

**Editorial Notes****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.)

**Editorial Notes****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.)

**Editorial Notes****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****Editorial Notes****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.

**(c) Grants or contracts for quality measure development****(1) In general**

The Secretary shall award grants, contracts, or intergovernmental agreements to eligible entities for purposes of developing, improving, updating, or expanding quality measures identified under subsection (b).

**(2) Prioritization in the development of quality measures**

In awarding grants, contracts, or agreements under this subsection, the Secretary shall give priority to the development of quality measures that allow the assessment of—

(A) health outcomes and functional status of patients;

(B) the management and coordination of health care across episodes of care and care transitions for patients across the continuum of providers, health care settings, and health plans;

(C) the experience, quality, and use of information provided to and used by patients, caregivers, and authorized representatives to inform decisionmaking about treatment options, including the use of shared decision-making tools and preference sensitive care (as defined in section 299b-36 of this title);

(D) the meaningful use of health information technology;

(E) the safety, effectiveness, patient-centeredness, appropriateness, and timeliness of care;