

Stacy -
This is for
Chris - Mitchell
Bill Conroy
on Title 5
"Quality"

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DISCUSSION DRAFT

1 **Subtitle A—Quality Management**
2 **and Improvement**

3 **SEC. 5001. NATIONAL QUALITY COUNCIL.**

4 (a) **ESTABLISHMENT.**—Not later than 1 year after
5 the date of enactment of this Act, the Secretary of Health
6 and Human Services shall establish a council to be known
7 as the National Quality Council to oversee a program of
8 quality management and improvement designed to en-
9 hance the quality, appropriateness, and effectiveness of
10 health care services and access to such services.

11 (b) **APPOINTMENT.**—The National Quality Council
12 shall consist of 15 members appointed by the President,
13 with the advice and consent of the Senate, who are broadly
14 representative of the population of the United States and
15 shall include the following:

16 (1) Individuals and health care providers distin-
17 guished in the fields of medicine, public health,
18 health care quality, and related fields of health serv-
19 ices research. Such members shall constitute at least
20 one-third of the Council's membership.

21 (2) Individuals representing consumers of
22 health care services. Such members shall constitute
23 at least one-third of the Council's membership.

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1 (3) Other individuals representing purchasers of
2 health care, health plans, States, and nationally rec-
3 ognized health care accreditation organizations.

4 (e) DUTIES.—The National Quality Council shall—

5 (1) develop national goals and performance
6 measures of quality;

7 (2) develop uniform quality goals and perform-
8 ance measures for plans;

9 (3) design and oversee national surveys of plans
10 and consumers;

11 (4) design and oversee the production of
12 Consumer Report Cards;

13 (5) establish and oversee Quality Improvement
14 Foundations;

15 (6) establish and oversee State Offices of
16 Consumer Information and Advocacy; and

17 (7) evaluate the impact of the implementation
18 of this Act on the quality of health care services in
19 the United States and the access of consumers to
20 such services.

21 (d) CONSULTATION.—In carrying out these duties,
22 the National Quality Council shall establish a process of
23 consultation with appropriate interested parties.

24 (e) TERMS.—

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1 (1) IN GENERAL.—Except as provided in para-
2 graph (2), members of the Council shall serve for a
3 term of 4 years.

4 (2) STAGGERED ROTATION.—Of the members
5 first appointed to the Council under subsection (b),
6 the President shall appoint members to serve for a
7 term of between 1 and 4 years so that no more than
8 one third of the Council seats are vacated each year.

9 (3) SERVICE BEYOND TERM.—A member of the
10 Council may continue to serve after the expiration of
11 the term of the member until a successor is ap-
12 pointed.

13 (f) VACANCIES.—If a member of the Council does not
14 serve the full term applicable under subsection (e), the in-
15 dividual appointed to fill the resulting vacancy shall be ap-
16 pointed for the remainder of the term of the predecessor
17 of the individual.

18 (g) CHAIR.—The President shall designate an indi-
19 vidual to serve as the chair of the Council.

20 (h) MEETINGS.—The Council shall meet not less than
21 once during each 4-month period and shall otherwise meet
22 at the call of the President or the chair.

23 (i) COMPENSATION AND REIMBURSEMENT OF EX-
24 PENSES.—Members of the Council shall receive compensa-
25 tion for each day (including travel time) engaged in carry-

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1 ing out the duties of the Council. Such compensation may
2 not be in an amount in excess of the maximum rate of
3 basic pay payable for level IV of the Executive Schedule
4 under section 5315 of title 5, United States Code.

5 (j) CONFLICTS OF INTEREST.—Members of the
6 Council shall disclose upon appointment to the Council or
7 at any subsequent time that it may occur, conflicts of in-
8 terest.

9 (k) STAFF.—The Secretary of Health and Human
10 Services shall provide to the Council such staff, informa-
11 tion, and other assistance as may be necessary to carry
12 out the duties of the Council.

13 (l) HEALTH CARE PROVIDER.—For purposes of this
14 subtitle, the term “health care provider” means an individ-
15 ual who, or entity that, provides an item or service to an
16 individual that is covered under the health plan (as de-
17 fined in section 1111) in which the individual is enrolled.

