

# Union Calendar No.

114<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 1192

[Report No. 114-]

To amend the Public Health Service Act to foster more effective implementation and coordination of clinical care for people with pre-diabetes, diabetes, and the chronic diseases and conditions that result from diabetes.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 2, 2015

Mr. OLSON (for himself, Mr. LOEBSACK, Mr. WHITFIELD, Ms. DEGETTE, Ms. NORTON, Mr. FARENTHOLD, Mr. KELLY of Pennsylvania, Mr. GUTHRIE, Mr. TAKANO, Mr. BISHOP of Georgia, Mr. BLUMENAUER, Mr. GRIJALVA, Mr. HECK of Nevada, Ms. FRANKEL of Florida, Mr. COLLINS of New York, Mr. MCKINLEY, Mr. SESSIONS, Mr. SMITH of New Jersey, Mr. RODNEY DAVIS of Illinois, Mr. DUNCAN of South Carolina, Mr. LEVIN, Mr. JOYCE, Mr. NEAL, Ms. SLAUGHTER, Ms. GRANGER, Mr. SCHIFF, Mr. RUSH, Ms. BROWN of Florida, Mr. BARLETTA, Mr. BUCSHON, Mr. BUCHANAN, Mr. DAVID SCOTT of Georgia, Ms. SPEIER, Ms. EDWARDS, Mr. LONG, Mr. HASTINGS, Ms. DELBENE, Ms. TITUS, Mr. LIPINSKI, Mr. WITTMAN, Mr. YOUNG of Indiana, Ms. BORDALLO, Mr. YARMUTH, Mr. BUTTERFIELD, Mr. HIMES, Mr. RANGEL, Ms. CASTOR of Florida, Mr. JOHNSON of Ohio, Mr. DELANEY, Mr. SMITH of Texas, Mr. PETERS, Mr. PETERSON, Mr. RUIZ, and Mr. BURGESS) introduced the following bill; which was referred to the Committee on Energy and Commerce

SEPTEMBER --, 2016

Reported with amendments, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

[Strike out all after the enacting clause and insert the part printed in *italie*]

[For text of introduced bill, see copy of bill as introduced on March 2, 2015]

# **A BILL**

To amend the Public Health Service Act to foster more effective implementation and coordination of clinical care for people with pre-diabetes, diabetes, and the chronic diseases and conditions that result from diabetes.

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 Clinical Care*  
5 *Commission Act”.*

6 **SEC. 2. ESTABLISHMENT OF THE NATIONAL CLINICAL CARE**  
7 **COMMISSION.**

8 *Part P of title III of the Public Health Service Act*  
9 *(42 U.S.C. 280g et seq.) is amended by adding at the end*  
10 *the following new section:*

11 **“SEC. 399V-7. NATIONAL CLINICAL CARE COMMISSION.**

12 *“(a) ESTABLISHMENT.—There is hereby established,*  
13 *within the Department of Health and Human Services, a*  
14 *National Clinical Care Commission (in this section referred*  
15 *to as the ‘Commission’) to evaluate, and recommend solu-*  
16 *tions regarding better coordination and leveraging of, pro-*  
17 *grams within the Department and other Federal agencies*  
18 *that relate in any way to supporting appropriate clinical*  
19 *care (such as any interactions between physicians and other*  
20 *health care providers and their patients related to treatment*  
21 *and care management) for individuals with—*

22 *“(1) a complex metabolic or autoimmune disease;*

23 *“(2) a disease resulting from insulin deficiency*  
24 *or insulin resistance; or*

25 *“(3) complications caused by any such disease.*

1       “(b) *MEMBERSHIP.*—

2               “(1) *IN GENERAL.*—*The Commission shall be*  
3 *composed of the following voting members:*

4               “(A) *The heads (or their designees) of the*  
5 *following Federal agencies and departments:*

6                       “(i) *The Centers for Medicare & Med-*  
7 *icaid Services.*

8                       “(ii) *The Agency for Healthcare Re-*  
9 *search and Quality.*

10                      “(iii) *The Centers for Disease Control*  
11 *and Prevention.*

12                      “(iv) *The Indian Health Service.*

13                      “(v) *The Department of Veterans Af-*  
14 *fairs.*

15                      “(vi) *The National Institutes of*  
16 *Health.*

17                      “(vii) *The Food and Drug Administra-*  
18 *tion.*

19                      “(viii) *The Health Resources and Serv-*  
20 *ices Administration.*

21                      “(ix) *The Department of Defense.*

22               “(B) *Twelve additional voting members ap-*  
23 *pointed under paragraph (2).*

24               “(C) *Such additional voting members as*  
25 *may be appointed by the Secretary, at the Sec-*

1            *retary’s discretion, from among the heads (or*  
2            *their designees) of governmental or nongovern-*  
3            *mental entities that impact clinical care of indi-*  
4            *viduals with any of the diseases and complica-*  
5            *tions described in subsection (a).*

6            *“(2) ADDITIONAL MEMBERS.—The Commission*  
7            *shall include additional voting members appointed by*  
8            *the Secretary, in consultation with national medical*  
9            *societies and patient advocacy organizations with ex-*  
10           *pertise in the care and epidemiology of any of the dis-*  
11           *eases and complications described in subsection (a),*  
12           *including one or more such members from each of the*  
13           *following categories:*

14           *“(A) Clinical endocrinologists.*

15           *“(B) Physician specialties (other than as*  
16           *described in subparagraph (A)) that play a role*  
17           *in diseases and complications described in sub-*  
18           *section (a), such as cardiologists, nephrologists,*  
19           *and eye care professionals.*

