§ 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 285t[1] 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.

retary 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.

(E) Strategies to align public and private payers with regard to quality and patient safety efforts.

(F) Incorporating quality improvement and measurement in the strategic plan for health information technology required by the American Recovery and Reinvestment Act of 2009 (Public Law 111–5).

(c) Periodic update of national strategy

The Secretary shall update the national strategy not less than annually. Any such update shall include a review of short- and long-term goals.

(d) Submission and availability of national strategy and updates

(1) Deadline for initial submission of national strategy

Not later than January 1, 2011, the Secretary shall submit to the relevant committees of Congress the national strategy described in subsection (a).

(2) Updates

(A) In general

The Secretary shall submit to the relevant committees of Congress an annual update to the strategy described in paragraph (1).

(B) Information submitted

Each update submitted under subparagraph (A) shall include—

(i) a review of the short- and long-term goals of the national strategy and any gaps in such strategy;

(ii) an analysis of the progress, or lack of progress, in meeting such goals and any barriers to such progress;

(iii) the information reported under section 1139A of the Social Security Act [42 U.S.C. 1320b–9a], consistent with the reporting requirements of such section; and

(iv) in the case of an update required to be submitted on or after January 1, 2014, the information reported under section 1139B(b)(4) of the Social Security Act [42 U.S.C. 1320b–9b(b)(4)], consistent with the reporting requirements of such section.

(C) Satisfaction of other reporting requirements

Compliance with the requirements of clauses (iii) and (iv) of subparagraph (B) shall satisfy the reporting requirements under sections 1139A(a)(6) and 1139B(b)(4), respectively, of the Social Security Act [42 U.S.C. 1320b–9a(a)(6), 1320b–9b(b)(4)].

(e) Health care quality Internet website

Not later than January 1, 2011, the Secretary shall create an Internet website to make public information regarding—

(1) the national priorities for health care quality improvement established under subsection (a)(2);

(2) the agency-specific strategic plans for health care quality described in subsection (b)(2)(B); and

(3) other information, as the Secretary determines to be appropriate.

(July 1, 1944, ch. 373, title III, § 399HH, as added and amended Pub. L. 111–148, title III, § 3011, title X, § 10302, Mar. 23, 2010, 124 Stat. 378, 937.)

REFERENCES IN TEXT

Section 285t of this title, referred to in subsec. (a)(2)(B)(viii), was in the original ''section 485E'', meaning section 485E of act July 1, 1944, ch. 373, as added by section 101(a) of Pub. L. 106–525, which was classified to section 287c–31 of this title. Section 485E of act July 1, 1944, was renumbered section 464z–3 by Pub. L. 111–148, title X, § 10334(c)(1)(D)(i), Mar. 23, 2010, 124 Stat. 973, and transferred to section 285t of this title. The act July 1, 1944, no longer contains a section 485E.

The Social Security Act, referred to in subsec. (a)(2)(D), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Titles XIX and XXI of the Act are classified generally to subchapters XIX (§ 1396 et seq.) and XXI (§ 1397aa et seq.), respectively, of chapter 7 of this title. For complete classification of this Act to the Code, see section 1305 of this title and Tables.

The American Recovery and Reinvestment Act of 2009, referred to in subsec. (b)(2)(F), is Pub. L. 111–5, Feb. 17, 2009, 123 Stat. 115. For complete classification of this Act to the Code, see Short Title of 2009 Amendment note set out under section 1 of Title 26, Internal Revenue Code, and Tables.

AMENDMENTS

2010—Subsec. (a)(2)(B)(iii). Pub. L. 111–148, § 10302, inserted ''(taking into consideration the limitations set forth in subsections (c) and (d) of section 1182 of the Social Security Act)'' after ''information''.

INTERAGENCY WORKING GROUP ON HEALTH CARE QUALITY

Pub. L. 111–148, title III, § 3012, Mar. 23, 2010, 124 Stat. 380, provided that:

''(a) IN GENERAL.—The President shall convene a working group to be known as the Interagency Working Group on Health Care Quality (referred to in this section as the 'Working Group').

''(b) GOALS.—The goals of the Working Group shall be to achieve the following:

''(1) Collaboration, cooperation, and consultation between Federal departments and agencies with respect to developing and disseminating strategies, goals, models, and timetables that are consistent with the national priorities identified under section 399HH(a)(2) of the Public Health Service Act [42 U.S.C. 280j(a)(2)] (as added by section 3011 [of Pub. L. 111–148]).

''(2) Avoidance of inefficient duplication of quality improvement efforts and resources, where practicable, and a streamlined process for quality reporting and compliance requirements.

''(3) Assess alignment of quality efforts in the public sector with private sector initiatives.

