

(E) recommendations that seek to improve health outcomes for such individuals, including across their lifespan, by addressing—

- (i) screening and diagnosis of children and adults;
- (ii) behavioral and other therapeutic approaches;
- (iii) primary and preventative care;
- (iv) communication challenges;
- (v) aggression, self-injury, elopement, and other behavioral issues;
- (vi) emergency room visits and acute care hospitalization;
- (vii) treatment for co-occurring physical and mental health conditions;
- (viii) premature mortality;
- (ix) medical practitioner training; and
- (x) caregiver mental health.

(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; Pub. L. 116-60, §3(d), Sept. 30, 2019, 133 Stat. 1113.)

REFERENCES IN TEXT

The Autism CARES Act of 2019, referred to in subsec. (a)(2)(A), (B), is Pub. L. 116-60, Sept. 30, 2019, 133 Stat. 1110, also known as the Autism Collaboration, Accountability, Research, Education, and Support Act of 2019, which amended this part and section 284g of this title and enacted provisions set out as a note under section 201 of this title. For complete classification of this Act to the Code, see Short Title of 2019 Amendment note set out under section 201 of this title and Tables.

AMENDMENTS

2019—Subsec. (a)(1). Pub. L. 116-60, §3(d)(1)(A), substituted “September 30, 2019” for “August 8, 2014”.

Subsec. (a)(2)(A), (B). Pub. L. 116-60, §3(d)(1)(B)(i), substituted “Autism CARES Act of 2019” for “Autism CARES Act of 2014”.

Subsec. (a)(2)(D), (E). Pub. L. 116-60, §3(d)(1)(B)(i), substituted “September 30, 2019” for “August 8, 2014”.

Subsec. (a)(2)(G). Pub. L. 116-60, §3(d)(1)(B)(ii), substituted “age of the individual” for “age of the child”.

Subsec. (a)(2)(J). Pub. L. 116-60, §3(d)(1)(B)(iii)–(v), added subsec. (J).

Subsec. (b). Pub. L. 116-60, §3(d)(2)(A), substituted “the health and well-being of individuals with autism spectrum disorder across their lifespan” for “young adults and transitioning youth” in heading.

Subsec. (b)(1). Pub. L. 116-60, §3(d)(2)(B), amended par. (1) generally. Prior to amendment, text read as follows: “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.”

Subsec. (b)(2)(A). Pub. L. 116-60, §3(d)(2)(C)(i), amended subpar. (A) generally. Prior to amendment, subpar. (A) read as follows: “demographic characteristics of youth transitioning from school-based to community-based supports;”

Subsec. (b)(2)(B). Pub. L. 116-60, §3(d)(2)(C)(ii), substituted “the health and well-being of individuals with autism spectrum disorder, including an identification of existing Federal laws, regulations, policies, research,

and programs;” for “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;”

Subsec. (b)(2)(C) to (E). Pub. L. 116-60, §3(d)(2)(C)(iii), amended subpars. (C) to (E) generally. Prior to amendment, subpars. (C) to (E) related, respectively, to proposals on establishing certain best practices guidelines, comprehensive approaches to transitioning from existing school-based services to those services available during adulthood, and proposals that seek to improve outcomes for adults with autism spectrum disorder making the transition from a school-based support system to adulthood.

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 subsecs. (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 realigned 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 \$23,100,000 for each of fiscal years 2020 through 2024.

(b) Autism education, early detection, and intervention

To carry out section 280i-1 of this title, there is authorized to be appropriated \$50,599,000 for each of fiscal years 2020 through 2024.

(c) Interagency Autism Coordinating Committee; certain other programs

To carry out sections 280i-2 and 284g of this title, there are authorized to be appropriated \$296,000,000 for each of fiscal years 2020 through 2024.

(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; Pub. L. 114-255, div. A, title II, §2042(f)(2), Dec. 13, 2016, 130 Stat. 1073; Pub. L. 116-60, §3(e), Sept. 30, 2019, 133 Stat. 1114.)

AMENDMENTS

2019—Subsec. (a). Pub. L. 116-60, §3(e)(1), substituted “\$23,100,000 for each of fiscal years 2020 through 2024” for “\$22,000,000 for each of fiscal years 2015 through 2019”.

Subsec. (b). Pub. L. 116-60, §3(e)(2), substituted “\$50,599,000 for each of fiscal years 2020 through 2024” for “\$48,000,000 for each of fiscal years 2015 through 2019”.

Subsec. (c). Pub. L. 116-60, §3(e)(3), substituted “there are authorized to be appropriated \$296,000,000 for each of fiscal years 2020 through 2024” for “there is authorized to be appropriated \$190,000,000 for each of fiscal years 2015 through 2019”.

2016—Subsec. (c). Pub. L. 114-255 substituted “280i-2” for “280i-2, 283j.”.

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 time-tables 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

¹ See References in Text note below.