(2) training for health care practitioners and researchers in the use of information systems;
(3) the creation of effective linkages between various sources of health information, including the development of information networks;
(4) the delivery and coordination of evidence-based health care services, including the use of real-time health care decision-support programs;
(5) the utility and comparability of health information data and medical vocabularies by addressing issues related to the content, structure, definitions and coding of such information and data in consultation with appropriate Federal, State and private entities;
(6) the use of computer-based health records in all settings for the development of personal health records for individual health assessment and maintenance, and for monitoring public health and outcomes of care within populations; and
(7) the protection of individually identifiable information in health services research and health care quality improvement.

(b) Demonstration
The Agency shall support demonstrations into the use of new information tools aimed at improving shared decision-making between patients and their care-givers.

(c) Facilitating public access to information
The Director shall work with appropriate public and private sector entities to facilitate public access to information regarding the quality of and consumer satisfaction with health care.

(July 1, 1944, ch. 373, title IX, § 914, as added Pub. L. 106–129, § 2(a), Dec. 6, 1999, 113 Stat. 1658.)

Editorial Notes

Prior Provisions

§ 299b–4. Research supporting primary care and access in underserved areas

(a) Preventive Services Task Force

(1) Establishment and purpose
The Director shall convene an independent Preventive Services Task Force (referred to in this subsection as the “Task Force”) to be composed of individuals with appropriate expertise. Such Task Force shall review the scientific evidence related to the effectiveness, appropriateness, and cost-effectiveness of clinical preventive services for the purpose of developing recommendations for the health care community, and updating previous clinical preventive recommendations, to be published in the Guide to Clinical Preventive Services (referred to in this section as the “Guide”), for individuals and organizations delivering clinical services, including primary care professionals, health care systems, professional societies, employers, community organizations, non-profit organizations, Congress and other policy-makers, governmental public health agencies, health care quality organizations, and organizations developing national health objectives. Such recommendations shall consider clinical preventive best practice recommendations from the Agency for Healthcare Research and Quality, the National Institutes of Health, the Centers for Disease Control and Prevention, the Institute of Medicine, specialty medical associations, patient groups, and scientific societies.

(2) Duties
The duties of the Task Force shall include—
(A) the development of additional topic areas for new recommendations and interventions related to those topic areas, including those related to specific sub-populations and age groups;
(B) at least once during every 5-year period, review interventions and update recommendations related to existing topic areas, including new or improved techniques to assess the health effects of interventions;
(C) improved integration with Federal Government health objectives and related target setting for health improvement;
(D) the enhanced dissemination of recommendations;
(E) the provision of technical assistance to those health care professionals, agencies and organizations that request help in implementing the Guide’s recommendations; and
(F) the submission of yearly reports to Congress and related agencies identifying gaps in research, such as preventive services that receive an insufficient evidence statement, and recommending priority areas that deserve further examination, including areas related to populations and age groups not adequately addressed by current recommendations.

(3) Role of Agency
The Agency shall provide ongoing administrative, research, and technical support for the operations of the Task Force, including coordinating and supporting the dissemination of the recommendations of the Task Force, ensuring adequate staff resources and assistance to those organizations requesting it for implementation of the Guide’s recommendations.

(4) Coordination with Community Preventive Services Task Force
The Task Force shall take appropriate steps to coordinate its work with the Community Preventive Services Task Force and the Advisory Committee on Immunization Practices, including the examination of how each task force’s recommendations interact at the nexus of clinic and community.

(5) Operation
Operation. In carrying out the duties under paragraph (2), the Task Force is not subject to the provisions of Appendix 2 of title 5.

1So in original. Probably should be “review of”.
2So in original. Probably should be “updating of”.
3So in original. Probably should be “Guide’s”.
4So in original.
(6) Independence
All members of the Task Force convened under this subsection, and any recommendations made by such members, shall be independent and, to the extent practicable, not subject to political pressure.

(7) Authorization of appropriations
There are authorized to be appropriated such sums as may be necessary for each fiscal year to carry out the activities of the Task Force.

(b) Primary care research

(1) In general
There is established within the Agency a Center for Primary Care Research (referred to in this subsection as the “Center”) that shall serve as the principal source of funding for primary care practice research in the Department of Health and Human Services. For purposes of this paragraph, primary care research focuses on the first contact when illness or health concerns arise, the diagnosis, treatment or referral to specialty care, preventive care, and the relationship between the clinician and the patient in the context of the family and community.

(2) Research
In carrying out this section, the Center shall conduct and support research concerning—
(A) the nature and characteristics of primary care practice;
(B) the management of commonly occurring clinical problems;
(C) the management of undifferentiated clinical problems; and
(D) the continuity and coordination of health services.

(7) Authorization of appropriations
There are authorized to be appropriated such sums as may be necessary for each fiscal year to carry out the activities of the Task Force.

(c) Report
Not later than 1 year after December 21, 2000, and annually thereafter, the Secretary of Health and Human Services shall submit to Congress a report on the conclusions of the studies conducted under subsection (a), together with recommendations for such legislation and administrative actions as the Secretary considers appropriate.

Editorial Notes
CODIFICATION

Section was enacted as part of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000, and also as part of the Consolidated Appropriations Act, 2001, and not as part of the Public Health Service Act which comprises this chapter.

§ 299b–5. Health care practice and technology innovation

(a) In general
The Director shall promote innovation in evidence-based health care practices and technologies by—
(1) conducting and supporting research on the development, diffusion, and use of health care technology;
(2) developing, evaluating, and disseminating methodologies for assessments of health care practices and technologies;
(3) conducting intramural and supporting extramural assessments of existing and new health care practices and technologies;
(4) promoting education and training and providing technical assistance in the use of health care practice and technology assessment methodologies and results; and
(5) working with the National Library of Medicine and the public and private sector to develop an electronic clearinghouse of currently available assessments and those in progress.

(b) Specification of process

(1) In general
Not later than December 31, 2000, the Director shall develop and publish a description of the methods used by the Agency and its contractors for health care practice and technology assessment.

(2) Consultations
In carrying out this subsection, the Director shall cooperate and consult with the Assistant Secretary for Health, the Administrator of the Centers for Medicare & Medicaid Services, the Director of the National Institutes of Health, the Commissioner of Food and Drugs, and the heads of any other interested Federal department or agency, and shall seek input, where appropriate, from professional societies and other private and public entities.

(3) Methodology
The Director shall, in developing the methods used under paragraph (1), consider—