

111TH CONGRESS
1ST SESSION

S. 314

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

JANUARY 26, 2009

Mr. HATCH 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”.

1 **TITLE I—ADVANCING NEW**
 2 **QUALITY AND PERFORMANCE**
 3 **MEASURES FOR CHILDREN’S**
 4 **HEALTH CARE**

5 **SEC. 101. PEDIATRIC QUALITY AND PERFORMANCE MEAS-**
 6 **URES PROGRAM.**

7 Title XIX of the Social Security Act (42 U.S.C. 1396
 8 et seq.) is amended by adding at the end the following:

9 “PEDIATRIC QUALITY AND PERFORMANCE MEASURES
 10 PROGRAM

11 “SEC. 1942. (a) ESTABLISHMENT.—The Secretary,
 12 acting through the Administrator of the Centers for Medi-
 13 care & Medicaid Services and in consultation with the Di-
 14 rector of the Agency for Healthcare Research and Quality,
 15 shall establish a program to encourage and support the
 16 development of new and emerging quality and perform-
 17 ance measures for providers of pediatric care and the in-
 18 corporation of such measures into systemic approaches to
 19 improve care and outcomes for children through the activi-
 20 ties described in subsection (c). In establishing the pro-
 21 gram, gaps in existing evidence-based measures and pri-
 22 ority areas for advancement shall be identified.

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

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

3 “(2) such measures are available for States,
4 other purchasers of pediatric health care services,
5 health care providers, and consumers to use; and

6 “(3) technical assistance is provided to assist
7 with the implementation of such measures.

8 “(c) PROGRAM ACTIVITIES.—

9 “(1) IDENTIFYING QUALITY AND PERFORMANCE
10 MEASURES FOR PROVIDERS OF PEDIATRIC SERVICES
11 AND OPPORTUNITIES FOR NEW MEASURES.—Not
12 later than 3 months after the date of enactment of
13 this section, the Secretary shall identify quality and
14 performance measures for providers of pediatric
15 services and opportunities for the development of
16 new measures, taking into consideration existing evi-
17 dence-based measures. In conducting this review, the
18 Secretary shall convene and consult with representa-
19 tives of—

20 “(A) States;

21 “(B) pediatric hospitals, pediatricians, and
22 other pediatric health professionals;

23 “(C) national organizations representing—

24 “(i) consumers of children’s health
25 care; and

1 “(ii) purchasers of children’s health
2 care;

3 “(D) experts in pediatric quality and per-
4 formance measurement; and

5 “(E) a voluntary consensus standards set-
6 ting organization and other organizations in-
7 volved in the advancement of consensus on evi-
8 dence-based measures of health care.

9 “(2) DEVELOPING, VALIDATING, AND TESTING
10 NEW MEASURES.—The Secretary shall award grants
11 or contracts to eligible entities (as defined in sub-
12 section (d)(1)) for the development, validation, and
13 testing of new and emerging quality and perform-
14 ance measures for providers of pediatric services.
15 Such measures shall—

16 “(A) provide consumers and purchasers
17 (including States and beneficiaries under the
18 program under this title and title XXI) with in-
19 formation about provider performance and qual-
20 ity; and

21 “(B) assist health care providers in im-
22 proving the quality of the services they provide
23 and their performance with respect to the provi-
24 sion of such services.

1 “(3) ACHIEVING CONSENSUS ON EVIDENCE-
2 BASED MEASURES.—The Secretary shall award
3 grants or contracts to eligible consensus entities (as
4 defined in subsection (d)(2)) for the development of
5 consensus on evidence-based measures for pediatric
6 care that have broad acceptability in the health care
7 industry.

8 “(d) ELIGIBLE ENTITIES.—

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

12 “(A) organizations with demonstrated ex-
13 pertise and capacity in the development and
14 evaluation of pediatric quality and performance
15 measures;

16 “(B) an organization or association of
17 health care providers with demonstrated experi-
18 ence in working with accrediting organizations
19 in developing pediatric quality and performance
20 measures; and

21 “(C) a collaboration of national pediatric
22 organizations working to improve pediatric
23 quality and performance in the delivery of chil-
24 dren’s health care.

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

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

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

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

16 “(f) ADDITION OF PEDIATRIC CONSUMER ASSESS-
17 MENT MEASURES TO CAHPS HOSPITAL SURVEY CON-
18 DUCTED BY AHRQ.—The Director of the Agency for
19 Healthcare Research and Quality shall ensure that con-
20 sumer assessment measures for hospital services for chil-
21 dren are added to the Consumer Assessment of Healthcare
22 Providers and Systems (CAHPS) Hospital survey con-
23 ducted by such Agency.

24 “(g) APPROPRIATION.—There are authorized to be
25 appropriated and there are appropriated, for the purpose

1 of carrying out this section, \$10,000,000, for each of fiscal
 2 years 2009 through 2013, to remain available until ex-
 3 pended.”.