18 **SEC. 5002. NATIONAL GOALS AND PERFORMANCE MEAS-**
19 **URES OF QUALITY.**

20 (a) IN GENERAL.—The National Quality Council
21 shall develop a set of national quality goals and perform-
22 ance measures of quality for both the general population
23 and for population subgroups defined by demographic
24 characteristics and health status. The goals and measures
25 shall incorporate standards identified by the Secretary of

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1 Health and Human Services for meeting public health ob-
2 jectives utilizing, but not limited to, goals delineated in
3 Healthy People 2000.

4 (b) SUBJECT OF MEASURES.—National measures of
5 quality performance shall be developed under subsection
6 (a) in a manner that provides statistical and other infor-
7 mation on at least the following subjects:

8 (1) Outcomes of health care services and proce-
9 dures.

10 (2) Population health status.

11 (3) Health promotion.

12 (4) Prevention of diseases, disorders, and other
13 health conditions.

14 (5) Access to care and appropriateness of care.

15 **SEC. 5003. STANDARDS AND PERFORMANCE MEASURES**
16 **FOR HEALTH PLANS.**

17 (a) IN GENERAL.—The National Quality Council
18 shall establish national standards and performance meas-
19 ures for health plans, which may be used to assess the
20 provision of health care services and access to such serv-
21 ices, both for the general population and population
22 subgroups defined by demographic characteristics and
23 health status. In subject matter areas with which the Na-
24 tional Quality Council determines that sufficient informa-
25 tion and consensus exist, the Council shall establish goals

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1 for performance by health plans consistent with the na-
2 tional goals and performance measures established under
3 section 5002. Quality measures under this section shall
4 relate, at a minimum, to:

5 (1) Access to health care services by consumers,
6 including provider to patient ratios, waiting times
7 for appointments, travel distances, and community
8 involvement and outreach.

9 (2) Appropriateness of health care services, in-
10 cluding failure to provide appropriate services and
11 continuity of care.

12 (3) Consumer satisfaction with care and compli-
13 ance with members rights, including disenrollment,
14 referral, patterns of claims denials and out-of-net-
15 work utilization patterns.

16 (4) Quality improvement and accountability, in-
17 cluding demonstrating that the plan can continu-
18 ously monitor and improve the quality of health care
19 provided.

20 (5) Documenting provider credentialing and
21 competency.

22 (6) Management of clinical, and administrative
23 and financial information.

24 (7) Utilization management, including criteria
25 for monitoring underutilization, techniques and pro-

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1 vider feedback to minimize interference with the pro-
2 vider-patient relationship, and supervision of utiliza-
3 tion determinations by qualified medical profes-
4 sionals.

5 (b) CERTIFICATION OF PLANS.—The National Qual-
6 ity Council shall provide information and technical assist-
7 ance to the Board and the States concerning the use of
8 national standards and performance measures developed
9 under this section for State certification of health plans.

10 **SEC. 5004. PLAN DATA ANALYSIS AND CONSUMER SURVEYS.**

11 (a) IN GENERAL.—The National Quality Council
12 shall conduct (either directly or through contract) periodic
13 surveys of health care consumers and plans to gather in-
14 formation concerning the quality measures established
15 under sections 5002 and 5003. The surveys shall monitor
16 consumer reaction to the implementation of this Act and,
17 in coordination with relevant data from health plans and
18 other sources, be designed to assess the impact of this Act
19 both for the general population of the United States and
20 for populations vulnerable to discrimination or to receiving
21 inadequate care due to health status, demographic charac-
22 teristics, or geographic location.

23 (b) SURVEY ADMINISTRATION AND DATA ANALY-
24 SIS.—The National Quality Council shall approve a stand-
25 ard design for the consumer surveys and sampling of rel-

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1 event plan data described in subsection (a) which shall be
2 administered by the Administrator for Health Care Policy
3 and Research or such other appropriate entity as the
4 Council shall designate on a plan-by-plan and State-by-
5 State basis. Sufficient consumer survey and plan data
6 shall be collected and verified to provide for reliable and
7 valid analysis. A State may add survey questions on qual-
8 ity measures of local interest to surveys conducted in the
9 State. The plan-level survey shall include a subset of
10 consumer survey responses related to consumer satisfac-
11 tion, perceived health status, access, and such other survey
12 items designated by the Council.

