

Public Law 106-129
106th Congress

An Act

To amend title 42 of the United States Code to improve the organization and programs for healthcare data and research,
and for other purposes.
Enacted by the Senate and House of Representatives of the United States of America in Congress assembled.

SECTION 1. SHORT TITLE.

THIS ACT MAY BE CITED AS THE "HEALTHCARE RESEARCH AND QUALITY ACT OF 1999".

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

(a) In General.—Title IX of the Public Health Service Act (42 U.S.C. 299 et seq.) is amended to read as follows:

**"TITLE IX—AGENCY FOR HEALTHCARE RESEARCH AND QUALITY
"PART A—ESTABLISHMENT AND GENERAL DUTIES**

"SEC. 901. MISSION AND DUTIES.

(a) In General.—There is established within the Department of Health and Human Services an Agency for Healthcare Research and Quality, known as the Agency for Healthcare Research and Quality, to be organized and operated as an independent office within the Department, to be headed by a Director appointed by the Secretary. The Secretary shall submit to the Committee on Labor and Human Resources of the Senate and the Committee on Education and the Labor Force of the House of Representatives a report describing the Agency's organization, structure, and programs and the results of the Agency's activities. The Agency shall be subject to the provisions of the General Accounting Act of 1946 (41 U.S.C. 101 et seq.) and the provisions of the Inspector General Act of 1978 (5 U.S.C. 551 et seq.) that apply to the Department of Health and Human Services. The Agency shall—

- (1) identify the health care needs of the Nation, including the health care needs of rural residents and underserved populations;
- (2) identify the health care needs of underserved populations and underserved areas;
- (3) identify the health care needs of underserved populations and underserved areas;
- (4) identify the health care needs of underserved populations and underserved areas;

(b) (1) The Agency shall—

- (A) identify the needs and objectives of, and access to, health care;
- (B) the ways in which health care services are organized, delivered, and financed and the measures and impact of those factors on the quality of patient care;
- (C) methods for measuring quality and strategies for improving quality; and
- (D) ways in which patients, consumers, purchasers, and practitioners obtain and disseminate information about their practices and health benefits, the determinants and nature of delivery of their activities.

(2) The Agency shall—

- (A) identify and individuals who need—
- (B) access to ensure appropriate, research.—The Director shall ensure that the requirements of paragraph (1) are reflected in the research conducted and supported by the Agency.

(3) **OFFICE OF PRIORITY POPULATIONS.**—The Director shall establish an Office of Priority Populations to assist in carrying out the requirements of paragraph (1).

"SEC. 913. INFORMATION ON QUALITY AND COST OF CARE.

