

110TH CONGRESS
1ST SESSION

S. 1226

To amend title XIX of the Social Security Act to establish programs to improve the quality, performance, and delivery of pediatric care.

IN THE SENATE OF THE UNITED STATES

APRIL 26, 2007

Mr. BAYH (for himself, Mr. HATCH, Mrs. LINCOLN, Mr. BINGAMAN, Mr. COLEMAN, and Mr. SALAZAR) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XIX of the Social Security Act to establish programs to improve the quality, performance, and delivery of pediatric care.

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 “Children’s Health Care
5 Quality Act”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) Children have unique health care needs and
9 experiences, which are often not comparable to adult

1 health care needs and experience, and they require
2 specialized medical expertise.

3 (2) The delivery of health care is increasingly
4 being transformed by the use of quality and per-
5 formance measures by consumers, insurers, and pro-
6 viders.

7 (3) A majority of public and private sector in-
8 vestments in the development of quality and per-
9 formance measures have focused on the experience
10 of adults, particularly the elderly.

11 (4) As a result, the supply of approved and
12 demonstrated quality measures for children's health
13 care, especially pediatric inpatient care, is limited.

14 (5) Growing numbers of insurers, as well as the
15 Medicaid program and the State Children's Health
16 Insurance Program (SCHIP), are using publicly
17 available measures, which means they have only lim-
18 ited options for measures of pediatric care.

19 (6) A 2006 national survey found that most
20 State Medicaid programs and SCHIP use largely
21 primary care measures for children, which have been
22 developed and selected as part of the measures
23 States use to fulfill requirements for evaluating
24 health plan performance, not provider performance,
25 under the Medicaid program.

1 (7) The Centers for Medicare & Medicaid Serv-
2 ices (CMS), through its administration of the Med-
3 icaid program and SCHIP, is the nation's largest
4 payer of health care for children, covering 1 in every
5 3 children and more than half of all infants in the
6 Nation. However, CMS lacks explicit authority and
7 has not committed resources to invest in the devel-
8 opment of quality and performance measures for
9 children commensurate to the magnitude of pediatric
10 care the agency pays for.

11 (8) Most States do not have a large enough
12 population of children upon which to develop appro-
13 priate measures, particularly for the treatment of se-
14 rious and complex conditions that only small num-
15 bers of children in any one state may experience.

16 (9) Quality and performance measures should
17 be evidence-based, approved for use through a recog-
18 nized national consensus development process, and
19 appropriate for public reporting, such as evidence-
20 based hospital measures endorsed by the National
21 Quality Forum and recommended for public report-
22 ing by the Hospital Quality Alliance on the Hospital
23 Compare tool on the website of the Department of
24 Health and Human Services.

1 rector of the Agency for Healthcare Research and Quality,
2 shall establish a program to encourage and support the
3 development of new and emerging quality and perform-
4 ance measures for providers of pediatric care through the
5 activities described in subsection (c). In establishing the
6 program, gaps in existing evidence-based measures and
7 priority areas for advancement shall be identified.

8 “(b) PURPOSE.—The purpose of the program is to
9 ensure that—

10 “(1) evidence-based pediatric quality and per-
11 formance measures are developed; and

12 “(2) such measures are available for States,
13 other purchasers of pediatric health care services,
14 health care providers, and consumers to use.

15 “(c) PROGRAM ACTIVITIES.—

16 “(1) IDENTIFYING QUALITY AND PERFORMANCE
17 MEASURES FOR PROVIDERS OF PEDIATRIC SERVICES
18 AND OPPORTUNITIES FOR NEW MEASURES.—Not
19 later than 3 months after the date of enactment of
20 this section, the Secretary shall identify quality and
21 performance measures for providers of pediatric
22 services and opportunities for the development of
23 new measures, taking into consideration existing evi-
24 dence-based measures. In conducting this review, the

1 Secretary shall convene and consult with representa-
2 tives of—

3 “(A) States;

4 “(B) pediatric hospitals, pediatricians, and
5 other pediatric health professionals;

6 “(C) national organizations representing—

7 “(i) consumers of children’s health
8 care; and

9 “(ii) purchasers of children’s health
10 care;

11 “(D) experts in pediatric quality and per-
12 formance measurement; and

13 “(E) a voluntary consensus standards set-
14 ting organization and other organizations in-
15 volved in the advancement of consensus on evi-
16 dence-based measures of health care.