13 (c) SAMPLING STRATEGIES.—The National Quality
14 Council shall approve sampling strategies under sub-
15 section (a) that ensure that appropriate survey samples
16 adequately measure populations that are considered to be
17 at risk of receiving inadequate health care or may be dif-
18 ficult to reach through consumer-sampling methods, in-
19 cluding individuals who—

20 (1) fail to enroll in a health plan;

21 (2) resign from a plan; or

22 (3) are vulnerable to discrimination or to receiv-
23 ing inadequate care due to health status, demo-
24 graphic characteristics, or geographic location.

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1 (d) SURVEY INTEGRATION.—To the extent feasible,
2 the consumer and plan surveys developed under this sec-
3 tion shall be integrated with existing Federal surveys.

4 **SEC. 5005. EVALUATION AND REPORTING OF QUALITY PER-**
5 **FORMANCE.**

6 (a) HEALTH PLAN REPORTS.—Each State annually
7 shall publish and make available to the public and the
8 Consumer Information and Advocacy Office a perform-
9 ance report, in a standard format designated by the Na-
10 tional Quality Council, outlining the performance of each
11 health plan offered in the State with respect to the set
12 of national measures of quality performance developed
13 under sections 5002 and 5003. The report shall include—

14 (1) the results of a smaller number of such
15 measures for health care providers if the available
16 information is statistically meaningful; and

17 (2) the results of consumer surveys described in
18 section 5004 that were conducted in the State dur-
19 ing the year that is the subject of the report and be
20 based on the data collected and analyzed in section
21 5004.

22 (b) CONSUMER REPORT CARDS.—The health plan re-
23 ports under subsection (a) shall be summarized in a
24 consumer report card as specified by the National Quality
25 Council and made available by the State through the

1 Consumer Information and Advocacy Offices to all individ-
2 uals in the State.

3 (c) QUALITY REPORTS.—The National Quality Coun-
4 cil annually shall provide recommendations to the Con-
5 gress, the National Health Benefits Board, and the Sec-
6 retary in the form of a summary report that—

7 (1) outlines in a standard format the perform-
8 ance of each State;

9 (2) discusses State-level and national trends re-
10 lating to health care quality; and

11 (3) presents data for each State from health
12 plan reports and consumer surveys that were con-
13 ducted during the year that is the subject of the re-
14 port.

15 (d) STATE REPORTS.—The National Quality Council
16 shall assist each State in annually developing a summary
17 report that—

18 (1) outlines in a standard format the perform-
19 ance of each health plan;

20 (2) discusses State-level trends relating to
21 health care quality; and

22 (3) presents data for each health plan from
23 health plan reports and consumer surveys that were
24 conducted during the year that is the subject of the
25 report.

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1 **SEC. 5006. DEVELOPMENT AND DISSEMINATION OF PRAC-**
2 **TICE GUIDELINES.**

3 (a) **DEVELOPMENT OF GUIDELINES.**—The National
4 Quality Council may advise the Secretary and the Admin-
5 istrator for Health Care Policy and Research concerning
6 priorities for the development and periodic review and up-
7 dating of clinically relevant guidelines established under
8 section 912 of the Public Health Service Act.

9 (b) **HEALTH SERVICE UTILIZATION PROTOCOLS.**—
10 The National Quality Council shall establish standards
11 and procedures for evaluating the clinical appropriateness
12 of protocols used to manage health service utilization.

13 **SEC. 5007. RESEARCH ON HEALTH CARE QUALITY.**

14 The National Quality Council may make rec-
15 ommendations to the Secretary and the Administrator for
16 Agency for Health Care Policy and Research concerning
17 priorities for research with respect to the quality, appro-
18 priateness, and effectiveness of health care.

19 **SEC. 5008. QUALITY IMPROVEMENT FOUNDATIONS.**

20 (a) **ESTABLISHMENT.**—The National Quality Council
21 shall oversee the operation of quality improvement founda-
22 tions in performing the duties specified in subsection (c).