''(c) COMPOSITION.—

''(1) IN GENERAL.—The Working Group shall be composed of senior level representatives of—

''(A) the Department of Health and Human Services;

''(B) the Centers for Medicare & Medicaid Services;

''(C) the National Institutes of Health;

''(D) the Centers for Disease Control and Prevention;

''(E) the Food and Drug Administration;

''(F) the Health Resources and Services Administration;

''(G) the Agency for Healthcare Research and Quality;

''(H) the Office of the National Coordinator for Health Information Technology;

''(I) the Substance Abuse and Mental Health Services Administration;

''(J) the Administration for Children and Families;

''(K) the Department of Commerce;

''(L) the Office of Management and Budget;

''(M) the United States Coast Guard;

''(N) the Federal Bureau of Prisons;

''(O) the National Highway Traffic Safety Administration;

''(P) the Federal Trade Commission;

''(Q) the Social Security Administration;

''(R) the Department of Labor;

''(S) the United States Office of Personnel Management;

''(T) the Department of Defense;

''(U) the Department of Education;

''(V) the Department of Veterans Affairs;

''(W) the Veterans Health Administration; and

''(X) any other Federal agencies and departments with activities relating to improving health care quality and safety, as determined by the President.

''(2) CHAIR AND VICE-CHAIR.—

''(A) CHAIR.—The Working Group shall be chaired by the Secretary of Health and Human Services.

''(B) VICE CHAIR.—Members of the Working Group, other than the Secretary of Health and Human Services, shall serve as Vice Chair of the Group on a rotating basis, as determined by the Group.

''(d) REPORT TO CONGRESS.—Not later than December 31, 2010, and annually thereafter, the Working Group shall submit to the relevant Committees of Congress, and make public on an Internet website, a report describing the progress and recommendations of the Working Group in meeting the goals described in subsection (b).''

§ 280j–1. Collection and analysis of data for quality and resource use measures

(a) In general

(1) Establishment of strategic framework

The Secretary shall establish and implement an overall strategic framework to carry out the public reporting of performance information, as described in section 280j–2 of this title. Such strategic framework may include methods and related timelines for implementing nationally consistent data collection, data aggregation, and analysis methods.

(2) Collection and aggregation of data

The Secretary shall collect and aggregate consistent data on quality and resource use measures from information systems used to support health care delivery, and may award grants or contracts for this purpose. The Secretary shall align such collection and aggregation efforts with the requirements and assistance regarding the expansion of health information technology systems, the interoperability of such technology systems, and related standards that are in effect on March 23, 2010.

(3) Scope

The Secretary shall ensure that the data collection, data aggregation, and analysis systems described in paragraph (1) involve an increasingly broad range of patient populations, providers, and geographic areas over time.

(b) Grants or contracts for data collection

(1) In general

The Secretary may award grants or contracts to eligible entities to support new, or improve existing, efforts to collect and aggregate quality and resource use measures described under subsection (c).

(2) Eligible entities

To be eligible for a grant or contract under this subsection, an entity shall—

(A) be—

(i) a multi-stakeholder entity that coordinates the development of methods and implementation plans for the consistent reporting of summary quality and cost information;

(ii) an entity capable of submitting such summary data for a particular population and providers, such as a disease registry, regional collaboration, health plan collaboration, or other population-wide source; or

(iii) a Federal Indian Health Service program or a health program operated by an Indian tribe (as defined in section 1603 of title 25);

(B) promote the use of the systems that provide data to improve and coordinate patient care;

(C) support the provision of timely, consistent quality and resource use information to health care providers, and other groups and organizations as appropriate, with an opportunity for providers to correct inaccurate measures; and

(D) agree to report, as determined by the Secretary, measures on quality and resource use to the public in accordance with the public reporting process established under section 280j–2 of this title.

(c) Consistent data aggregation

The Secretary may award grants or contracts under this section only to entities that enable summary data that can be integrated and compared across multiple sources. The Secretary shall provide standards for the protection of the security and privacy of patient data.

(d) Matching funds

The Secretary may not award a grant or contract under this section to an entity unless the entity agrees that it will make available (directly or through contributions from other public or private entities) non-Federal contributions toward the activities to be carried out under the grant or contract in an amount equal to $1 for each $5 of Federal funds provided under the grant or contract. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.

(e) Authorization of appropriations

To carry out this section, there are authorized to be appropriated such sums as may be necessary for fiscal years 2010 through 2014.

(July 1, 1944, ch. 373, title III, § 399II, as added and amended Pub. L. 111–148, title III, § 3015, title X, § 10305, Mar. 23, 2010, 124 Stat. 387, 938.)