17 “(2) DEVELOPING, VALIDATING, AND TESTING
18 NEW MEASURES.—The Secretary shall award grants
19 or contracts to eligible entities (as defined in sub-
20 section (d)(1)) for the development, validation, and
21 testing of new and emerging quality and perform-
22 ance measures for providers of pediatric services.
23 Such measures shall—

24 “(A) provide consumers and purchasers
25 (including States and beneficiaries under the

1 program under this title and title XXI) with in-
2 formation about provider performance and qual-
3 ity; and

4 “(B) assist health care providers in im-
5 proving the quality of the items and services
6 they provide and their performance with respect
7 to the provision of such items and services.

8 “(3) ACHIEVING CONSENSUS ON EVIDENCE-
9 BASED MEASURES.—The Secretary shall award
10 grants or contracts to eligible consensus entities (as
11 defined in subsection (d)(2)) for the development of
12 consensus on evidence-based measures for pediatric
13 care that have broad acceptability in the health care
14 industry.

15 “(d) ELIGIBLE ENTITIES.—

16 “(1) DEVELOPMENT, VALIDATION, AND TEST-
17 ING.—For purposes of paragraph (2) of subsection
18 (c), the term ‘eligible entity’ means—

19 “(A) organizations with demonstrated ex-
20 pertise and capacity in the development and
21 evaluation of pediatric quality and performance
22 measures;

23 “(B) an organization or association of
24 health care providers with demonstrated experi-
25 ence in working with accrediting organizations

1 in developing pediatric quality and performance
2 measures; and

3 “(C) a collaboration of national pediatric
4 organizations working to improve pediatric
5 quality and performance measures.

6 “(2) ACHIEVEMENT OF CONSENSUS.—For pur-
7 poses of paragraph (3) of such subsection, the term
8 ‘eligible consensus entity’ means an organization, in-
9 cluding a voluntary consensus standards setting or-
10 ganization, involved in the advancement of consensus
11 on evidence-based measures of health care.

12 “(e) ONGOING AUTHORITY TO UPDATE AND ADJUST
13 PEDIATRIC MEASURES.—The Secretary may update and
14 adjust measures developed and advanced under the pro-
15 gram under this section in accordance with—

16 “(1) any changes that a voluntary consensus
17 standards setting organization determines should be
18 made with respect to such measures; or

19 “(2) new evidence indicating the need for
20 changes with respect to such measures.

21 “(f) ADDITION OF PEDIATRIC CONSUMER ASSESS-
22 MENT MEASURES TO CAHPS HOSPITAL SURVEY CON-
23 DUCTED BY AHRQ.—The Director of the Agency for
24 Healthcare Research and Quality shall ensure that con-
25 sumer assessment measures for hospital services for chil-

1 dren are added to the Consumer Assessment of Healthcare
 2 Providers and Systems (CAHPS) Hospital survey con-
 3 ducted by such Agency.

4 “(g) APPROPRIATION.—There are authorized to be
 5 appropriated and there are appropriated, for the purpose
 6 of carrying out this section, \$10,000,000, for each of fiscal
 7 years 2008 through 2012, to remain available until ex-
 8 pended.”.

9 **TITLE II—STATE TRANS-**
 10 **FORMATION GRANTS FOR PE-**
 11 **DIATRIC CARE**

12 **SEC. 201. GRANTS TO STATES FOR DEMONSTRATION**
 13 **PROJECTS TRANSFORMING DELIVERY OF PE-**
 14 **DIATRIC CARE.**

15 Title XIX of the Social Security Act (42 U.S.C. 1396
 16 et seq.), as amended by section 101, is amended by insert-
 17 ing after section 1939 the following:

18 “GRANTS TO STATE FOR DEMONSTRATION PROJECTS
 19 TRANSFORMING DELIVERY OF PEDIATRIC CARE

20 “SEC. 1940. (a) ESTABLISHMENT.—The Secretary,
 21 acting through the Administrator of the Centers for Medi-
 22 care & Medicaid Services, shall establish demonstration
 23 projects, including demonstration projects in each of the
 24 4 categories described in subsection (d), to award grants
 25 to States to improve the delivery of health care services
 26 provided to children under this title and title XXI.

