

116TH CONGRESS
1ST SESSION

H. R. 5295

To consolidate activities of the Agency for Healthcare Research and Quality into the National Institutes of Health as the National Institute for Research on Safety and Quality, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 4, 2019

Mr. MEADOWS introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To consolidate activities of the Agency for Healthcare Research and Quality into the National Institutes of Health as the National Institute for Research on Safety and Quality, and for other purposes.

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 “National Institute for
5 Research on Safety and Quality Act”.

1 **SEC. 2. CONSOLIDATING ACTIVITIES OF AGENCY FOR**
2 **HEALTHCARE RESEARCH AND QUALITY INTO**
3 **NATIONAL INSTITUTE FOR RESEARCH ON**
4 **SAFETY AND QUALITY.**

5 (a) ESTABLISHMENT OF INSTITUTE.—

6 (1) INCLUSION WITHIN NIH.—Section 401(b) of
7 the Public Health Service Act (42 U.S.C. 281(b)) is
8 amended—

9 (A) by redesignating paragraph (25) as
10 paragraph (26); and

11 (B) by inserting after paragraph (24) the
12 following:

13 “(25) National Institute for Research on Safety
14 and Quality.”.

15 (2) INCREASE OF CAP ON NUMBER OF INSTI-
16 TUTES.—Section 401(d)(1) of the Public Health
17 Service Act (42 U.S.C. 281(d)(1)) is amended by
18 striking “27” and inserting “28”.

19 (3) ESTABLISHMENT.—Part C of title IV of the
20 Public Health Service Act (42 U.S.C. 285 et seq.)
21 is amended by adding at the end the following:

22 **“Subpart 21—National Institute for Research on**
23 **Safety and Quality**

24 **“SEC. 464aa-1. PURPOSE OF INSTITUTE.**

25 “The general purpose of the National Institute for
26 Research on Safety and Quality (hereafter in this subpart

1 referred to as the ‘Institute’) is to enhance the quality,
2 appropriateness, and effectiveness of health services, and
3 access to such services, through the establishment of a
4 broad base of scientific research and through the pro-
5 motion of improvements in clinical and health system
6 practices, including the prevention of diseases and other
7 health conditions.

8 **“SEC. 464aa-2. PROMOTING HEALTH CARE QUALITY IM-**
9 **PROVEMENT.**

10 “The Director of the Institute shall promote health
11 care quality improvement by conducting and supporting—

12 “(1) research that develops and presents sci-
13 entific evidence regarding all aspects of health care,
14 including—

15 “(A) the development and assessment of
16 methods for enhancing patient participation in
17 their own care and for facilitating shared pa-
18 tient-physician decision making;

19 “(B) the outcomes, effectiveness, and cost-
20 effectiveness of health care practices, including
21 preventive measures and long-term care;

22 “(C) existing and innovative technologies;

23 “(D) the costs and utilization of, and ac-
24 cess to health care;

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

5 “(F) methods for measuring quality and
6 strategies for improving quality; and

7 “(G) ways in which patients, consumers,
8 purchasers, and practitioners acquire new infor-
9 mation about best practices and health benefits,
10 the determinants and impact of their use of this
11 information;

12 “(2) the synthesis and dissemination of avail-
13 able scientific evidence for use by patients, con-
14 sumers, practitioners, providers, purchasers, policy
15 makers, and educators; and

16 “(3) initiatives to advance private and public ef-
17 forts to improve health care quality.

18 **“SEC. 464aa-3. REQUIREMENTS WITH RESPECT TO RURAL**
19 **AND INNER-CITY AREAS AND PRIORITY POP-**
20 **ULATIONS.**

21 “(a) RESEARCH, EVALUATIONS, AND DEMONSTRA-
22 TION PROJECTS.—In carrying out this subpart, the Direc-
23 tor of the Institute shall conduct and support research and
24 evaluations, and support demonstration projects, with re-
25 spect to—

1 “(1) the delivery of health care in inner-city
2 areas, and in rural areas (including frontier areas);
3 and

4 “(2) health care for priority populations, which
5 shall include—

6 “(A) low-income groups;

7 “(B) minority groups;

8 “(C) women;

9 “(D) children;

10 “(E) the elderly; and

11 “(F) individuals with special health care
12 needs, including individuals with disabilities and
13 individuals who need chronic care or end-of-life
14 health care.

15 “(b) PROCESS TO ENSURE APPROPRIATE RE-
16 SEARCH.—The Director of the Institute shall establish a
17 process to ensure that the requirements of subsection (a)
18 are reflected in the overall portfolio of research conducted
19 and supported by the Director of National Institutes of
20 Health.”.

21 (b) TRANSFER OF AUTHORITY.—

22 (1) IN GENERAL.—Not later October 1, 2020,
23 the Secretary of Health and Human Services shall
24 begin to transfer to the National Institute for Re-
25 search on Safety and Quality the authorities (includ-

1 ing all budget authorities, available appropriations,
2 and personnel), duties, obligations, and related legal
3 and administrative functions prescribed by law or
4 otherwise granted to the Agency for Healthcare Re-
5 search and Quality under title IX of the Public
6 Health Service Act (42 U.S.C. 299 et seq.). The
7 Secretary shall complete such transfer not later than
8 October 1, 2021.

9 (2) CONFORMING REPEAL.—Effective on Octo-
10 ber 1, 2021, title IX of the Public Health Service
11 Act (42 U.S.C. 299 et seq.) is repealed.

12 (3) REFERENCES.—Any reference to the Agen-
13 cy for Healthcare Research and Quality in any law,
14 rule, regulation, certificate, directive, instruction, or
15 other official paper in force on the date of enactment
16 of this Act shall be considered to refer and apply to
17 the National Institute for Research on Safety and
18 Quality.

19 (4) AUTHORIZATION OF APPROPRIATIONS.—Of
20 the amount authorized to be appropriated under
21 subparagraph (F) of section 402A(a)(1) of the Pub-
22 lic Health Service Act (42 U.S.C. 282(a)(1)) for fis-
23 cal year 2020, the Secretary may use \$256,000,000
24 to carry out this subsection.

1 (c) EFFECTIVE DATE.—The amendments made by
2 this section shall take effect on October 1, 2019.

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