

Union Calendar No. 183

106TH CONGRESS
1ST Session

H. R. 2506

[Report No. 106-305]

A BILL

To amend title of the Public Health Service Act to revise and extend the Agency for Health Care Policy and Research.

SEPTEMBER 8, 1999

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and order to be printed

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106TH CONGRESS
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[Report No. 106-305]

To amend title IX of the Public Health Service Act to revise and extend the Agency for Health Care Policy and Research.

IN THE HOUSE OF REPRESENTATIVES

JULY 14, 1999

Mr. BILIRAKIS (for himself, Mr. BROWN of Ohio, Mr. GREENWOOD, and Mrs. THURMAN) introduced the following bill; which was referred to the Committee on Commerce

SEPTEMBER 8, 1999

Additional sponsors: Mr. WAXMAN, Mr. BONIOR, Mr. WHITFIELD, Mr. FARR of California, and Mr. DAVIS of Florida

SEPTEMBER 8, 1999

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

[Strike out all after the enacting clause and insert the part printed in italic]

[For text of introduced bill, see copy of bill as introduced on July 14, 1999]

A BILL

To amend title IX of the Public Health Service Act to revise and extend the Agency for Health Care Policy and Research.

1 *Be it enacted by the Senate and House of Representa-*
 2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 *This Act may be cited as the “Health Research and*
 5 *Quality Act of 1999”.*

6 **SEC. 2. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.**

7 *(a) IN GENERAL.—Title IX of the Public Health Serv-*
 8 *ice Act (42 U.S.C. 299 et seq.) is amended to read as follows:*

9 **“TITLE IX—AGENCY FOR HEALTH**
 10 **RESEARCH AND QUALITY**

11 **“PART A—ESTABLISHMENT AND GENERAL**
 12 **DUTIES**

13 **“SEC. 901. MISSION AND DUTIES.**

14 *“(a) IN GENERAL.—There is established within the*
 15 *Public Health Service an agency to be known as the Agency*
 16 *for Health Research and Quality, which shall be headed by*
 17 *a director appointed by the Secretary. The Secretary shall*
 18 *carry out this title acting through the Director.*

19 *“(b) MISSION.—The purpose of the Agency is to en-*
 20 *hance the quality, appropriateness, and effectiveness of*
 21 *health services, and access to such services, through the es-*
 22 *tablishment of a broad base of scientific research and*
 23 *through the promotion of improvements in clinical and*
 24 *health system practices, including the prevention of diseases*

1 *and other health conditions. The Agency shall promote*
2 *health care quality improvement by—*

3 “(1) *conducting and supporting research that de-*
4 *velops and presents scientific evidence regarding all*
5 *aspects of health, including—*

6 “(A) *the development and assessment of*
7 *methods for enhancing patient participation in*
8 *their own care and for facilitating shared pa-*
9 *tient-physician decision-making;*

10 “(B) *the outcomes, effectiveness, and cost-ef-*
11 *fectiveness of health care practices, including*
12 *preventive measures and long-term care;*

13 “(C) *existing and innovative technologies;*

14 “(D) *the costs and utilization of, and access*
15 *to health care;*

16 “(E) *the ways in which health care services*
17 *are organized, delivered, and financed and the*
18 *interaction and impact of these factors on the*
19 *quality of patient care;*

20 “(F) *methods for measuring quality and*
21 *strategies for improving quality; and*

22 “(G) *ways in which patients, consumers,*
23 *purchasers, and practitioners acquire new infor-*
24 *mation about best practices and health benefits,*

1 *the determinants and impact of their use of this*
2 *information;*

3 “(2) *synthesizing and disseminating available*
4 *scientific evidence for use by patients, consumers,*
5 *practitioners, providers, purchasers, policy makers,*
6 *and educators; and*

7 “(3) *advancing private and public efforts to im-*
8 *prove health care quality.*

9 “(c) *REQUIREMENTS WITH RESPECT TO RURAL*
10 *AREAS AND PRIORITY POPULATIONS.—In carrying out sub-*
11 *section (b), the Director shall undertake and support re-*
12 *search, demonstration projects, and evaluations with respect*
13 *to—*

14 “(1) *the delivery of health services in rural areas*
15 *(including frontier areas);*

16 “(2) *health services for low-income groups, and*
17 *minority groups;*

18 “(3) *the health of children;*

19 “(4) *the elderly; and*

20 “(5) *people with special health care needs, in-*
21 *cluding disabilities, chronic care and end-of-life*
22 *health care.*

23 **“SEC. 902. GENERAL AUTHORITIES.**

24 “(a) *IN GENERAL.—In carrying out section 901(b), the*
25 *Director shall support demonstration projects, conduct and*

1 *support research, evaluations, training, research networks,*
2 *multi-disciplinary centers, technical assistance, and the dis-*
3 *semination of information, on health care, and on systems*
4 *for the delivery of such care, including activities with re-*
5 *spect to—*

6 “(1) *the quality, effectiveness, efficiency, appro-*
7 *priateness and value of health care services;*

8 “(2) *quality measurement and improvement;*

9 “(3) *the outcomes, cost, cost-effectiveness, and use*
10 *of health care services and access to such services;*

11 “(4) *clinical practice, including primary care*
12 *and practice-oriented research;*

13 “(5) *health care technologies, facilities, and*
14 *equipment;*

15 “(6) *health care costs, productivity, organization,*
16 *and market forces;*

17 “(7) *health promotion and disease prevention,*
18 *including clinical preventive services;*

19 “(8) *health statistics, surveys, database develop-*
20 *ment, and epidemiology; and*

21 “(9) *medical liability.*

22 “(b) *HEALTH SERVICES TRAINING GRANTS.—*

23 “(1) *IN GENERAL.—The Director may provide*
24 *training grants in the field of health services research*
25 *related to activities authorized under subsection (a),*

1 to include pre- and post-doctoral fellowships and
2 training programs, young investigator awards, and
3 other programs and activities as appropriate. In car-
4 rying out this subsection, the Director shall make use
5 of funds made available under section 487.

6 “(2) *REQUIREMENTS.*—In developing priorities
7 for the allocation of training funds under this sub-
8 section, the Director shall take into consideration
9 shortages in the number of trained researchers ad-
10 dressing the priority populations.

11 “(c) *MULTIDISCIPLINARY CENTERS.*—The Director
12 may provide financial assistance to assist in meeting the
13 costs of planning and establishing new centers, and operat-
14 ing existing and new centers, for multidisciplinary health
15 services research, demonstration projects, evaluations,
16 training, and policy analysis with respect to the matters
17 referred to in subsection (a).

