Council on Healthcare Research and Quality established under section 299c of this title.

(2) Agency

The term “Agency” means the Agency for Healthcare Research and Quality.

(3) Director

The term “Director” means the Director of the Agency for Healthcare Research and Quality.

(July 1, 1944, ch. 373, title IX, §948, formerly §928, as added Pub. L. 106-129, §2(a), Dec. 6, 1999, 113 Stat. 1670; renumbered §938 and amended Pub. L. 109-41, §2(a)(3), (4), July 29, 2005, 119 Stat. 424; renumbered §948 and amended Pub. L. 111-148, title III, §3013(a)(2), (3), Mar. 23, 2010, 124 Stat. 381.)

PRIOR PROVISIONS

Prior sections 299d to 299j were repealed by Pub. L. 99-117, §12(d), Oct. 7, 1985, 99 Stat. 495.

Section 299d, act July 1, 1944, ch. 373, title IX, §904, as added Oct. 6, 1965, Pub. L. 89-239, §2, 79 Stat. 928; amended Oct. 15, 1968, Pub. L. 90-574, title I, §104, 82 Stat. 1005; Oct. 30, 1970, Pub. L. 91-515, title I, §§106, 111(b), 84 Stat. 1299, 1301, authorized Secretary to make grants for establishment and operation of regional medical programs and set forth requirements for grant applications.