23 (b) **STRUCTURE AND MEMBERSHIP.**—

24 (1) **GRANT PROCESS.**—The Secretary, in con-
25 sultation with the Council, shall, through a competi-
26 tive grantmaking process, award grants for the es-

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1 establishment and operation of a quality improvement
2 foundation in each State or region (as defined in
3 subsection (b)(2)).

4 (2) ESTABLISHMENT OF GEOGRAPHIC AREAS.—

5 The Secretary shall establish throughout the United
6 States geographic areas with respect to which grants
7 under this section will be made. In establishing such
8 areas, the Secretary shall take into account the fol-
9 lowing criteria:

10 (A) STATE AREAS.—Each State shall gen-
11 erally be designated as a geographic area for
12 purposes of this paragraph.

13 (B) MULTI-STATE AREAS.—The Secretary
14 may establish geographic areas comprised of
15 multiple contiguous States only where the the
16 Secretary determines that volume of activity or
17 other relevant factors justifies such an estab-
18 lishment.

19 (3) ELIGIBLE APPLICANTS.—To be eligible to
20 receive a grant for the establishment of a quality im-
21 provement foundation under paragraph (1), an ap-
22 plicant entity shall meet the following conditions:

23 (A) NOT-FOR-PROFIT.—The entity shall be
24 a not-for-profit entity operating within the
25 State or region involved.

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1 (B) BOARD.—The entity shall have a
2 board which includes—

3 (i) representatives of health care pro-
4 viders from throughout the State or region
5 involved, including both practicing provid-
6 ers and experts in the field of quality
7 measurement and improvement, which to-
8 gether shall comprise at least one-fourth of
9 the advisory board's membership;

10 (ii) at least one representative of Aca-
11 demic Health Centers or schools defined in
12 section 799 of the Public Health Service
13 Act operating within the State or region
14 involved (or operating outside of the State
15 or region if no such Centers or schools op-
16 erate within the State or region), which
17 shall comprise up to one-fourth of the
18 membership;

19 (iii) representatives of consumers re-
20 siding within the State or region involved,
21 who shall comprise one-fourth of the mem-
22 bership; and

23 (iv) representatives of purchasers of
24 health care, health plans, and other inter-
25 ested parties residing within the State or

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1 region involved, and representatives of the
2 State or States within a region.

3 (C) STAFFING.—Each entity shall have
4 sufficient, competent staff of experts possessing
5 the skills and knowledge necessary to enable the
6 foundation perform its duties.

7 (c) DUTIES.—

8 (1) IN GENERAL.—Each quality improvement
9 foundation shall carry out the duties described in
10 paragraph (2) for the State or region in which the
11 foundation is located. The foundation shall establish
12 a program of activities incorporating such duties and
13 shall be able to demonstrate the involvement of a
14 broad cross-section of the providers and health care
15 institutions throughout the State or region. A foun-
16 dation may apply for and conduct research described
17 in section 5007.

18 (2) DUTIES DESCRIBED.—The duties described
19 in this paragraph include the following:

20 (A) Collaboration with and technical assist-
21 ance to providers and health plans in ongoing
22 efforts to improve the quality of health care
23 provided to individuals in the State.

24 (B) Population-based monitoring of prac-
25 tice patterns and patient outcomes, and audit-

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1 ing samples of such data to assure its validity
2 (on an other than a case-by-case basis).

3 (C) Developing programs in lifetime learn-
4 ing for health professionals to improve the qual-
5 ity of health care by ensuring that health pro-
6 fessionals remain informed about new knowl-
7 edge, acquire new skills, and adopt new roles as
8 technology and societal demands change.

9 (D) Disseminating information about suc-
10 cessful quality improvement programs, practice
11 guidelines, and research findings, including in-
12 formation on innovative staffing of health pro-
13 fessionals.

14 (E) Assist in developing innovative patient
15 education systems that enhance patient involve-
16 ment in decisions relating to their health care,
17 including an emphasis on shared decisionmak-
18 ing between patients and health care providers.

19 (F) Issuing a report to the public regard-
20 ing the foundation's activities for the previous
21 year including areas of success during the pre-
22 vious year and areas for opportunities in im-
23 proving health outcomes for the community,
24 and the adoption of guidelines.