18 “(d) *RELATION TO CERTAIN AUTHORITIES REGARD-*
19 *ING SOCIAL SECURITY.*—Activities authorized in this sec-
20 tion shall be appropriately coordinated with experiments,
21 demonstration projects, and other related activities author-
22 ized by the Social Security Act and the Social Security
23 Amendments of 1967. Activities under subsection (a)(2) of
24 this section that affect the programs under titles XVIII, XIX

1 *and XXI of the Social Security Act shall be carried out*
2 *consistent with section 1142 of such Act.*

3 “(e) *DISCLAIMER.—The Agency shall not mandate na-*
4 *tional standards of clinical practice or quality health care*
5 *standards. Recommendations resulting from projects funded*
6 *and published by the Agency shall include a corresponding*
7 *disclaimer.*

8 “(f) *RULE OF CONSTRUCTION.—Nothing in this sec-*
9 *tion shall be construed to imply that the Agency’s role is*
10 *to mandate a national standard or specific approach to*
11 *quality measurement and reporting. In research and qual-*
12 *ity improvement activities, the Agency shall consider a wide*
13 *range of choices, providers, health care delivery systems,*
14 *and individual preferences.*

15 **“PART B—HEALTH CARE IMPROVEMENT**

16 **RESEARCH**

17 **“SEC. 911. HEALTH CARE OUTCOME IMPROVEMENT RE-**
18 **SEARCH.**

19 “(a) *EVIDENCE RATING SYSTEMS.—In collaboration*
20 *with experts from the public and private sector, the Agency*
21 *shall identify and disseminate methods or systems that it*
22 *uses to assess health care research results, particularly*
23 *methods or systems that it uses to rate the strength of the*
24 *scientific evidence behind health care practice, recommenda-*
25 *tions in the research literature, and technology assessments.*

1 *The Agency shall make methods or systems for evidence rat-*
2 *ing widely available. Agency publications containing health*
3 *care recommendations shall indicate the level of substantiat-*
4 *ing evidence using such methods or systems.*

5 “(b) *HEALTH CARE IMPROVEMENT RESEARCH CEN-*
6 *TERS AND PROVIDER-BASED RESEARCH NETWORKS.—*

7 “(1) *IN GENERAL.—In order to address the full*
8 *continuum of care and outcomes research, to link re-*
9 *search to practice improvement, and to speed the dis-*
10 *semination of research findings to community prac-*
11 *tice settings, the Agency shall employ research strate-*
12 *gies and mechanisms that will link research directly*
13 *with clinical practice in geographically diverse loca-*
14 *tions throughout the United States, including—*

15 “(A) *Health Care Improvement Research*
16 *Centers that combine demonstrated multidisci-*
17 *plinary expertise in outcomes or quality im-*
18 *provement research with linkages to relevant*
19 *sites of care;*

20 “(B) *Provider-based Research Networks, in-*
21 *cluding plan, facility, or delivery system sites of*
22 *care (especially primary care), that can evaluate*
23 *outcomes and promote quality improvement; and*

24 “(C) *other innovative mechanisms or strate-*
25 *gies to link research with clinical practice.*

1 “(2) *REQUIREMENTS.*—*The Director is author-*
2 *ized to establish the requirements for entities applying*
3 *for grants under this subsection.*

4 **“SEC. 912. PRIVATE-PUBLIC PARTNERSHIPS TO IMPROVE**
5 **ORGANIZATION AND DELIVERY.**

6 “(a) *SUPPORT FOR EFFORTS TO DEVELOP INFORMA-*
7 *TION ON QUALITY.*—

8 “(1) *SCIENTIFIC AND TECHNICAL SUPPORT.*—*In*
9 *its role as the principal agency for health research*
10 *and quality, the Agency may provide scientific and*
11 *technical support for private and public efforts to im-*
12 *prove health care quality, including the activities of*
13 *accrediting organizations.*

14 “(2) *ROLE OF THE AGENCY.*—*With respect to*
15 *paragraph (1), the role of the Agency shall include—*

16 “(A) *the identification and assessment of*
17 *methods for the evaluation of the health of—*

18 “(i) *enrollees in health plans by type of*
19 *plan, provider, and provider arrangements;*
20 *and*

21 “(ii) *other populations, including those*
22 *receiving long-term care services;*

23 “(B) *the ongoing development, testing, and*
24 *dissemination of quality measures, including*
25 *measures of health and functional outcomes;*

1 “(C) the compilation and dissemination of
2 health care quality measures developed in the
3 private and public sector;

4 “(D) assistance in the development of im-
5 proved health care information systems;

6 “(E) the development of survey tools for the
7 purpose of measuring participant and bene-
8 ficiary assessments of their health care; and

9 “(F) identifying and disseminating infor-
10 mation on mechanisms for the integration of in-
11 formation on quality into purchaser and con-
12 sumer decision-making processes.

13 “(b) *CENTERS FOR EDUCATION AND RESEARCH ON*
14 *THERAPEUTICS.*—

15 “(1) *IN GENERAL.*—*The Secretary, acting*
16 *through the Director and in consultation with the*
17 *Commissioner of Food and Drugs, shall establish a*
18 *program for the purpose of making one or more*
19 *grants for the establishment and operation of one or*
20 *more centers to carry out the activities specified in*
21 *paragraph (2).*

22 “(2) *REQUIRED ACTIVITIES.*—*The activities re-*
23 *ferred to in this paragraph are the following:*

24 “(A) *The conduct of state-of-the-art research*
25 *for the following purposes:*

1 “(i) To increase awareness of—

2 “(I) new uses of drugs, biological
3 products, and devices;

4 “(II) ways to improve the effective
5 use of drugs, biological products, and
6 devices; and

7 “(III) risks of new uses and risks
8 of combinations of drugs and biological
9 products.

10 “(ii) To provide objective clinical in-
11 formation to the following individuals and
12 entities:

13 “(I) Health care practitioners and
14 other providers of health care goods or
15 services.

16 “(II) Pharmacists, pharmacy ben-
17 efit managers and purchasers.

18 “(III) Health maintenance orga-
19 nizations and other managed health
20 care organizations.

21 “(IV) Health care insurers and
22 governmental agencies.

23 “(V) Patients and consumers.

1 “(iii) *To improve the quality of health*
2 *care while reducing the cost of health care*
3 *through—*

4 “(I) *an increase in the appro-*
5 *priate use of drugs, biological products,*
6 *or devices; and*

7 “(II) *the prevention of adverse ef-*
8 *fects of drugs, biological products, and*
9 *devices and the consequences of such ef-*
10 *fects, such as unnecessary hospitaliza-*
11 *tions.*

12 “(B) *The conduct of research on the com-*
13 *parative effectiveness, cost-effectiveness, and safe-*
14 *ty of drugs, biological products, and devices.*

15 “(C) *Such other activities as the Secretary*
16 *determines to be appropriate, except that a grant*
17 *may not be expended to assist the Secretary in*
18 *the review of new drugs.*

19 “(c) *REDUCING ERRORS IN MEDICINE.—The Director*
20 *shall conduct and support research and build private-public*
21 *partnerships to—*

22 “(1) *identify the causes of preventable health*
23 *care errors and patient injury in health care delivery;*

1 “(2) develop, demonstrate, and evaluate strate-
2 gies for reducing errors and improving patient safety;
3 and

4 “(3) promote the implementation of effective
5 strategies throughout the health care industry.

