

(i) Appropriation**(1) In general**

Out of any funds in the Treasury not otherwise appropriated, there is appropriated—

(A) for each of fiscal years 2009 through 2013, \$45,000,000 for the purpose of carrying out this section (other than subsection (e));

(B) for the period of fiscal years 2016 and 2017, \$20,000,000 for the purpose of carrying out this section (other than subsections (e), (f), and (g));

(C) for the period of fiscal years 2018 through 2023, \$90,000,000 for the purpose of carrying out this section (other than subsections (e), (f), and (g)); and

(D) for the period of fiscal years 2024 through 2027, \$60,000,000 for the purpose of carrying out this section (other than subsections (e), (f), and (g)).

(2) Availability

Funds appropriated under this subsection shall remain available until expended.

(Aug. 14, 1935, ch. 531, title XI, § 1139A, as added and amended Pub. L. 111-3, title IV, § 401(a), title V, § 501(g), Feb. 4, 2009, 123 Stat. 72, 88; Pub. L. 111-148, title IV, § 4306, Mar. 23, 2010, 124 Stat. 587; Pub. L. 114-10, title III, § 304, Apr. 16, 2015, 129 Stat. 158; Pub. L. 115-120, div. C, § 3003, Jan. 22, 2018, 132 Stat. 36; Pub. L. 115-123, div. E, title I, § 50102, Feb. 9, 2018, 132 Stat. 175.)

Editorial Notes**AMENDMENTS**

2018—Subsec. (a)(4). Pub. L. 115-123, § 50102(b)(1)(A), (B), inserted “and mandatory reporting” after “reporting” in par. heading, designated existing provisions as subpar. (A), inserted subpar. heading, and added subpar. (B).

Subsec. (a)(6)(B). Pub. L. 115-123, § 50102(b)(1)(C), inserted “and, beginning with the report required on January 1, 2025, and for each annual report thereafter, the status of mandatory reporting by States under subchapters XIX and XXI, utilizing the initial core quality measurement set and any updates or changes to that set” before semicolon.

Subsec. (c)(1)(A). Pub. L. 115-123, § 50102(b)(2), inserted “and, beginning with the annual report on fiscal year 2024, all of the core measures described in subsection (a) and any updates or changes to those measures” before semicolon.

Subsec. (e)(8). Pub. L. 115-120, § 3003(a), substituted “, \$10,000,000” for “and \$10,000,000” and inserted “, and \$30,000,000 for the period of fiscal years 2018 through 2023” after “2017”.

Subsec. (i). Pub. L. 115-120, § 3003(b), restructured existing text into par. (1), including subpars. (A) and (B), and par. (2), inserted par. headings, and added par. (1)(C).

Subsec. (i)(1)(D). Pub. L. 115-123, § 50102(a), added subpar. (D).

2015—Subsec. (e)(8). Pub. L. 114-10, § 304(a), inserted “, and \$10,000,000 for the period of fiscal years 2016 and 2017” after “2014”.

Subsec. (i). Pub. L. 114-10, § 304(b), inserted “, and there is appropriated for the period of fiscal years 2016 and 2017, \$20,000,000 for the purpose of carrying out this section (other than subsections (e), (f), and (g))” after “(other than subsection (e))”.

2010—Subsec. (e)(8). Pub. L. 111-148 amended par. (8) generally. Prior to amendment, text read as follows: “There is authorized to be appropriated to carry out this subsection, \$25,000,000 for the period of fiscal years 2009 through 2013.”

2009—Subsec. (a)(3)(B)(ii). Pub. L. 111-3, § 501(g)(1), inserted “and, with respect to dental care, conditions requiring the restoration of teeth, relief of pain and infection, and maintenance of dental health” after “chronic conditions”.

Subsec. (a)(6)(A)(ii). Pub. L. 111-3, § 501(g)(2), inserted “dental care,” after “preventive health services.”

Statutory Notes and Related Subsidiaries**EFFECTIVE DATE**

Section and amendment by Pub. L. 111-3 effective Apr. 1, 2009, and applicable to child health assistance and medical assistance provided on or after that date, with certain exceptions, see section 3 of Pub. L. 111-3, set out as a note under section 1396 of this title.

§ 1320b-9b. Adult health quality measures**(a) Development of core set of health care quality measures for adults eligible for benefits under Medicaid**

The Secretary shall identify and publish a recommended core set of adult health quality measures for Medicaid eligible adults in the same manner as the Secretary identifies and publishes a core set of child health quality measures under section 1320b-9a of this title, including with respect to identifying and publishing existing adult health quality measures that are in use under public and privately sponsored health care coverage arrangements, or that are part of reporting systems that measure both the presence and duration of health insurance coverage over time, that may be applicable to Medicaid eligible adults.

(b) Deadlines**(1) Recommended measures**

Not later than January 1, 2011, the Secretary shall identify and publish for comment a recommended core set of adult health quality measures for Medicaid eligible adults.

(2) Dissemination

Not later than January 1, 2012, the Secretary shall publish an initial core set of adult health quality measures that are applicable to Medicaid eligible adults.

