

tor, shall prepare and submit to the appropriate committees of Congress a report describing the state-of-the-art of quality measurement for minority and other health disparity populations that will identify critical unmet needs, the current activities of the Department to address those needs, and a description of related activities in the private sector.

(d) Definition

For purposes of this section:

(1) The term “health disparity population” has the meaning given such term in section 285t of this title, except that in addition to the meaning so given, the Director may determine that such term includes populations for which there is a significant disparity in the quality, outcomes, cost, or use of health care services or access to or satisfaction with such services as compared to the general population.

(2) The term “minority”, with respect to populations, refers to racial and ethnic minority groups as defined in section 300u-6 of this title.

(July 1, 1944, ch. 373, title IX, § 903, as added Pub. L. 106-525, title II, § 201(a)(2), Nov. 22, 2000, 114 Stat. 2505; amended Pub. L. 111-148, title X, § 10334(c)(3)(B), Mar. 23, 2010, 124 Stat. 974.)

PRIOR PROVISIONS

A prior section 299a-1, act July 1, 1944, ch. 373, title IX, § 903, as added Pub. L. 101-239, title VI, § 6103(a), Dec. 19, 1989, 103 Stat. 2190; amended Pub. L. 102-410, § 3, Oct. 13, 1992, 106 Stat. 2094; Pub. L. 103-43, title XIV, § 1422(a), June 10, 1993, 107 Stat. 172, related to public dissemination of information about studies and projects prior to the general amendment of this subchapter by Pub. L. 106-129. See section 299c-3 of this title.

A prior section 903 of act July 1, 1944, was classified to section 299c of this title prior to repeal by Pub. L. 99-117.

Prior sections 299a-2 and 299a-3 were omitted in the general amendment of this subchapter by Pub. L. 106-129.

Section 299a-2, act July 1, 1944, ch. 373, title IX, § 904, as added Pub. L. 101-239, title VI, § 6103(a), Dec. 19, 1989, 103 Stat. 2191; amended Pub. L. 102-410, § 4(a), Oct. 13, 1992, 106 Stat. 2095; Pub. L. 103-43, title XX, § 2013(1), June 10, 1993, 107 Stat. 214, related to health care technology assessment. See section 299b-5 of this title.

Section 299a-3, act July 1, 1944, ch. 373, title IX, § 905, as added Pub. L. 105-115, title IV, § 409, Nov. 21, 1997, 111 Stat. 2371, established demonstration program regarding centers for education and research on therapeutics. See section 299b-1(b) of this title.

AMENDMENTS

2010—Subsec. (d)(1). Pub. L. 111-148 substituted “285t” for “287c-31”.

PART B—HEALTH CARE IMPROVEMENT RESEARCH

§ 299b. Health care outcome improvement research

(a) Evidence rating systems

In collaboration with experts from the public and private sector, the Agency shall identify and disseminate methods or systems to assess health care research results, particularly methods or systems to rate the strength of the scientific evidence underlying health care practice, recommendations in the research literature, and

technology assessments. The Agency shall make methods or systems for evidence rating widely available. Agency publications containing health care recommendations shall indicate the level of substantiating evidence using such methods or systems.

(b) Health care improvement research centers and provider-based research networks

(1) In general

In order to address the full continuum of care and outcomes research, to link research to practice improvement, and to speed the dissemination of research findings to community practice settings, the Agency shall employ research strategies and mechanisms that will link research directly with clinical practice in geographically diverse locations throughout the United States, including—

(A) health care improvement research centers that combine demonstrated multidisciplinary expertise in outcomes or quality improvement research with linkages to relevant sites of care;

(B) provider-based research networks, including plan, facility, or delivery system sites of care (especially primary care), that can evaluate outcomes and evaluate and promote quality improvement; and

(C) other innovative mechanisms or strategies to link research with clinical practice.

(2) Requirements

The Director is authorized to establish the requirements for entities applying for grants under this subsection.

(July 1, 1944, ch. 373, title IX, § 911, as added Pub. L. 106-129, § 2(a), Dec. 6, 1999, 113 Stat. 1656.)

PRIOR PROVISIONS

A prior section 299b, act July 1, 1944, ch. 373, title IX, § 911, as added Pub. L. 101-239, title VI, § 6103(a), Dec. 19, 1989, 103 Stat. 2192; amended Pub. L. 102-410, § 5(b), Oct. 13, 1992, 106 Stat. 2097, related to establishment of Office of the Forum for Quality and Effectiveness in Health Care, prior to the general amendment of this subchapter by Pub. L. 106-129.

Another prior section 299b, act July 1, 1944, ch. 373, title IX, § 902, as added Oct. 6, 1965, Pub. L. 89-239, § 2, 79 Stat. 927; amended Oct. 15, 1968, Pub. L. 90-574, title I, § 103, 82 Stat. 1005; Oct. 30, 1970, Pub. L. 91-515, title I, §§ 104, 111(b), 84 Stat. 1299, 1301, defined terms for purposes of this subchapter, prior to repeal by Pub. L. 99-117, § 12(d), Oct. 7, 1985, 99 Stat. 495.

§ 299b-1. Private-public partnerships to improve organization and delivery

(a) Support for efforts to develop information on quality

(1) Scientific and technical support

In its role as the principal agency for health care research and quality, the Agency may provide scientific and technical support for private and public efforts to improve health care quality, including the activities of accrediting organizations.

(2) Role of the Agency

With respect to paragraph (1), the role of the Agency shall include—

(A) the identification and assessment of methods for the evaluation of the health of—