6 **“SEC. 913. INFORMATION ON QUALITY AND COST OF CARE.**

7 “(a) *IN GENERAL.*—In carrying out 902(a), the
8 Director shall—

9 “(1) conduct a survey to collect data on a
10 nationally representative sample of the population on
11 the cost, use and, for fiscal year 2001 and subsequent
12 fiscal years, quality of health care, including the
13 types of health care services Americans use, their ac-
14 cess to health care services, frequency of use, how
15 much is paid for the services used, the source of those
16 payments, the types and costs of private health insur-
17 ance, access, satisfaction, and quality of care for the
18 general population and also for populations identified
19 in section 901(c); and

20 “(2) develop databases and tools that provide in-
21 formation to States on the quality, access, and use of
22 health care services provided to their residents.

23 “(b) *QUALITY AND OUTCOMES INFORMATION.*—

1 “(1) *IN GENERAL.*—*Beginning in fiscal year*
2 *2001, the Director shall ensure that the survey con-*
3 *ducted under subsection (a)(1) will—*

4 “(A) *identify determinants of health out-*
5 *comes and functional status, the needs of special*
6 *populations in such variables as well as an un-*
7 *derstanding of changes over time, relationships*
8 *to health care access and use, and monitor the*
9 *overall national impact of Federal and State*
10 *policy changes on health care;*

11 “(B) *provide information on the quality of*
12 *care and patient outcomes for frequently occur-*
13 *ring clinical conditions for a nationally rep-*
14 *resentative sample of the population; and*

15 “(C) *provide reliable national estimates for*
16 *children and persons with special health care*
17 *needs through the use of supplements or periodic*
18 *expansions of the survey.*

19 *In expanding the Medical Expenditure Panel Survey,*
20 *as in existence on the date of enactment of this title*
21 *in fiscal year 2001 to collect information on the qual-*
22 *ity of care, the Director shall take into account any*
23 *outcomes measurements generally collected by private*
24 *sector accreditation organizations.*

1 “(2) *ANNUAL REPORT.*—*Beginning in fiscal year*
2 *2003, the Secretary, acting through the Director, shall*
3 *submit to Congress an annual report on national*
4 *trends in the quality of health care provided to the*
5 *American people.*

6 **“SEC. 914. INFORMATION SYSTEMS FOR HEALTH CARE IM-**
7 **PROVEMENT.**

8 “(a) *IN GENERAL.*—*In order to foster a range of inno-*
9 *vative approaches to the management and communication*
10 *of health information, the Agency shall support research,*
11 *evaluations and initiatives to advance—*

12 “(1) *the use of information systems for the study*
13 *of health care quality and outcomes, including the*
14 *generation of both individual provider and plan-level*
15 *comparative performance data;*

16 “(2) *training for health care practitioners and*
17 *researchers in the use of information systems;*

18 “(3) *the creation of effective linkages between*
19 *various sources of health information, including the*
20 *development of information networks;*

21 “(4) *the delivery and coordination of evidence-*
22 *based health care services, including the use of real-*
23 *time health care decision-support programs;*

24 “(5) *the structure, content, definition, and cod-*
25 *ing of health information data and medical vocabu-*

1 *laries in consultation with appropriate Federal enti-*
2 *ties and shall seek input from appropriate private en-*
3 *tities;*

4 *“(6) the use of computer-based health records in*
5 *outpatient and inpatient settings as a personal health*
6 *record for individual health assessment and mainte-*
7 *nance, and for monitoring public health and outcomes*
8 *of care within populations; and*

9 *“(7) the protection of individually identifiable*
10 *information in health services research and health*
11 *care quality improvement.*

12 *“(b) DEMONSTRATION.—The Agency shall support*
13 *demonstrations into the use of new information tools aimed*
14 *at improving shared decision-making between patients and*
15 *their care-givers.*

16 **“SEC. 915. RESEARCH SUPPORTING PRIMARY CARE AND AC-**
17 **CESS IN UNDERSERVED AREAS.**

18 *“(a) PREVENTIVE SERVICES TASK FORCE.—*

19 *“(1) PURPOSE.—The Agency shall provide ongo-*
20 *ing administrative, research, and technical support*
21 *for the operation of the Preventive Services Task*
22 *Force. The Agency shall coordinate and support the*
23 *dissemination of the Preventive Services Task Force*
24 *recommendations.*

1 “(2) *OPERATION.*—*The Preventive Services Task*
2 *Force shall review the scientific evidence related to the*
3 *effectiveness, appropriateness, and cost-effectiveness of*
4 *clinical preventive services for the purpose of develop-*
5 *ing recommendations for the health care community,*
6 *and updating previous recommendations, regarding*
7 *their usefulness in daily clinical practice. In carrying*
8 *out its responsibilities under paragraph (1), the Task*
9 *Force shall not be subject to the provisions of Appen-*
10 *dix 2 of title 5, United States Code.*

11 “(b) *PRIMARY CARE RESEARCH.*—

12 “(1) *IN GENERAL.*—*There is established within*
13 *the Agency a Center for Primary Care Research (re-*
14 *ferred to in this subsection as the ‘Center’) that shall*
15 *serve as the principal source of funding for primary*
16 *care practice research in the Department of Health*
17 *and Human Services. For purposes of this paragraph,*
18 *primary care research focuses on the first contact*
19 *when illness or health concerns arise, the diagnosis,*
20 *treatment or referral to specialty care, preventive*
21 *care, and the relationship between the clinician and*
22 *the patient in the context of the family and commu-*
23 *nity.*

1 “(2) *RESEARCH.*—*In carrying out this section,*
2 *the Center shall conduct and support research*
3 *concerning—*

4 “(A) *the nature and characteristics of pri-*
5 *mary care practice;*

6 “(B) *the management of commonly occur-*
7 *ring clinical problems;*

8 “(C) *the management of undifferentiated*
9 *clinical problems; and*

10 “(D) *the continuity and coordination of*
11 *health services.*

12 **“SEC. 916. CLINICAL PRACTICE AND TECHNOLOGY INNOVA-**
13 **TION.**

14 “(a) *IN GENERAL.*—*The Director shall promote inno-*
15 *vation in evidence-based clinical practice and health care*
16 *technologies by—*

17 “(1) *conducting and supporting research on the*
18 *development, diffusion, and use of health care tech-*
19 *nology;*

20 “(2) *developing, evaluating, and disseminating*
21 *methodologies for assessments of health care practices*
22 *and health care technologies;*