(3) Standardized reporting**(A) Voluntary reporting**

Not later than January 1, 2013, the Secretary, in consultation with States, shall develop a standardized format for reporting information based on the initial core set of adult health quality measures and create procedures to encourage States to use such measures to voluntarily report information regarding the quality of health care for Medicaid eligible adults.

(B) Mandatory reporting with respect to behavioral health measures

Beginning with the State report required under subsection (d)(1) for 2024, the Secretary shall require States to use all behavioral health measures included in the core set of adult health quality measures and any updates or changes to such measures to report information, using the standardized format for reporting information and procedures developed under subparagraph (A), re-

garding the quality of behavioral health care for Medicaid eligible adults.

(4) Reports to Congress

Not later than January 1, 2014, and every 3 years thereafter, the Secretary shall include in the report to Congress required under section 1320b-9a(a)(6) of this title information similar to the information required under that section with respect to the measures established under this section.

(5) Establishment of Medicaid quality measurement program

(A) In general

Not later than 12 months after the release of the recommended core set of adult health quality measures under paragraph (1)¹, the Secretary shall establish a Medicaid Quality Measurement Program in the same manner as the Secretary establishes the pediatric quality measures program under section 1320b-9a(b) of this title.

(B) Revising, strengthening, and improving initial core measures

Beginning not later than 24 months after the establishment of the Medicaid Quality Measurement Program, and annually thereafter, the Secretary shall publish recommended changes to the initial core set of adult health quality measures that shall reflect the results of the testing, validation, and consensus process for the development of adult health quality measures.

(C) Behavioral health measures

Beginning with respect to State reports required under subsection (d)(1) for 2024, the core set of adult health quality measures maintained under this paragraph (and any updates or changes to such measures) shall include behavioral health measures.

(c) Construction

Nothing in this section shall be construed as supporting the restriction of coverage, under subchapter XIX or XXI or otherwise, to only those services that are evidence-based, or in anyway limiting available services.

(d) Annual State reports regarding State-specific quality of care measures applied under Medicaid

(1) Annual State reports

Each State with a State plan or waiver approved under subchapter XIX shall annually report (separately or as part of the annual report required under section 1320b-9a(c) of this title), to the Secretary on the—

(A) State-specific adult health quality measures applied by the State under such plan, including measures described in subsection (b)(5) and, beginning with the report for 2024, all behavioral health measures included in the core set of adult health quality measures maintained under such subsection (b)(5) and any updates or changes to such measures (as required under subsection (b)(3)); and

(B) State-specific information on the quality of health care furnished to Medicaid eligible adults under such plan, including information collected through external quality reviews of managed care organizations under section 1396u-2 of this title and benchmark plans under section 1396u-7 of this title.

(2) Publication

Not later than September 30, 2014, and annually thereafter, the Secretary shall collect, analyze, and make publicly available the information reported by States under paragraph (1).

(e) Appropriation

Out of any funds in the Treasury not otherwise appropriated, there is appropriated for each of fiscal years 2010 through 2014, \$60,000,000 for the purpose of carrying out this section. Funds appropriated under this subsection shall remain available until expended. Of the funds appropriated under this subsection, not less than \$15,000,000 shall be used to carry out section 1320b-9a(b) of this title.

(Aug. 14, 1935, ch. 531, title XI, § 1139B, as added Pub. L. 111-148, title II, § 2701, Mar. 23, 2010, 124 Stat. 317; amended Pub. L. 113-93, title II, § 210, Apr. 1, 2014, 128 Stat. 1047; Pub. L. 115-271, title V, § 5001, Oct. 24, 2018, 132 Stat. 3961.)

Editorial Notes

AMENDMENTS

2018—Subsec. (b)(3). Pub. L. 115-271, § 5001(1)(A), designated existing provisions as subpar. (A), inserted heading, and added subpar. (B).

Subsec. (b)(5)(C). Pub. L. 115-271, § 5001(1)(B), added subpar. (C).

Subsec. (d)(1)(A). Pub. L. 115-271, § 5001(2), substituted “such plan” for “the such plan” and “subsection (b)(5) and, beginning with the report for 2024, all behavioral health measures included in the core set of adult health quality measures maintained under such subsection (b)(5) and any updates or changes to such measures (as required under subsection (b)(3))” for “subsection (a)(5)”.

2014—Subsec. (b)(5)(A). Pub. L. 113-93, § 210(b), struck out at end “The aggregate amount awarded by the Secretary for grants and contracts for the development, testing, and validation of emerging and innovative evidence-based measures under such program shall equal the aggregate amount awarded by the Secretary for grants under section 1320b-9a(b)(4)(A) of this title”.

Subsec. (e). Pub. L. 113-93, § 210(a), inserted at end “Of the funds appropriated under this subsection, not less than \$15,000,000 shall be used to carry out section 1320b-9a(b) of this title.”

§ 1320b-10. Prohibitions relating to references to Social Security or Medicare

(a) Prohibited acts

(1) No person may use, in connection with any item constituting an advertisement, solicitation, circular, book, pamphlet, or other communication (including any Internet or other electronic communication), or a play, motion picture, broadcast, telecast, or other production, alone or with other words, letters, symbols, or emblems—

(A) the words “Social Security”, “Social Security Account”, “Social Security System”, “Social Security Administration”, “Medi-

¹So in original. The second closing parenthesis probably should not appear.