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1 (G) Providing notice to the State or appro-
2 priate entity if the foundation determines, after
3 reasonable opportunities for improvement, that
4 the quality of a provider or plan remains so in-
5 adequate that the patients or enrollees of such
6 a provider or plan are subject to potential harm
7 in utilizing the services of such provider or serv-
8 ices under such plan.

9 **SEC. 5009. CONSUMER INFORMATION AND ADVOCACY.**

10 (a) ESTABLISHMENT.—

11 (1) IN GENERAL.—The Secretary shall establish
12 (by grant or contract) and oversee a National Center
13 of Consumer Information and Advocacy to provide
14 technical assistance, adequate training and support
15 to States and Offices of Consumer Information and
16 Advocacy in each State (hereafter referred to in this
17 section as the “Office”) to carry out the duties of
18 this section, including providing public education to
19 consumers concerning this Act.

20 (2) REQUIREMENTS FOR NATIONAL CENTER.—

21 The National Center of Consumer Information and
22 Advocacy shall be a national non-profit organization
23 with public education and health policy expertise and
24 shall have sufficient staff to carry out its duties and
25 a demonstrated ability to represent and work with a

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1 broad spectrum of consumers, including vulnerable
2 and under served populations.

3 (3) STATE OFFICES.—The Office of Consumer
4 Information and Advocacy in each State shall dis-
5 seminate State reports on quality performance (as
6 defined in section 5005(4)) and health plan
7 consumer report cards (as defined in section
8 5005(2)) in order to facilitate consumer choice of
9 health plans, perform public outreach and provide
10 education and assistance regarding consumer rights
11 and responsibilities under this Act, and assist con-
12 sumers in dealing with problems that arise with
13 consumer purchasing cooperatives, large group pur-
14 chasers, health plans, and health care providers op-
15 erating in such State.

16 (b) CONTRACTS.—

17 (1) SOLICITATION.—The Secretary shall solicit
18 contracts from private non-profit organizations
19 based in each State to fulfill the duties of the Office
20 in the State. The Secretary may develop such regu-
21 lations and guidelines as necessary to oversee the
22 process of considering and awarding competitive con-
23 tracts under this section. In awarding such con-
24 tracts, the Secretary shall consult with the National
25 Center of Consumer Information and Advocacy and

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1 shall, at a minimum, consider the demonstrated abil-
2 ity of the organization to represent and work with
3 a broad spectrum of consumers, including vulnerable
4 and underserved populations.

5 (2) CONTRACT PERIOD.—The contract period
6 for the State Offices of Consumer Information and
7 Advocacy and the National Center of Consumer In-
8 formation and Advocacy under this section shall be
9 not less than 4 years and not more than 7 years.

10 (c) FUNCTIONS AND RESPONSIBILITIES.—

11 (1) DISSEMINATION OF REPORTS.—Each office
12 shall disseminate State reports on quality perform-
13 ance (as defined in section 5005(2)) and health plan
14 consumer report cards (as defined in section
15 5005(2)) in order to facilitate consumer choice of
16 health plans.

17 (2) STAFF, OFFICES AND HOTLINES.—Each Of-
18 fice shall have sufficient staff, local offices through-
19 out the State, and a State-wide toll-free hotline to
20 carry out the advocacy duties of this section.
21 Through direct contact and the hotline, the Office
22 shall provide the following services in the State, in-
23 cluding appropriate assistance to individuals with
24 limited English language ability—

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1 (A) outreach and education relating to
2 consumer rights and responsibilities under this
3 Act, including such rights and services available
4 through the Office;

5 (B) assistance with enrollment in health
6 plans, or obtaining services or reimbursement
7 from health plans;

8 (C) assistance with filing an application for
9 premium or cost sharing subsidies;

10 (D) information to enrollees about existing
11 grievance procedures and coordination with
12 other entities to assist in identifying, investigat-
13 ing, and resolving enrollee grievances under this
14 Act (including grievances before State medical
15 boards);

16 (E) regular and timely access in the area
17 to the services provided through the Office and
18 its local offices and timely responses from rep-
19 resentatives of the Office to complaints;

20 (F) referrals to appropriate local providers
21 of legal assistance and to appropriate State and
22 Federal agencies which may be of assistance to
23 aggrieved individuals in the area; and

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1 (G) conduct public hearings no less fre-
2 quently than once a year to identify and ad-
3 dress community health care needs.