23 “(3) *conducting intramural and supporting ex-*
24 *tramural assessments of existing and new health care*
25 *practices and technologies;*

1 “(4) *promoting education, training, and provid-*
2 *ing technical assistance in the use of health care prac-*
3 *tice and health care technology assessment methodolo-*
4 *gies and results; and*

5 “(5) *working with the National Library of Medi-*
6 *cine and the public and private sector to develop an*
7 *electronic clearinghouse of currently available assess-*
8 *ments and those in progress.*

9 “(b) *SPECIFICATION OF PROCESS.—*

10 “(1) *IN GENERAL.—Not later than December 31,*
11 *2000, the Director shall develop and publish a de-*
12 *scription of the methods used by the Agency and its*
13 *contractors for practice and technology assessment.*

14 “(2) *CONSULTATIONS.—In carrying out this sub-*
15 *section, the Director shall cooperate and consult with*
16 *the Assistant Secretary for Health, the Administrator*
17 *of the Health Care Financing Administration, the Di-*
18 *rector of the National Institutes of Health, the Com-*
19 *missioner of Food and Drugs, and the heads of any*
20 *other interested Federal department or agency, and*
21 *shall seek input, where appropriate, from professional*
22 *societies and other private and public entities.*

23 “(3) *METHODOLOGY.—The Director shall, in de-*
24 *veloping the methods used under paragraph (1),*
25 *consider—*

1 “(A) safety, efficacy, and effectiveness;

2 “(B) legal, social, and ethical implications;

3 “(C) costs, benefits, and cost-effectiveness;

4 “(D) comparisons to alternate technologies
5 and practices; and

6 “(E) requirements of Food and Drug Ad-
7 ministration approval to avoid duplication.

8 “(c) *SPECIFIC ASSESSMENTS.*—

9 “(1) *IN GENERAL.*—*The Director shall conduct*
10 *or support specific assessments of health care tech-*
11 *nologies and practices.*

12 “(2) *REQUESTS FOR ASSESSMENTS.*—*The Direc-*
13 *tor is authorized to conduct or support assessments,*
14 *on a reimbursable basis, for the Health Care Financ-*
15 *ing Administration, the Department of Defense, the*
16 *Department of Veterans Affairs, the Office of Person-*
17 *nel Management, and other public or private entities.*

18 “(3) *GRANTS AND CONTRACTS.*—*In addition to*
19 *conducting assessments, the Director may make*
20 *grants to, or enter into cooperative agreements or con-*
21 *tracts with, entities described in paragraph (4) for*
22 *the purpose of conducting assessments of experi-*
23 *mental, emerging, existing, or potentially outmoded*
24 *health care technologies, and for related activities.*

1 “(4) *ELIGIBLE ENTITIES.*—An entity described
2 in this paragraph is an entity that is determined to
3 be appropriate by the Director, including academic
4 medical centers, research institutions and organiza-
5 tions, professional organizations, third party payers,
6 governmental agencies, and consortia of appropriate
7 research entities established for the purpose of con-
8 ducting technology assessments.

9 **“SEC. 917. COORDINATION OF FEDERAL GOVERNMENT**
10 **QUALITY IMPROVEMENT EFFORTS.**

11 “(a) *REQUIREMENT.*—

12 “(1) *IN GENERAL.*—To avoid duplication and
13 ensure that Federal resources are used efficiently and
14 effectively, the Secretary, acting through the Director,
15 shall coordinate all research, evaluations, and dem-
16 onstrations related to health services research, quality
17 measurement and quality improvement activities un-
18 dertaken and supported by the Federal Government.

19 “(2) *SPECIFIC ACTIVITIES.*—The Director, in col-
20 laboration with the appropriate Federal officials rep-
21 resenting all concerned executive agencies and depart-
22 ments, shall develop and manage a process to—

23 “(A) improve interagency coordination, pri-
24 ority setting, and the use and sharing of research
25 findings and data pertaining to Federal quality

1 *improvement programs, technology assessment,*
2 *and health services research;*

3 “(B) *strengthen the research information*
4 *infrastructure, including databases, pertaining*
5 *to Federal health services research and health*
6 *care quality improvement initiatives;*

7 “(C) *set specific goals for participating*
8 *agencies and departments to further health serv-*
9 *ices research and health care quality improve-*
10 *ment; and*

11 “(D) *strengthen the management of Federal*
12 *health care quality improvement programs.*

13 “(b) *STUDY BY THE INSTITUTE OF MEDICINE.—*

14 “(1) *IN GENERAL.—To provide Congress, the De-*
15 *partment of Health and Human Services, and other*
16 *relevant departments with an independent, external*
17 *review of their quality oversight, quality improvement*
18 *and quality research programs, the Secretary shall*
19 *enter into a contract with the Institute of Medicine—*

20 “(A) *to describe and evaluate current qual-*
21 *ity improvement, quality research and quality*
22 *monitoring processes through—*

23 “(i) *an overview of pertinent health*
24 *services research activities and quality im-*
25 *provement efforts conducted by all Federal*

1 *programs, with particular attention paid to*
2 *those under titles XVIII, XIX, and XXI of*
3 *the Social Security Act; and*

4 *“(ii) a summary of the partnerships*
5 *that the Department of Health and Human*
6 *Services has pursued with private accredi-*
7 *tation, quality measurement and improve-*
8 *ment organizations; and*

9 *“(B) to identify options and make rec-*
10 *ommendations to improve the efficiency and ef-*
11 *fectiveness of quality improvement programs*
12 *through—*

13 *“(i) the improved coordination of ac-*
14 *tivities across the medicare, medicaid and*
15 *child health insurance programs under titles*
16 *XVIII, XIX and XXI of the Social Security*
17 *Act and health services research programs;*

18 *“(ii) the strengthening of patient choice*
19 *and participation by incorporating state-of-*
20 *the-art quality monitoring tools and mak-*
21 *ing information on quality available; and*

22 *“(iii) the enhancement of the most ef-*
23 *fective programs, consolidation as appro-*
24 *priate, and elimination of duplicative ac-*
25 *tivities within various federal agencies.*

1 “(2) *REQUIREMENTS.*—

2 “(A) *IN GENERAL.*—*The Secretary shall*
3 *enter into a contract with the Institute of Medi-*
4 *cine for the preparation—*

5 “(i) *not later than 12 months after the*
6 *date of enactment of this title, of a report*
7 *providing an overview of the quality im-*
8 *provement programs of the Department of*
9 *Health and Human Services for the medi-*
10 *care, medicaid, and CHIP programs under*
11 *titles XVIII, XIX, and XXI of the Social Se-*
12 *curity Act; and*

13 “(ii) *not later than 24 months after the*
14 *date of enactment of this title, of a final re-*
15 *port containing recommendations.*