4 **TITLE II—STATE TRANSFORMA-**
 5 **TION GRANTS FOR PEDIAT-**
 6 **RIC CARE**

7 **SEC. 201. GRANTS TO STATES FOR DEMONSTRATION**
 8 **PROJECTS TRANSFORMING DELIVERY OF PE-**
 9 **DIATRIC CARE.**

10 Title XIX of the Social Security Act (42 U.S.C. 1396
 11 et seq.), as amended by section 101, is amended by adding
 12 at the end the following:

13 “GRANTS TO STATE FOR DEMONSTRATION PROJECTS
 14 TRANSFORMING DELIVERY OF PEDIATRIC CARE

15 “SEC. 1943. (a) ESTABLISHMENT.—The Secretary,
 16 acting through the Administrator of the Centers for Medi-
 17 care & Medicaid Services, shall establish demonstration
 18 projects, including demonstration projects in multiple
 19 States in each of the 4 categories described in subsection
 20 (d), to award grants to States to improve the delivery of
 21 health care services provided to children under this title
 22 and title XXI.

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

25 “(c) ELIGIBILITY.—A State shall not be eligible to
 26 receive a grant under this section unless the State has

1 demonstrated experience or commitment to the concept of
2 transformation in the delivery of pediatric care.

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

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

14 “(2) DISEASE MANAGEMENT.—Projects for pro-
15 viding provider-based care management for children
16 with chronic conditions (including physical, develop-
17 mental, behavioral, and psychological conditions),
18 demonstrating the effectiveness of provider-based
19 management models in promoting better care, reduc-
20 ing adverse health outcomes, and preventing avoid-
21 able hospitalizations.

22 “(3) EVIDENCE-BASED QUALITY IMPROVE-
23 MENTS.—Projects for implementing evidence-based
24 approaches to improving efficiency, safety, and effec-
25 tiveness in the delivery of hospital care for children

1 across hospital services, evaluating the translation of
2 successful models of such evidence-based approaches
3 to other institutions, and the impact of such changes
4 on the quality, safety, and costs of care.

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

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

24 “(1) experts in each such demonstration project
25 category;

1 “(2) participating States;

2 “(3) national pediatric provider organizations;

3 “(4) health care consumers; and

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

7 “(f) EVALUATION AND REPORT.—The Secretary
8 shall evaluate the demonstration projects conducted under
9 this section and submit a report to Congress not later than
10 3 months before the completion of each demonstration
11 project that includes the findings of the evaluation and
12 recommendations with respect to—

13 “(1) expansion of the demonstration project to
14 additional States and sites; and

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

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

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

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

3 “(2) shall not be used for the State share of
4 any expenditures claimed for payment under such
5 section; and

6 “(3) shall be used only for expenditures of the
7 State for participating in the demonstration
8 projects, or for expenditures of providers in partici-
9 pating in the demonstration projects, including—

10 “(A) administrative costs of States and
11 participating providers (such as costs associated
12 with the design and evaluation of, and data col-
13 lection under, the demonstration projects); and

14 “(B) such other expenditures that are not
15 otherwise eligible for reimbursement under this
16 title or title XXI as the Secretary may deter-
17 mine appropriate.

18 “(i) APPROPRIATION.—There are authorized to be
19 appropriated and there are appropriated, for the purpose
20 of carrying out this section, to remain available until ex-
21 pended \$10,000,000 for each of fiscal years 2009 through
22 2013.”.

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

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

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

21 (1) Consider which agency within the Depart-
22 ment of Health and Human Services should have
23 primary responsibility and oversight for such a dem-
24 onstration project.

25 (2) Determine a sufficient number of partici-
26 pating hospitals and volume of children’s cases,

1 given existing measures that might be chosen for
2 evaluation under such a demonstration project.

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

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

15 (5) Determine requirements for consistency in
16 measures, metrics, and risk adjustment for such a
17 demonstration project, across hospitals and across
18 State lines.

19 (6) Consider the infrastructure requirements in-
20 volved in public reporting of quality and perform-
21 ance measures for children's inpatient hospital serv-
22 ices at the national and State levels, including the
23 requirements involved with respect to maintaining
24 such measures and data.

1 (7) Estimate the cost of undertaking such a
2 demonstration project.

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

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

10 (A) high volume pediatric inpatient condi-
11 tions;

12 (B) high cost pediatric inpatient services;

13 (C) pediatric conditions with predicted
14 high morbidities; and

15 (D) pediatric cases at high risk of patient
16 safety failures.

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

21 (A) that are evidence-based;

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

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

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

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

10 (A) National associations of pediatric hos-
11 pitals and pediatric health professionals.

12 (B) Experts in pediatric quality and per-
13 formance measurement.

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

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

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