

(b) Purpose

The official designated under subsection (a) shall—

(1) report to the Director on the current Agency level of activity regarding women's health, across, where appropriate, age, biological, and sociocultural contexts, in all aspects of Agency work, including the development of evidence reports and clinical practice protocols and the conduct of research into patient outcomes, delivery of health care services, quality of care, and access to health care;

(2) establish short-range and long-range goals and objectives within the Agency for research important to women's health and, as relevant and appropriate, coordinate with other appropriate offices on activities within the Agency that relate to health services and medical effectiveness research, for issues of particular concern to women;

(3) identify projects in women's health that should be conducted or supported by the Agency;

(4) consult with health professionals, non-governmental organizations, consumer organizations, women's health professionals, and other individuals and groups, as appropriate, on Agency policy with regard to women; and

(5) serve as a member of the Department of Health and Human Services Coordinating Committee on Women's Health (established under section 237a(b)(4) of this title).

(c) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2010 through 2014.

(July 1, 1944, ch. 373, title IX, § 925, as added Pub. L. 111-148, title III, § 3509(e)(2), Mar. 23, 2010, 124 Stat. 534.)

PRIOR PROVISIONS

A prior section 925 of act July 1, 1944, was renumbered section 926 and is classified to section 299b-25 of this title.

Another prior section 925 of act July 1, 1944, was renumbered section 945 and is classified to section 299c-4 of this title.

Another prior section 925 of act July 1, 1944, was classified to section 299c-4 of this title prior to the general amendment of this subchapter by Pub. L. 106-129.

§ 299b-25. Technical assistance

The Secretary, acting through the Director, may provide technical assistance to patient safety organizations, including convening annual meetings for patient safety organizations to discuss methodology, communication, data collection, or privacy concerns.

(July 1, 1944, ch. 373, title IX, § 926, formerly § 925, as added Pub. L. 109-41, § 2(a)(5), July 29, 2005, 119 Stat. 434; renumbered § 926, Pub. L. 111-148, title III, § 3509(e)(1), Mar. 23, 2010, 124 Stat. 534.)

PRIOR PROVISIONS

A prior section 926 of act July 1, 1944, was renumbered section 927 and is classified to section 299b-26 of this title.

Another prior section 926 of act July 1, 1944, was renumbered section 946 and is classified to section 299c-5 of this title.

Another prior section 926 of act July 1, 1944, was classified to section 299c-5 of this title prior to the general amendment of this subchapter by Pub. L. 106-129.

§ 299b-26. Severability

If any provision of this part is held to be unconstitutional, the remainder of this part shall not be affected.

(July 1, 1944, ch. 373, title IX, § 927, formerly § 926, as added Pub. L. 109-41, § 2(a)(5), July 29, 2005, 119 Stat. 434; renumbered § 927, Pub. L. 111-148, title III, § 3509(e)(1), Mar. 23, 2010, 124 Stat. 534.)

PRIOR PROVISIONS

A prior section 927 of act July 1, 1944, was renumbered section 947, and is classified to section 299c-6 of this title.

Another prior section 927 of act July 1, 1944, was classified to section 299c-6 of this title prior to the general amendment of this subchapter by Pub. L. 106-129.

PART D—HEALTH CARE QUALITY IMPROVEMENT

PRIOR PROVISIONS

A prior part D, consisting of sections 299c to 299c-7, was redesignated part E of this subchapter.

SUBPART 1—QUALITY MEASURE DEVELOPMENT

§ 299b-31. Quality measure development**(a) Quality measure**

In this subpart, the term “quality measure” means a standard for measuring the performance and improvement of population health or of health plans, providers of services, and other clinicians in the delivery of health care services.

(b) Identification of quality measures**(1) Identification**

The Secretary, in consultation with the Director of the Agency for Healthcare Research and Quality and the Administrator of the Centers for Medicare & Medicaid Services, shall identify, not less often than triennially, gaps where no quality measures exist and existing quality measures that need improvement, updating, or expansion, consistent with the national strategy under section 280j of this title, to the extent available, for use in Federal health programs. In identifying such gaps and existing quality measures that need improvement, the Secretary shall take into consideration—

(A) the gaps identified by the entity with a contract under section 1890(a) of the Social Security Act [42 U.S.C. 1395aaa(a)] and other stakeholders;

(B) quality measures identified by the pediatric quality measures program under section 1139A of the Social Security Act [42 U.S.C. 1320b-9a]; and

(C) quality measures identified through the Medicaid Quality Measurement Program under section 1139B of the Social Security Act [42 U.S.C. 1320b-9b].

(2) Publication

The Secretary shall make available to the public on an Internet website a report on any gaps identified under paragraph (1) and the process used to make such identification.