16 “(B) *REPORTS.*—*The Secretary shall sub-*
17 *mit the reports described in subparagraph (A) to*
18 *the Committee on Finance and the Committee on*
19 *Health, Education, Labor, and Pensions of the*
20 *Senate and the Committee on Ways and Means*
21 *and the Committee on Commerce of the House of*
22 *Representatives.*

1 **“PART C—GENERAL PROVISIONS**

2 **“SEC. 921. ADVISORY COUNCIL FOR HEALTH CARE RE-**
3 **SEARCH AND QUALITY.**

4 “(a) *ESTABLISHMENT.*—*There is established an advi-*
5 *sory council to be known as the Advisory Council for Health*
6 *Care Research and Quality.*

7 “(b) *DUTIES.*—

8 “(1) *IN GENERAL.*—*The Advisory Council shall*
9 *advise the Secretary and the Director with respect to*
10 *activities proposed or undertaken to carry out the*
11 *purpose of the Agency under section 901(b).*

12 “(2) *CERTAIN RECOMMENDATIONS.*—*Activities of*
13 *the Advisory Council under paragraph (1) shall in-*
14 *clude making recommendations to the Director*
15 *regarding—*

16 “(A) *priorities regarding health care re-*
17 *search, especially studies related to quality, out-*
18 *comes, cost and the utilization of, and access to,*
19 *health care services;*

20 “(B) *the field of health care research and re-*
21 *lated disciplines, especially issues related to*
22 *training needs, and dissemination of informa-*
23 *tion pertaining to health care quality; and*

24 “(C) *the appropriate role of the Agency in*
25 *each of these areas in light of private sector ac-*

1 *tivity and identification of opportunities for*
2 *public-private sector partnerships.*

3 “(c) *MEMBERSHIP.*—

4 “(1) *IN GENERAL.*—*The Advisory Council shall,*
5 *in accordance with this subsection, be composed of ap-*
6 *pointed members and ex officio members. All members*
7 *of the Advisory Council shall be voting members other*
8 *than the individuals designated under paragraph*
9 *(3)(B) as ex officio members.*

10 “(2) *APPOINTED MEMBERS.*—*The Secretary shall*
11 *appoint to the Advisory Council 18 appropriately*
12 *qualified individuals. At least 14 members of the Ad-*
13 *visory Council shall be representatives of the public*
14 *who are not officers or employees of the United States.*
15 *The Secretary shall ensure that the appointed mem-*
16 *bers of the Council, as a group, are representative of*
17 *professions and entities concerned with, or affected by,*
18 *activities under this title and under section 1142 of*
19 *the Social Security Act. Of such members—*

20 “(A) *3 shall be individuals distinguished in*
21 *the conduct of research, demonstration projects,*
22 *and evaluations with respect to health care;*

23 “(B) *3 shall be individuals distinguished in*
24 *the practice of medicine of which at least 1 shall*
25 *be a primary care practitioner;*

1 “(C) 3 shall be individuals distinguished in
2 the other health professions;

3 “(D) 3 shall be individuals either represent-
4 ing the private health care sector, including
5 health plans, providers, and purchasers or indi-
6 viduals distinguished as administrators of health
7 care delivery systems;

8 “(E) 3 shall be individuals distinguished in
9 the fields of health care quality improvement, ec-
10 onomics, information systems, law, ethics, busi-
11 ness, or public policy; and

12 “(F) 3 shall be individuals representing the
13 interests of patients and consumers of health
14 care.

15 “(3) *EX OFFICIO MEMBERS.*—The Secretary shall
16 designate as *ex officio* members of the Advisory
17 Council—

18 “(A) the Assistant Secretary for Health, the
19 Director of the National Institutes of Health, the
20 Director of the Centers for Disease Control and
21 Prevention, the Administrator of the Health Care
22 Financing Administration, the Assistant Sec-
23 retary of Defense (Health Affairs), and the
24 Under Secretary for Health of the Department of
25 Veterans Affairs; and

1 “(B) such other Federal officials as the Sec-
2 retary may consider appropriate.

3 “(d) TERMS.—Members of the Advisory Council ap-
4 pointed under subsection (c)(2) shall serve for a term of 3
5 years. A member of the Council appointed under such sub-
6 section may continue to serve after the expiration of the
7 term of the members until a successor is appointed.

8 “(e) VACANCIES.—If a member of the Advisory Council
9 appointed under subsection (c)(2) does not serve the full
10 term applicable under subsection (d), the individual ap-
11 pointed to fill the resulting vacancy shall be appointed for
12 the remainder of the term of the predecessor of the individ-
13 ual.

14 “(f) CHAIR.—The Director shall, from among the
15 members of the Advisory Council appointed under sub-
16 section (c)(2), designate an individual to serve as the chair
17 of the Advisory Council.

18 “(g) MEETINGS.—The Advisory Council shall meet not
19 less than once during each discrete 4-month period and
20 shall otherwise meet at the call of the Director or the chair.

21 “(h) COMPENSATION AND REIMBURSEMENT OF
22 EXPENSES.—

23 “(1) APPOINTED MEMBERS.—Members of the Ad-
24 visory Council appointed under subsection (c)(2) shall
25 receive compensation for each day (including travel

1 *time) engaged in carrying out the duties of the Advi-*
2 *sory Council unless declined by the member. Such*
3 *compensation may not be in an amount in excess of*
4 *the maximum rate of basic pay payable for GS-18*
5 *of the General Schedule.*

6 “(2) *EX OFFICIO MEMBERS.*—*Officials des-*
7 *ignated under subsection (c)(3) as ex officio members*
8 *of the Advisory Council may not receive compensation*
9 *for service on the Advisory Council in addition to the*
10 *compensation otherwise received for duties carried out*
11 *as officers of the United States.*

12 “(i) *STAFF.*—*The Director shall provide to the Advi-*
13 *sory Council such staff, information, and other assistance*
14 *as may be necessary to carry out the duties of the Council.*

15 **“SEC. 922. PEER REVIEW WITH RESPECT TO GRANTS AND**
16 **CONTRACTS.**

17 “(a) *REQUIREMENT OF REVIEW.*—

18 “(1) *IN GENERAL.*—*Appropriate technical and*
19 *scientific peer review shall be conducted with respect*
20 *to each application for a grant, cooperative agree-*
21 *ment, or contract under this title.*

22 “(2) *REPORTS TO DIRECTOR.*—*Each peer review*
23 *group to which an application is submitted pursuant*
24 *to paragraph (1) shall report its finding and rec-*
25 *ommendations respecting the application to the Direc-*

1 *tor in such form and in such manner as the Director*
2 *shall require.*

3 *“(b) APPROVAL AS PRECONDITION OF AWARDS.—The*
4 *Director may not approve an application described in sub-*
5 *section (a)(1) unless the application is recommended for ap-*
6 *proval by a peer review group established under subsection*
7 *(c).*

