

“The Committee shall be composed of the following Federal members—” for “The Committee shall be composed of—” in introductory provisions.

Subsec. (c)(1)(C). Pub. L. 113-157, §5(2)(A)(ii), inserted “, such as the Administration for Community Living, Administration for Children and Families, the Centers for Medicare & Medicaid Services, the Food and Drug Administration, and the Health Resources and Services Administration” before semicolon and inserted “and” at end.

Subsec. (c)(1)(D). Pub. L. 113-157, §5(2)(A)(iii), inserted “and the Department of Defense” after “Department of Education” and substituted period at end for “; and”.

Subsec. (c)(1)(E). Pub. L. 113-157, §5(2)(A)(iv), struck out subpar. (E) which read as follows: “the additional members appointed under paragraph (2).”

Subsec. (c)(2). Pub. L. 113-157, §5(2)(B)(i), (ii), substituted “Non-Federal” for “Additional” in heading and “Not more than ½, but not fewer than ⅓, of the total membership of the Committee” for “Not fewer than 6 members of the Committee, or 1/3 of the total membership of the Committee, whichever is greater” in introductory provisions. Substitution in text was executed as the probable intent of Congress, notwithstanding directory language that struck out “⅓” instead of “1/3” as it appeared in the original.

Subsec. (c)(2)(A). Pub. L. 113-157, §5(2)(B)(iii), substituted “two such members shall be individuals” for “one such member shall be an individual”.

Subsec. (c)(2)(B). Pub. L. 113-157, §5(2)(B)(iv), substituted “two such members shall be parents or legal guardians” for “one such member shall be a parent or legal guardian”.

Subsec. (c)(2)(C). Pub. L. 113-157, §5(2)(B)(v), substituted “two such members shall be representatives” for “one such member shall be a representative”.

Subsec. (c)(3). Pub. L. 113-157, §5(2)(C), added par. (3).

Subsec. (d)(2) to (4). Pub. L. 113-157, §5(3), redesignated pars. (3) and (4) as (2) and (3), respectively, and struck out former par. (2) which read as follows: “Members of the Committee appointed under subsection (c)(2) shall serve for a term of 4 years, and may be reappointed for one or more additional 4 year term. Any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term. A member may serve after the expiration of the member’s term until a successor has taken office.”

Subsec. (f). Pub. L. 113-157, §5(4), substituted “2019” for “2014”.

2011—Subsec. (f). Pub. L. 112-32 substituted “2014” for “2011”.

§ 280i-3. Reports to Congress

(a) Progress report

(1) In general

Not later than 4 years after August 8, 2014, the Secretary, in coordination with the Secretary of Education and the Secretary of Defense, shall prepare and submit to the Health, Education, Labor, and Pensions Committee of the Senate and the Energy and Commerce Committee of the House of Representatives, and make publicly available, including through posting on the Internet Web site of the Department of Health and Human Services, a progress report on activities related to autism spectrum disorder and other developmental disabilities.

(2) Contents

The report submitted under subsection (a) shall contain—

(A) a description of the progress made in implementing the provisions of the Autism CARES Act of 2014;

(B) a description of the amounts expended on the implementation of the amendments made by the Autism CARES Act of 2014;

(C) information on the incidence and prevalence of autism spectrum disorder, including available information on the prevalence of autism spectrum disorder among children and adults, and identification of any changes over time with respect to the incidence and prevalence of autism spectrum disorder;

(D) information on the average age of diagnosis for children with autism spectrum disorder and other disabilities, including how that age may have changed over the 4-year period beginning on August 8, 2014, and, as appropriate, how this age varies across population subgroups;

(E) information on the average age for intervention for individuals diagnosed with autism spectrum disorder and other developmental disabilities, including how that age may have changed over the 4-year period beginning on August 8, 2014, and, as appropriate, how this age varies across population subgroups;

(F) information on the average time between initial screening and then diagnosis or rule out for individuals with autism spectrum disorder or other developmental disabilities, as well as information on the average time between diagnosis and evidence-based intervention for individuals with autism spectrum disorder or other developmental disabilities and, as appropriate, on how such average time varies across population subgroups;

(G) information on the effectiveness and outcomes of interventions for individuals diagnosed with autism spectrum disorder, including by severity level as practicable, and other developmental disabilities and how the age of the child or other factors, such as demographic characteristics, may affect such effectiveness;

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

(I) a description of the actions taken to implement and the progress made on implementation of the strategic plan developed by the Interagency Autism Coordinating Committee under section 280i-2(b) of this title.

(b) Report on young adults and transitioning youth

(1) In general

Not later than 2 years after August 8, 2014, the Secretary of Health and Human Services, in coordination with the Secretary of Education and in collaboration with the Secretary of Transportation, the Secretary of Labor, the Secretary of Housing and Urban Development, and the Attorney General, shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, a report concerning young adults with autism spectrum disorder and the challenges related to the transition from existing school-based services to those services available during adulthood.

(2) Contents

The report submitted under paragraph (1) shall contain—

(A) demographic characteristics of youth transitioning from school-based to community-based supports;

(B) an overview of policies and programs relevant to young adults with autism spectrum disorder relating to post-secondary school transitional services, including an identification of existing Federal laws, regulations, policies, research, and programs;

(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 subssecs. (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 re-aligned 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 Sec-

¹ See References in Text note below.