

Attachment A: Legal Justification

Subtitle I--Improving the Quality of Medicaid for Patients and Providers

SEC. 2701. ADULT HEALTH QUALITY MEASURES.

Title XI of the Social Security Act (42 U.S.C. 1301 et seq.), as amended by section 401 of the Children's Health Insurance Program Reauthorization Act of 2009 (Public Law 111-3), is amended by inserting after section 1139A the following new section:

SEC. 1139B. <<NOTE: 42 USC 1320b-9b.>> ADULT HEALTH QUALITY MEASURES.

- (a) Development of Core Set of Health Care Quality Measures for Adults Eligible for Benefits Under Medicaid.-- The <<NOTE: Publication.>> 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 1139A, 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.-- <<NOTE: Publication.>> 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.-- <<NOTE: Publication.>> 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.--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.
 - (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 1139A(a)(6) 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)), the Secretary shall establish a Medicaid Quality Measurement Program in the same manner as the Secretary establishes the pediatric quality measures program under section 1139A(b). 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 1139A(b)(4)(A)
 - (B) Revising, strengthening, and improving initial core measures. <<NOTE: Publication.>> -- 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) Construction.--Nothing in this section shall be construed as supporting the restriction of coverage, under title IX 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 title XIX shall annually report (separately or as part of the annual report required under section 1139A(c)), to the Secretary on the—
 - (A) State-specific adult health quality measures applied by the State under the such plan, including measures described in subsection (a)(5); 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 1932 and benchmark plans under section 1937.
 - (2) Publication.--<<NOTE: Deadlines. Public information.>> 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.