8 *“(c) ESTABLISHMENT OF PEER REVIEW GROUPS.—*

9 *“(1) IN GENERAL.—The Director shall establish*
10 *such technical and scientific peer review groups as*
11 *may be necessary to carry out this section. Such*
12 *groups shall be established without regard to the pro-*
13 *visions of title 5, United States Code, that govern ap-*
14 *pointments in the competitive service, and without re-*
15 *gard to the provisions of chapter 51, and subchapter*
16 *III of chapter 53, of such title that relate to classifica-*
17 *tion and pay rates under the General Schedule.*

18 *“(2) MEMBERSHIP.—The members of any peer*
19 *review group established under this section shall be*
20 *appointed from among individuals who by virtue of*
21 *their training or experience are eminently qualified*
22 *to carry out the duties of such peer review group. Of-*
23 *ficers and employees of the United States may not*
24 *constitute more than 25 percent of the membership of*
25 *any such group. Such officers and employees may not*

1 *receive compensation for service on such groups in ad-*
2 *dition to the compensation otherwise received for these*
3 *duties carried out as such officers and employees.*

4 “(3) *DURATION.*—*Notwithstanding section 14(a)*
5 *of the Federal Advisory Committee Act, peer review*
6 *groups established under this section may continue in*
7 *existence until otherwise provided by law.*

8 “(4) *QUALIFICATIONS.*—*Members of any peer-re-*
9 *view group shall, at a minimum, meet the following*
10 *requirements:*

11 “(A) *Such members shall agree in writing*
12 *to treat information received, pursuant to their*
13 *work for the group, as confidential information,*
14 *except that this subparagraph shall not apply to*
15 *public records and public information.*

16 “(B) *Such members shall agree in writing*
17 *to recuse themselves from participation in the*
18 *peer-review of specific applications which present*
19 *a potential personal conflict of interest or ap-*
20 *pearance of such conflict, including employment*
21 *in a directly affected organization, stock owner-*
22 *ship, or any financial or other arrangement that*
23 *might introduce bias in the process of peer-re-*
24 *view.*

1 “(d) *AUTHORITY FOR PROCEDURAL ADJUSTMENTS IN*
2 *CERTAIN CASES.—In the case of applications for financial*
3 *assistance whose direct costs will not exceed \$100,000, the*
4 *Director may make appropriate adjustments in the proce-*
5 *dures otherwise established by the Director for the conduct*
6 *of peer review under this section. Such adjustments may*
7 *be made for the purpose of encouraging the entry of individ-*
8 *uals into the field of research, for the purpose of encourag-*
9 *ing clinical practice-oriented or provider-based research,*
10 *and for such other purposes as the Director may determine*
11 *to be appropriate.*

12 “(e) *REGULATIONS.—The Director shall issue regula-*
13 *tions for the conduct of peer review under this section.*

14 **“SEC. 923. CERTAIN PROVISIONS WITH RESPECT TO DEVEL-**
15 **OPMENT, COLLECTION, AND DISSEMINATION**
16 **OF DATA.**

17 “(a) *STANDARDS WITH RESPECT TO UTILITY OF*
18 *DATA.—*

19 “(1) *IN GENERAL.—To ensure the utility, accu-*
20 *racy, and sufficiency of data collected by or for the*
21 *Agency for the purpose described in section 901(b),*
22 *the Director shall establish standard methods for de-*
23 *veloping and collecting such data, taking into*
24 *consideration—*

1 “(A) *other Federal health data collection*
2 *standards; and*

3 “(B) *the differences between types of health*
4 *care plans, delivery systems, health care provid-*
5 *ers, and provider arrangements.*

6 “(2) *RELATIONSHIP WITH OTHER DEPARTMENT*
7 *PROGRAMS.—In any case where standards under*
8 *paragraph (1) may affect the administration of other*
9 *programs carried out by the Department of Health*
10 *and Human Services, including the programs under*
11 *title XVIII, XIX or XXI of the Social Security Act,*
12 *or may affect health information that is subject to a*
13 *standard developed under part C of title XI of the So-*
14 *cial Security Act, they shall be in the form of rec-*
15 *ommendations to the Secretary for such program.*

16 “(b) *STATISTICS AND ANALYSES.—The Director*
17 *shall—*

18 “(1) *take appropriate action to ensure that sta-*
19 *tistics and analyses developed under this title are of*
20 *high quality, timely, and duly comprehensive, and*
21 *that the statistics are specific, standardized, and ade-*
22 *quately analyzed and indexed; and*

23 “(2) *publish, make available, and disseminate*
24 *such statistics and analyses on as wide a basis as is*
25 *practicable.*

1 “(c) *AUTHORITY REGARDING CERTAIN REQUESTS.*—
2 *Upon request of a public or private entity, the Director may*
3 *conduct or support research or analyses otherwise author-*
4 *ized by this title pursuant to arrangements under which*
5 *such entity will pay the cost of the services provided.*
6 *Amounts received by the Director under such arrangements*
7 *shall be available to the Director for obligation until ex-*
8 *pended.*

9 “**SEC. 924. DISSEMINATION OF INFORMATION.**

10 “(a) *IN GENERAL.*—*The Director shall—*

11 “(1) *without regard to section 501 of title 44,*
12 *United States Code, promptly publish, make avail-*
13 *able, and otherwise disseminate, in a form under-*
14 *standable and on as broad a basis as practicable so*
15 *as to maximize its use, the results of research, dem-*
16 *onstration projects, and evaluations conducted or sup-*
17 *ported under this title;*

18 “(2) *ensure that information disseminated by the*
19 *Agency is science-based and objective and undertakes*
20 *consultation as necessary to assess the appropriate-*
21 *ness and usefulness of the presentation of information*
22 *that is targeted to specific audiences;*

23 “(3) *promptly make available to the public data*
24 *developed in such research, demonstration projects,*
25 *and evaluations;*

1 “(4) provide, in collaboration with the National
2 *Library of Medicine where appropriate, indexing, ab-*
3 *stracting, translating, publishing, and other services*
4 *leading to a more effective and timely dissemination*
5 *of information on research, demonstration projects,*
6 *and evaluations with respect to health care to public*
7 *and private entities and individuals engaged in the*
8 *improvement of health care delivery and the general*
9 *public, and undertake programs to develop new or*
10 *improved methods for making such information avail-*
11 *able; and*

12 “(5) as appropriate, provide technical assistance
13 *to State and local government and health agencies*
14 *and conduct liaison activities to such agencies to fos-*
15 *ter dissemination.*

16 “(b) *PROHIBITION AGAINST RESTRICTIONS.—Except*
17 *as provided in subsection (c), the Director may not restrict*
18 *the publication or dissemination of data from, or the results*
19 *of, projects conducted or supported under this title.*