4 (d) ACCESS TO INFORMATION.—The Secretary and
5 the States shall ensure that, for purposes of carrying out
6 the Office's duties under this section, the Office (and offi-
7 cers and employees of the Office in local offices) have ap-
8 propriate access to relevant information subject to protec-
9 tions for confidentiality of enrollee information.

10 (e) EVALUATION AND REPORT.—The Secretary shall
11 have the right to evaluate the quality and effectiveness of
12 the organization in carrying out the functions specified in
13 the contract. The Office shall report to the Secretary and
14 the State annually on the nature and patterns of consumer
15 complaints received in the Office and its local offices dur-
16 ing each year and any policy, regulatory, and legislative
17 recommendations for needed improvements together with
18 a record of the activities of the Office.

19 (f) CONFLICTS OF INTEREST.—The Secretary shall
20 ensure that no individual involved in the designation of
21 a State Office, the Office itself, or of any delegate thereof
22 is subject to a conflict of interest, including affiliation with
23 (through ownership or common control) a health care fa-
24 cility, managed care organization, health insurance com-
25 pany or association of health care facilities or providers.

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1 No grantee under this section may have a direct involve-
2 ment with the licensing, certification, or accreditation of
3 a health care facility, a health care plan, or a provider
4 of health care services .

5 (g) LEGAL COUNSEL.—The Secretary shall ensure
6 that adequate legal counsel is available, and is able, with-
7 out conflict of interest, to assist the Office, and the local
8 offices thereof in the performance of their official duties.

9 (h) COORDINATION.—The Office shall coordinate its
10 activities with all appropriate entities including Quality
11 Improvement Foundations (established under section
12 5008) and the State agencies designated to carry out cli-
13 ent advocacy activities pursuant to section [2106].

14 (i) CONSTRUCTION.—Nothing in this section shall re-
15 place grievance procedures established or otherwise re-
16 quired under this Act.

17 **SEC. 5010. AUTHORIZATION OF APPROPRIATIONS.**

18 (a) NATIONAL QUALITY COUNCIL.—For the purpose
19 of carrying out this subtitle with respect to the establish-
20 ment and activities of the National Quality Council, there
21 are authorized to be appropriated \$4,000,000 for each of
22 the fiscal years 1995 through 2000.

23 (b) QUALITY IMPROVEMENT FOUNDATIONS.—For
24 the purpose of carrying out section 5008, there are author-
25 ized to be appropriated \$100,000,000 for fiscal year 1996,

1 \$200,000,000 for fiscal year 1997, and \$300,000,000 for
2 each of the fiscal years 1998 through 2000.

3 (c) CONSUMER INFORMATION AND ADVOCACY.—For
4 the purpose of carrying out section 5009, the are author-
5 ized to be appropriated \$100,000,000 for fiscal year 1996,
6 \$200,000,000 for fiscal year 1997, \$300,000,000 for each
7 of the fiscal years 1998 through 2000, of which
8 \$4,000,000 for each fiscal year shall be made available
9 to the National Center of Consumer Information and Ad-
10 vocacy.

11 **SEC. 5011. ROLE OF HEALTH PLANS IN QUALITY MANAGE-**
12 **MENT.**

13 Each health plan shall—

14 (1) measure and disclose performance on qual-
15 ity measures as designated by this Act;

16 (2) furnish information required under [subtitle
17 B of this title] and provide such other reports and
18 information on the quality of care delivered by
19 health care providers who are members of a provider
20 network of the plan (as defined in section
21 [1502(h)(3)]) as may be required under this Act;
22 and

23 (3) maintain quality management systems
24 that—

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1 (A) use the national measures of quality
2 performance developed by the National Quality
3 Council under section 5003; and

4 (B) measure the quality of health care fur-
5 nished to enrollees under the plan by all health
6 care providers of the plan.