1 “(b) DURATION.—The demonstration projects shall
2 be conducted for a period of 4 years.

3 “(c) ELIGIBILITY.—A State shall not be eligible to
4 receive a grant under this section unless the State has
5 demonstrated experience or commitment to the concept of
6 transformation in the delivery of pediatric care.

7 “(d) CATEGORIES OF PROJECTS.—The following cat-
8 egories of projects are described in this subsection:

9 “(1) HEALTH INFORMATION TECHNOLOGY SYS-
10 TEMS.—Projects for developing health information
11 technology systems, including technology acquisition,
12 electronic health record development, data standards
13 development, and software development, for pediatric
14 hospital and physician services and other commu-
15 nity-based services; implementing model systems;
16 and evaluating their impact on the quality, safety,
17 and costs of care.

18 “(2) DISEASE MANAGEMENT.—Projects for pro-
19 viding provider-based care disease management for
20 children with chronic conditions (including physical,
21 developmental, behavioral, and psychological condi-
22 tions), demonstrating the effectiveness of provider-
23 based management models in promoting better care,
24 reducing adverse health outcomes, and preventing
25 avoidable hospitalizations.

1 “(3) EVIDENCE-BASED QUALITY IMPROVE-
2 MENTS.—Projects for implementing evidence-based
3 approaches to improving efficiency, safety, and effec-
4 tiveness in the delivery of hospital care for children
5 across hospital services, evaluating the translation of
6 successful models of such evidence-based approaches
7 to other institutions, and the impact of such changes
8 on the quality, safety, and costs of care.

9 “(4) QUALITY AND PERFORMANCE MEASURES
10 FOR PROVIDERS OF CHILDREN’S HEALTH CARE
11 SERVICES.—Projects to pilot test evidence-based pe-
12 diatric quality and performance measures for inpa-
13 tient hospital services, physician services, or services
14 of other health professionals, determining the reli-
15 ability, feasibility, and validity of such measures,
16 and evaluating their potential impact on improving
17 the quality and delivery of children’s health care. To
18 the extent feasible, such measures shall have been
19 approved by consensus standards setting organiza-
20 tions.

21 “(e) UNIFORM METRICS.—The Secretary shall estab-
22 lish uniform metrics (adjusted, as appropriate, for patient
23 acuity), collect data, and conduct evaluations with respect
24 to each demonstration project category described in sub-
25 section (d). In establishing such metrics, collecting such

1 data, and conducting such evaluations, the Secretary shall
2 consult with—

3 “(1) experts in each such demonstration project
4 category;

5 “(2) participating States;

6 “(3) national pediatric provider organizations;

7 “(4) health care consumers; and

8 “(5) such other entities or individuals with rel-
9 evant expertise as the Secretary determines appro-
10 priate.

11 “(f) EVALUATION AND REPORT.—The Secretary
12 shall evaluate the demonstration projects conducted under
13 this section and submit a report to Congress not later than
14 3 months before the completion of each demonstration
15 project that includes the findings of the evaluation and
16 recommendations with respect to—

17 “(1) expansion of the demonstration project to
18 additional States and sites; and

19 “(2) the broader implementation of approaches
20 identified as being successful in advancing quality
21 and performance in the delivery of medical assist-
22 ance provided to children under this title and title
23 XXI.

1 “(g) WAIVER.—The Secretary may waive the require-
2 ments of this title and title XXI to the extent necessary
3 to carry out the demonstration projects under this section.

4 “(h) AMOUNTS PAID TO A STATE.—Amounts paid to
5 a State under this section—

6 “(1) shall be in addition to Federal payments
7 made to the State under section 1903(a);

8 “(2) shall not be used for the State share of
9 any expenditures claimed for payment under such
10 section; and

11 “(3) shall be used only for expenditures of the
12 State for participating in the demonstration
13 projects, or for expenditures of providers in partici-
14 pating in the demonstration projects, including—

15 “(A) administrative costs of States and
16 participating providers (such as costs associated
17 with the design and evaluation of, and data col-
18 lection under, the demonstration projects); and

19 “(B) such other expenditures that are not
20 otherwise eligible for reimbursement under this
21 title or title XXI as the Secretary may deter-
22 mine appropriate.