20 “(c) *LIMITATION ON USE OF CERTAIN INFORMA-*
21 *TION.—No information, if an establishment or person sup-*
22 *plying the information or described in it is identifiable, ob-*
23 *tained in the course of activities undertaken or supported*
24 *under this title may be used for any purpose other than*
25 *the purpose for which it was supplied unless such establish-*

1 *ment or person has consented (as determined under regula-*
2 *tions of the Director) to its use for such other purpose. Such*
3 *information may not be published or released in other form*
4 *if the person who supplied the information or who is de-*
5 *scribed in it is identifiable unless such person has consented*
6 *(as determined under regulations of the Director) to its pub-*
7 *lication or release in other form.*

8 “(d) *PENALTY.—Any person who violates subsection*
9 *(c) shall be subject to a civil monetary penalty of not more*
10 *than \$10,000 for each such violation involved. Such penalty*
11 *shall be imposed and collected in the same manner as civil*
12 *money penalties under subsection (a) of section 1128A of*
13 *the Social Security Act are imposed and collected.*

14 **“SEC. 925. ADDITIONAL PROVISIONS WITH RESPECT TO**
15 **GRANTS AND CONTRACTS.**

16 “(a) *FINANCIAL CONFLICTS OF INTEREST.—With re-*
17 *spect to projects for which awards of grants, cooperative*
18 *agreements, or contracts are authorized to be made under*
19 *this title, the Director shall by regulation define—*

20 “(1) *the specific circumstances that constitute fi-*
21 *nancial interests in such projects that will, or may be*
22 *reasonably expected to, create a bias in favor of ob-*
23 *taining results in the projects that are consistent with*
24 *such interests; and*

1 “(2) *the actions that will be taken by the Direc-*
2 *tor in response to any such interests identified by the*
3 *Director.*

4 “(b) *REQUIREMENT OF APPLICATION.—The Director*
5 *may not, with respect to any program under this title au-*
6 *thorizing the provision of grants, cooperative agreements,*
7 *or contracts, provide any such financial assistance unless*
8 *an application for the assistance is submitted to the Sec-*
9 *retary and the application is in such form, is made in such*
10 *manner, and contains such agreements, assurances, and in-*
11 *formation as the Director determines to be necessary to*
12 *carry out the program involved.*

13 “(c) *PROVISION OF SUPPLIES AND SERVICES IN LIEU*
14 *OF FUNDS.—*

15 “(1) *IN GENERAL.—Upon the request of an en-*
16 *tity receiving a grant, cooperative agreement, or con-*
17 *tract under this title, the Secretary may, subject to*
18 *paragraph (2), provide supplies, equipment, and serv-*
19 *ices for the purpose of aiding the entity in carrying*
20 *out the project involved and, for such purpose, may*
21 *detail to the entity any officer or employee of the De-*
22 *partment of Health and Human Services.*

23 “(2) *CORRESPONDING REDUCTION IN FUNDS.—*
24 *With respect to a request described in paragraph (1),*
25 *the Secretary shall reduce the amount of the financial*

1 *assistance involved by an amount equal to the costs*
2 *of detailing personnel and the fair market value of*
3 *any supplies, equipment, or services provided by the*
4 *Director. The Secretary shall, for the payment of ex-*
5 *penditures incurred in complying with such request, ex-*
6 *pend the amounts withheld.*

7 “(d) *APPLICABILITY OF CERTAIN PROVISIONS WITH*
8 *RESPECT TO CONTRACTS.*—*Contracts may be entered into*
9 *under this part without regard to sections 3648 and 3709*
10 *of the Revised Statutes (31 U.S.C. 529; 41 U.S.C. 5).*

11 **“SEC. 926. CERTAIN ADMINISTRATIVE AUTHORITIES.**

12 “(a) *DEPUTY DIRECTOR AND OTHER OFFICERS AND*
13 *EMPLOYEES.*—

14 “(1) *DEPUTY DIRECTOR.*—*The Director may ap-*
15 *point a deputy director for the Agency.*

16 “(2) *OTHER OFFICERS AND EMPLOYEES.*—*The*
17 *Director may appoint and fix the compensation of*
18 *such officers and employees as may be necessary to*
19 *carry out this title. Except as otherwise provided by*
20 *law, such officers and employees shall be appointed in*
21 *accordance with the civil service laws and their com-*
22 *penetration fixed in accordance with title 5, United*
23 *States Code.*

24 “(b) *FACILITIES.*—*The Secretary, in carrying out this*
25 *title—*

1 “(1) may acquire, without regard to the Act of
2 *March 3, 1877 (40 U.S.C. 34), by lease or otherwise*
3 *through the Director of General Services, buildings or*
4 *portions of buildings in the District of Columbia or*
5 *communities located adjacent to the District of Co-*
6 *lumbia for use for a period not to exceed 10 years;*
7 *and*

8 “(2) may acquire, construct, improve, repair, op-
9 *erate, and maintain laboratory, research, and other*
10 *necessary facilities and equipment, and such other*
11 *real or personal property (including patents) as the*
12 *Secretary deems necessary.*

13 “(c) *PROVISION OF FINANCIAL ASSISTANCE.—The Di-*
14 *rector, in carrying out this title, may make grants to public*
15 *and nonprofit entities and individuals, and may enter into*
16 *cooperative agreements or contracts with public and private*
17 *entities and individuals.*

18 “(d) *UTILIZATION OF CERTAIN PERSONNEL AND RE-*
19 *SOURCES.—*

20 “(1) *DEPARTMENT OF HEALTH AND HUMAN*
21 *SERVICES.—The Director, in carrying out this title,*
22 *may utilize personnel and equipment, facilities, and*
23 *other physical resources of the Department of Health*
24 *and Human Services, permit appropriate (as deter-*
25 *mined by the Secretary) entities and individuals to*

1 *utilize the physical resources of such Department, and*
2 *provide technical assistance and advice.*

3 “(2) *OTHER AGENCIES.*—*The Director, in carry-*
4 *ing out this title, may use, with their consent, the*
5 *services, equipment, personnel, information, and fa-*
6 *cilities of other Federal, State, or local public agen-*
7 *cies, or of any foreign government, with or without*
8 *reimbursement of such agencies.*

9 “(e) *CONSULTANTS.*—*The Secretary, in carrying out*
10 *this title, may secure, from time to time and for such peri-*
11 *ods as the Director deems advisable but in accordance with*
12 *section 3109 of title 5, United States Code, the assistance*
13 *and advice of consultants from the United States or abroad.*

14 “(f) *EXPERTS.*—

15 “(1) *IN GENERAL.*—*The Secretary may, in car-*
16 *rying out this title, obtain the services of not more*
17 *than 50 experts or consultants who have appropriate*
18 *scientific or professional qualifications. Such experts*
19 *or consultants shall be obtained in accordance with*
20 *section 3109 of title 5, United States Code, except that*
21 *the limitation in such section on the duration of serv-*
22 *ice shall not apply.*