7 **SEC. 5012. INFORMATION ON HEALTH CARE PROVIDERS.**

8 (a) STATE OBLIGATIONS.—Each State shall make
9 available to consumers, upon request, information con-
10 cerning providers of health care services or supplies. Such
11 information shall include—

12 (1) the identity of any provider that has been
13 convicted, under Federal or State law, of a criminal
14 offense relating to fraud, corruption, breach of fidu-
15 ciary responsibility, or other financial misconduct in
16 connection with the delivery of a health care service
17 or supply;

18 (2) the identity of any provider that has been
19 convicted, under Federal or State law, of a criminal
20 offense relating to neglect or abuse of patients in
21 connection with the delivery of a health care service
22 or supply;

23 (3) the identity of any provider that has been
24 convicted, under Federal or State law, of a criminal
25 offense relating to the unlawful manufacture, dis-

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1 tribution, prescription, or dispensing of a controlled
2 substance; and

3 (4) the identity of any provide whose license to
4 provider health care services or supplies has been re-
5 voked, suspended, restricted, or not renewed, by a
6 State licensing authority for reasons relating to the
7 provider's professional competence, professional per-
8 formance, or financial integrity, or any provider who
9 surrendered such a license while a formal discipli-
10 nary proceeding was pending before such an author-
11 ity, if the proceeding concerned the provider's pro-
12 fessional competence, professional performance, or
13 financial integrity.

14 (b) PUBLIC AVAILABILITY OF INFORMATION IN NA-
15 TIONAL PRACTITIONER DATA BANK ON DEFENDANTS,
16 AWARDS, AND SETTLEMENTS.—

17 (1) IN GENERAL.—Section 427(a) of the Health
18 Care Quality Improvement Act (42 U.S.C. 11137
19 (a)) is amended by adding at the end the following
20 new sentence: "Not later the January 1, 1996, the
21 Secretary shall promulgate regulations under which
22 individuals seeking to enroll in health plans under
23 the Health Security Act shall be able to obtain infor-
24 mation reported under this part with respect to phy-
25 sicians and other licensed health practitioners par-

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1 participating in such plans for whom information has
2 been reported under this part on repeated occa-
3 sions.”.

4 (2) ACCESS TO DATA BANK FOR POINT-OF-
5 SERVICE CONTRACTORS UNDER MEDICARE.—Section
6 427(a) of such Act (42 U.S.C. 11137(a)) is
7 amended—

8 (A) by inserting “to sponsors of point-of-
9 service networks under section 1990 of the So-
10 cial Security Act,” and

11 (B) in the heading, by inserting “RELAT-
12 ED” after “CARE”.

13 **SEC. 5013. CONFORMING AMENDMENTS TO PUBLIC**
14 **HEALTH SERVICE ACT.**

15 Title IX of the Public Health Service Act is
16 amended—

17 (1) in section 903(a)(4) (42 U.S.C. 299a-
18 1(a)(4)), by inserting “and Quality Improvement
19 Foundations” after “health agencies”;

20 (2) in section 904(c)(1) (42 U.S.C. 299a-
21 2(c)(1)), by inserting “the National Quality Council
22 and” after “in consultation with”;

23 (3) in section 912(b)(4) (42 U.S.C. 299b-
24 1(b)(4))—

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1 (A) by inserting "outcomes," before
2 "risks"; and

3 (B) by inserting before the semicolon "to
4 the extent feasible given the availability of unbi-
5 ased, reliable, and valid data";

6 (4) in section 914 (42 U.S.C. 299b-3)—

7 (A) in subsection (a)(2)(B)—

8 (i) by inserting "the National Quality
9 Council," after "shall consult with"; and

10 (ii) by inserting before the period
11 "and relevant sections of the Health Secu-
12 rity Act";

13 (B) in subsection (c), by inserting "Quality
14 Improvement Foundations and other" after
15 "carried out through"; and

16 (C) in subsection (f)—

17 (i) by striking "TO ADMINISTRATOR"
18 in the subsection heading;

19 (ii) by striking "Administrator" and
20 inserting "National Quality Council and
21 the"; and

22 (5) in section 927 (42 U.S.C. 299e-6), by add-
23 ing at the end thereof the following new paragraphs:

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1 “(5) The term ‘National Quality Council’ means
2 the Council established under section 5001 of the
3 Health Security Act.

4 “(6) The term “Quality Improvement Founda-
5 tions” means the Foundations established under sec-
6 tion 5008 of the Health Security Act.”.