23 “(i) APPROPRIATION.—There are authorized to be
24 appropriated and there are appropriated, for the purpose
25 of carrying out this section, to remain available until ex-

1 pended \$10,000,000 for each of fiscal years 2008 through
2 2012.”.

3 **SEC. 202. REPORT BY THE COMPTROLLER GENERAL ON DE-**
4 **SIGN AND IMPLEMENTATION OF A DEM-**
5 **ONSTRATION PROJECT EVALUATING EXIST-**
6 **ING QUALITY AND PERFORMANCE MEASURES**
7 **FOR CHILDREN’S INPATIENT HOSPITAL**
8 **SERVICES.**

9 (a) IN GENERAL.—Not later than 12 months after
10 the date of enactment of this Act, the Comptroller General
11 of the United States (in this section referred to as the
12 “Comptroller General”) shall submit a report to Congress
13 containing recommendations for the design and implemen-
14 tation of a demonstration project to evaluate the suit-
15 ability of existing quality and performance measures for
16 children’s inpatient hospital services for public reporting,
17 differentiating quality, identifying best practices, and pro-
18 viding a basis for payment rewards.

19 (b) DEVELOPMENT OF RECOMMENDATIONS.—In de-
20 veloping the recommendations submitted under subsection
21 (a), the Comptroller General shall accomplish the fol-
22 lowing:

23 (1) Consider which agency within the Depart-
24 ment of Health and Human Services should have

1 primary responsibility and oversight for such a dem-
2 onstration project.

3 (2) Determine a sufficient number of partici-
4 pating hospitals and volume of children's cases,
5 given existing measures that might be chosen for
6 evaluation under such a demonstration project.

7 (3) Determine the number of States and variety
8 of geographic locations that may be required to con-
9 duct such a demonstration project.

10 (4) Describe alternatives for administering and
11 directing funding for such a demonstration project,
12 taking into consideration the potential involvement
13 of multiple States, State plans under title XIX of
14 the Social Security Act (42 U.S.C. 1396 et seq.),
15 and State child health plans under title XXI of such
16 Act (42 U.S.C. 1397aa et seq.). Such description
17 shall be included in the recommendations submitted
18 under subsection (a).

19 (5) Determine requirements for consistency in
20 measures, metrics, and risk adjustment for such a
21 demonstration project, across hospitals and across
22 State lines.

23 (6) Consider the infrastructure requirements in-
24 volved in public reporting of quality and perform-
25 ance measures for children's inpatient hospital serv-

1 ices at the national and State levels, including the
 2 requirements involved with respect to maintaining
 3 such measures and data.

4 (7) Estimate the cost of undertaking such a
 5 demonstration project.

6 (c) SUGGESTION OF EXISTING MEASURES FOR EVAL-
 7 UATION UNDER THE DEMONSTRATION PROJECT.—

8 (1) IN GENERAL.—The report submitted under
 9 subsection (a) shall include suggestions for existing
 10 measures to be evaluated under the demonstration
 11 project recommended in such report, including, to
 12 the extent feasible, measures with respect to—

13 (A) high volume pediatric inpatient condi-
 14 tions;

15 (B) high cost pediatric inpatient services;

16 (C) pediatric conditions with predicted
 17 high morbidities; and

18 (D) pediatric cases at high risk of patient
 19 safety failures.

20 (2) SUGGESTED MEASURES.—The measures
 21 suggested under paragraph (1) shall be measures
 22 representing process, structure, patient outcomes, or
 23 patient and family experience—

24 (A) that are evidence-based;

25 (B) that are feasible to collect and report;

1 (C) that include a mechanism for risk ad-
2 justment when necessary; and

3 (D) for which there is a consensus within
4 the pediatric hospital community or a consensus
5 determined by a voluntary consensus standards
6 setting organization involved in the advance-
7 ment of evidence-based measures of health care.

8 (3) CONSULTATION.—In determining the exist-
9 ing measures suggested under paragraph (1), the
10 Comptroller General shall consult with representa-
11 tives of the following:

12 (A) National associations of pediatric hos-
13 pitals and pediatric health professionals.

14 (B) Experts in pediatric quality and per-
15 formance measurement.

16 (C) Voluntary consensus standards setting
17 organizations and other organizations involved
18 in the advancement of consensus on evidence-
19 based measures.

20 (D) The Department of Health and
21 Human Services, States, and other purchasers
22 of health care items and services.

○