23 “(2) *TRAVEL EXPENSES.*—

24 “(A) *IN GENERAL.*—*Experts and consult-*
25 *ants whose services are obtained under para-*

1 *graph (1) shall be paid or reimbursed for their*
2 *expenses associated with traveling to and from*
3 *their assignment location in accordance with sec-*
4 *tions 5724, 5724a(a), 5724a(c), and 5726(C) of*
5 *title 5, United States Code.*

6 “(B) *LIMITATION.—Expenses specified in*
7 *subparagraph (A) may not be allowed in connec-*
8 *tion with the assignment of an expert or consult-*
9 *ant whose services are obtained under paragraph*
10 *(1) unless and until the expert agrees in writing*
11 *to complete the entire period of assignment, or 1*
12 *year, whichever is shorter, unless separated or re-*
13 *assigned for reasons that are beyond the control*
14 *of the expert or consultant and that are accept-*
15 *able to the Secretary. If the expert or consultant*
16 *violates the agreement, the money spent by the*
17 *United States for the expenses specified in sub-*
18 *paragraph (A) is recoverable from the expert or*
19 *consultant as a statutory obligation owed to the*
20 *United States. The Secretary may waive in*
21 *whole or in part a right of recovery under this*
22 *subparagraph.*

23 “(g) *VOLUNTARY AND UNCOMPENSATED SERVICES.—*
24 *The Director, in carrying out this title, may accept vol-*
25 *untary and uncompensated services.*

1 **“SEC. 927. FUNDING.**

2 “(a) *INTENT.*—*To ensure that the United States in-*
3 *vestment in biomedical research is rapidly translated into*
4 *improvements in the quality of patient care, there must be*
5 *a corresponding investment in research on the most effective*
6 *clinical and organizational strategies for use of these find-*
7 *ings in daily practice. The authorization levels in sub-*
8 *sections (b) and (c) provide for a proportionate increase*
9 *in health care research as the United States investment in*
10 *biomedical research increases.*

11 “(b) *AUTHORIZATION OF APPROPRIATIONS.*—*For the*
12 *purpose of carrying out this title, there are authorized to*
13 *be appropriated \$250,000,000 for fiscal year 2000, and such*
14 *sums as may be necessary for each of the fiscal years 2001*
15 *through 2004.*

16 “(c) *EVALUATIONS.*—*In addition to amounts available*
17 *pursuant to subsection (b) for carrying out this title, there*
18 *shall be made available for such purpose, from the amounts*
19 *made available pursuant to section 241 (relating to evalua-*
20 *tions), an amount equal to 40 percent of the maximum*
21 *amount authorized in such section 241 to be made available*
22 *for a fiscal year.*

23 **“SEC. 928. DEFINITIONS.**

24 “*In this title:*

1 “(1) *ADVISORY COUNCIL.*—*The term ‘Advisory*
2 *Council’ means the Advisory Council on Health Care*
3 *Research and Quality established under section 921.*

4 “(2) *AGENCY.*—*The term ‘Agency’ means the*
5 *Agency for Health Research and Quality.*

6 “(3) *DIRECTOR.*—*The term ‘Director’ means the*
7 *Director of the Agency for Health Research and Qual-*
8 *ity.”.*

9 ***(b) RULES OF CONSTRUCTION.***—

10 (1) *IN GENERAL.*—*Section 901(a) of the Public*
11 *Health Service Act (as added by subsection (a) of this*
12 *section) applies as a redesignation of the agency that*
13 *carried out title IX of such Act on the day before the*
14 *date of enactment of this Act, and not as the termi-*
15 *nation of such agency and the establishment of a dif-*
16 *ferent agency. The amendment made by subsection (a)*
17 *of this section does not affect appointments of the per-*
18 *sonnel of such agency who were employed at the agen-*
19 *cy on the day before such date.*

20 (2) *REFERENCES.*—*Any reference in law to the*
21 *Agency for Health Care Policy and Research is*
22 *deemed to be a reference to the Agency for Health Re-*
23 *search and Quality, and any reference in law to the*
24 *Administrator for Health Care Policy and Research*

1 *is deemed to be a reference to the Director of the*
2 *Agency for Health Research and Quality.*

3 **SEC. 3. GRANTS REGARDING UTILIZATION OF PREVENTIVE**
4 **HEALTH SERVICES.**

5 *Subpart I of part D of title III of the Public Health*
6 *Service Act (42 U.S.C. 254b et seq.) is amended by adding*
7 *at the end the following section:*

8 **“SEC. 330D. CENTERS FOR STRATEGIES ON FACILITATING**
9 **UTILIZATION OF PREVENTIVE HEALTH SERV-**
10 **ICES AMONG VARIOUS POPULATIONS.**

11 *“(a) IN GENERAL.—The Secretary, acting through the*
12 *appropriate agencies of the Public Health Service, shall*
13 *make grants to public or nonprofit private entities for the*
14 *establishment and operation of regional centers whose pur-*
15 *pose is to identify particular populations of patients and*
16 *facilitate the appropriate utilization of preventive health*
17 *services by patients in the populations through developing*
18 *and disseminating strategies to improve the methods used*
19 *by public and private health care programs and providers*
20 *in interacting with such patients.*

21 *“(b) RESEARCH AND TRAINING.—The activities car-*
22 *ried out by a center under subsection (a) may include estab-*
23 *lishing programs of research and training with respect to*
24 *the purpose described in such subsection, including the de-*

1 *velopment of curricula for training individuals in imple-*
2 *menting the strategies developed under such subsection.*

3 “(c) *QUALITY MANAGEMENT.*—*A condition for the re-*
4 *ceipt of a grant under subsection (a) is that the applicant*
5 *involved agree that, in order to ensure that the strategies*
6 *developed under such subsection take into account prin-*
7 *ciples of quality management with respect to consumer sat-*
8 *isfaction, the applicant will make arrangements with one*
9 *or more private entities that have experience in applying*
10 *such principles.*

11 “(d) *PRIORITY REGARDING INFANTS AND CHIL-*
12 *DREN.*—*In carrying out the purpose described in subsection*
13 *(a), the Secretary shall give priority to various populations*
14 *of infants, young children, and their mothers.*

15 “(e) *EVALUATIONS.*—*The Secretary, acting through the*
16 *appropriate agencies of the Public Health Service, shall (di-*
17 *rectly or through grants or contracts) provide for the eval-*
18 *uation of strategies under subsection (a) in order to deter-*
19 *mine the extent to which the strategies have been effective*
20 *in facilitating the appropriate utilization of preventive*
21 *health services in the populations with respect to which the*
22 *strategies were developed.*

23 “(f) *AUTHORIZATION OF APPROPRIATIONS.*—*For the*
24 *purpose of carrying out this section, there are authorized*

- 1 *to be appropriated such sums as may be necessary for each*
- 2 *of the fiscal years 2000 through 2004.”.*