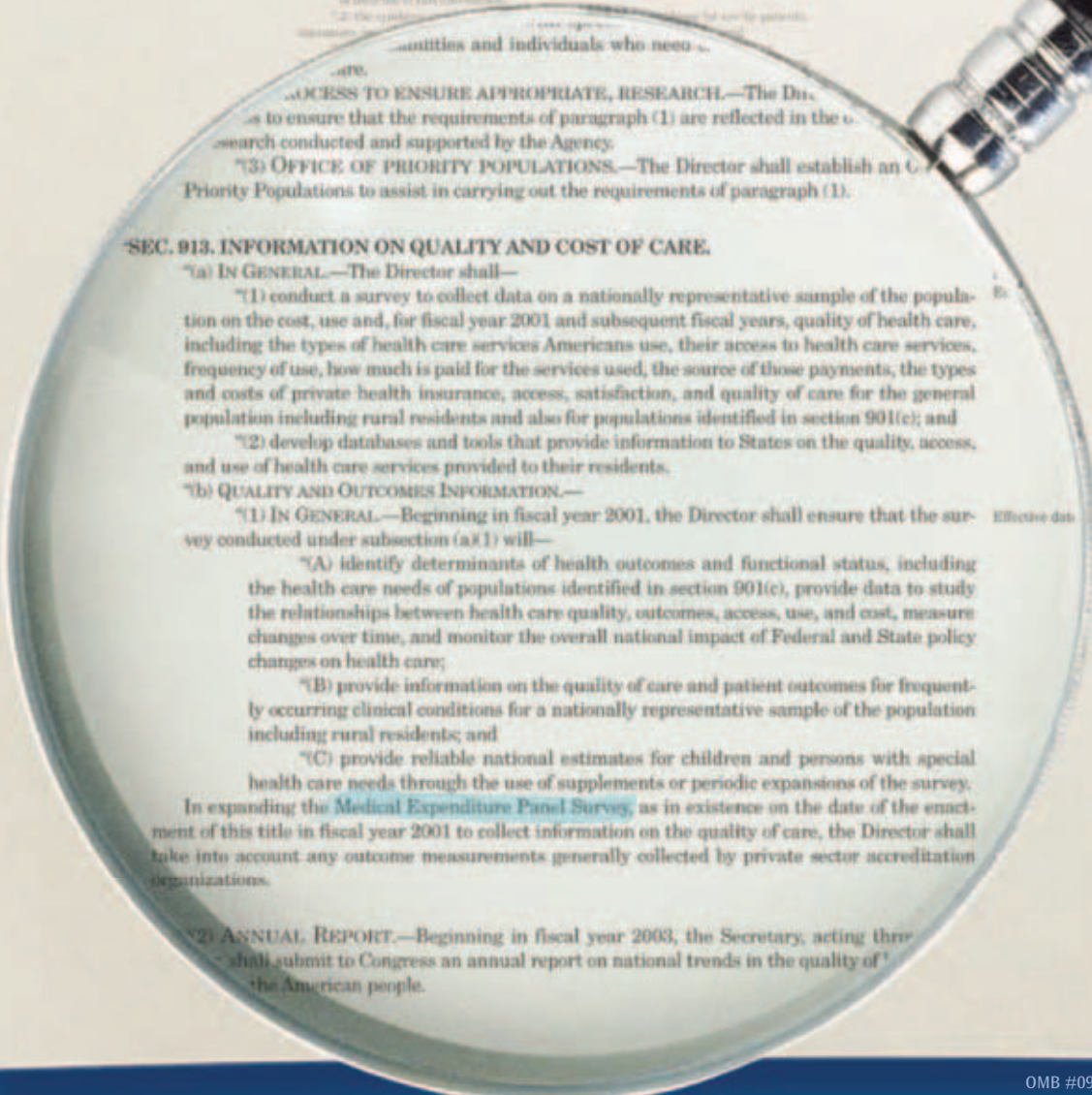
(a) **IN GENERAL.**—The Director shall—
(1) conduct a survey to collect data on a nationally representative sample of the population on the cost, use and, for fiscal year 2001 and subsequent fiscal years, quality of health care, including the types of health care services Americans use, their access to health care services, frequency of use, how much is paid for the services used, the source of those payments, the types and costs of private health insurance, access, satisfaction, and quality of care for the general population including rural residents and also for populations identified in section 901(c); and
(2) develop databases and tools that provide information to States on the quality, access, and use of health care services provided to their residents.

(b) **QUALITY AND OUTCOMES INFORMATION.**—
(1) **IN GENERAL.**—Beginning in fiscal year 2001, the Director shall ensure that the survey conducted under subsection (a)(1) will—
(A) identify determinants of health outcomes and functional status, including the health care needs of populations identified in section 901(c), provide data to study the relationships between health care quality, outcomes, access, use, and cost, measure changes over time, and monitor the overall national impact of Federal and State policy changes on health care;
(B) provide information on the quality of care and patient outcomes for frequently occurring clinical conditions for a nationally representative sample of the population including rural residents; and
(C) provide reliable national estimates for children and persons with special health care needs through the use of supplements or periodic expansions of the survey.

In expanding the Medical Expenditure Panel Survey, as in existence on the date of the enactment of this title in fiscal year 2001 to collect information on the quality of care, the Director shall take into account any outcome measurements generally collected by private sector accreditation organizations.

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

Why is participation in MEPS so Important?



Medical Expenditure Panel Survey
MEPS