

Public Law 106 - 129
106th Congress

An Act

To amend title IX of the Public Health Service Act to revise and extend the Agency for Healthcare Policy and Research. Dec. 6, 1999

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, 18, 9991

SECTION 1. SHORT TITLE.

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

Healthcare Research and Quality Act of 1999. 42 USC 201 note.

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 Public Health Service an agency to be known as the Agency for Healthcare Research and Quality, which shall be headed by a Director appointed by the Secretary. The Secretary shall submit to the President for his or her approval a list of members of the Board of Directors.

(b) MISSION.—The purpose of the Agency is to enhance the quality, appropriateness, and effectiveness of health services and to increase patient access to such services through the establishment of a broad base of research and through the implementation of interventions in clinical and health system practices, including the development of standards and other health conditions. The Agency shall promote health care quality improvement by conducting and supporting—

(1) research that develops and presents scientific evidence regarding hospital and health care, including—

(A) the development and assessment of methods for enhancing patient participation in their own care and facilitating shared patient/physician decision-making;

(B) the outcomes, effectiveness, and cost-effectiveness of health care practices, including preventive services and long-term care;

(C) existing and innovative technologies;

(D) the costs and utilization of, and access to health care;

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

(F) methods for measuring quality and strategies for improving quality; and

(G) ways in which patients, consumers, purchasers, and practitioners acquire new information about best practices and health benefits, the determinants and impact of their use of this information;

(2) the synthesis of evidence for use by patients, consumers, purchasers, and practitioners;

(3) the identification of barriers to health care for underserved populations and individuals who need care.

(4) the identification of barriers to health care for underserved populations and individuals who need care.

(c) PROCESS 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;

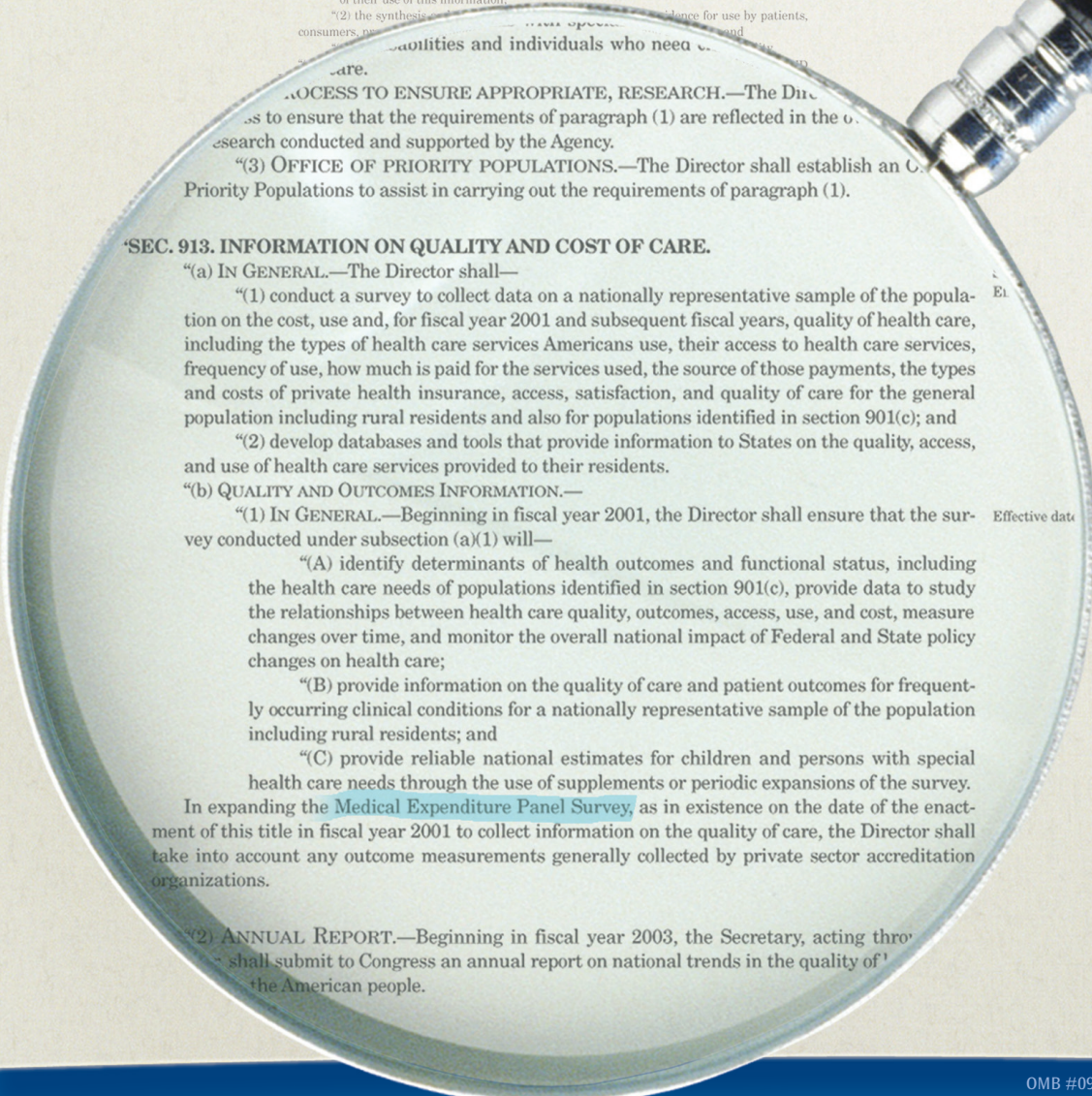
(B) provide information on the quality of care and patient outcomes for frequently occurring clinical conditions for a nationally representative sample of the population including rural residents; and

(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 Assistant Secretary for Health Policy and Statistics, 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