20           *“(C) Primary care physicians.*

21           *“(D) Non-physician health care profes-*  
22           *sionals, such as certified diabetes educators, reg-*  
23           *istered dieticians and nutrition professionals,*  
24           *nurses, nurse practitioners, and physician assist-*  
25           *ants.*

1                   “(E) *Patient advocates.*

2                   “(F) *National experts in the duties listed*  
3                   *under subsection (c).*

4                   “(G) *Health care providers furnishing serv-*  
5                   *ices to a patient population that consists of a*  
6                   *high percentage (as specified by the Secretary) of*  
7                   *individuals who are enrolled in a State plan*  
8                   *under title XIX of the Social Security Act or*  
9                   *who are not covered under a health plan or*  
10                   *health insurance coverage.*

11                   “(3) *CHAIRPERSON.—The voting members of the*  
12                   *Commission shall select a chairperson from the mem-*  
13                   *bers appointed under paragraph (2) from the category*  
14                   *under paragraph (2)(A).*

15                   “(4) *MEETINGS.—The Commission shall meet at*  
16                   *least twice, and not more than 4 times, a year.*

17                   “(5) *BOARD TERMS.—Members of the Commis-*  
18                   *sion appointed pursuant to subparagraph (B) or (C)*  
19                   *of paragraph (1), including the chairperson, shall*  
20                   *serve for a 3-year term. A vacancy on the Commis-*  
21                   *sion shall be filled in the same manner as the original*  
22                   *appointments.*

23                   “(c) *DUTIES.—The Commission shall—*

24                   “(1) *evaluate programs of the Department of*  
25                   *Health and Human Services regarding the utilization*

1       *of diabetes screening benefits, annual wellness visits,*  
2       *and other preventive health benefits that may reduce*  
3       *the incidence of the diseases and complications de-*  
4       *scribed in subsection (a), including explaining prob-*  
5       *lems regarding such utilization and related data col-*  
6       *lection mechanisms;*

7               *“(2) identify current activities and critical gaps*  
8       *in Federal efforts to support clinicians in providing*  
9       *integrated, high-quality care to individuals with any*  
10       *of the diseases and complications described in sub-*  
11       *section (a);*

12               *“(3) make recommendations regarding the co-*  
13       *ordination of clinically-based activities that are being*  
14       *supported by the Federal Government with respect to*  
15       *the diseases and complications described in subsection*  
16       *(a);*

17               *“(4) make recommendations regarding the devel-*  
18       *opment and coordination of federally funded clinical*  
19       *practice support tools for physicians and other health*  
20       *care professionals in caring for and managing the*  
21       *care of individuals with any of the diseases and com-*  
22       *plexions described in subsection (a), specifically*  
23       *with regard to implementation of new treatments and*  
24       *technologies;*

1           “(5) evaluate programs described in subsection  
2           (a) that are in existence as of the date of the enact-  
3           ment of this section and determine if such programs  
4           are meeting the needs identified in paragraph (2)  
5           and, if such programs are determined as not meeting  
6           such needs, recommend programs that would be more  
7           appropriate;

8           “(6) recommend, with respect to the diseases and  
9           complications described in subsection (a), clinical  
10          pathways for new technologies and treatments, in-  
11          cluding future data collection activities, that may be  
12          developed and then used to evaluate—

13                 “(A) various care models and methods; and

14                 “(B) the impact of such models and methods  
15                 on quality of care as measured by appropriate  
16                 care parameters (such as A1C, blood pressure,  
17                 and cholesterol levels);

18          “(7) evaluate and expand education and aware-  
19          ness activities provided to physicians and other health  
20          care professionals regarding clinical practices for the  
21          prevention of the diseases and complications described  
22          in subsection (a);

23                 “(8) review and recommend appropriate methods  
24                 for outreach and dissemination of educational re-  
25                 sources that—



1           “(A) regard the diseases and complications  
2           described in subsection (a);

3           “(B) are funded by the Federal Government;  
4           and

5           “(C) are intended for health care profes-  
6           sionals and the public; and

7           “(9) carry out other activities, such as activities  
8           relating to the areas of public health and nutrition,  
9           that the Commission deems appropriate with respect  
10          to the diseases and complications described in sub-  
11          section (a).

12          “(d) *OPERATING PLAN*.—

13                 “(1) *INITIAL PLAN*.—Not later than 90 days  
14                 after its first meeting, the Commission shall submit to  
15                 the Secretary and the Congress an operating plan for  
16                 carrying out the activities of the Commission as de-  
17                 scribed in subsection (c). Such operating plan may  
18                 include—

19                         “(A) a list of specific activities that the  
20                         Commission plans to conduct for purposes of  
21                         carrying out the duties described in each of the  
22                         paragraphs in subsection (c);

23                         “(B) a plan for completing the activities;

24                         “(C) a list of members of the Commission  
25                         and other individuals who are not members of

1           *the Commission who will need to be involved to*  
2           *conduct such activities;*

3           “(D) *an explanation of Federal agency in-*  
4           *volvement and coordination needed to conduct*  
5           *such activities;*

6           “(E) *a budget for conducting such activi-*  
7           *ties;*

8           “(F) *a plan for evaluating the value and*  
9           *potential impact of the Commission’s work and*  
10          *recommendations, including the possible continu-*  
11          *ation of the Commission for the purposes of over-*  
12          *seeing their implementation; and*

13          “(G) *other information that the Commission*  
14          *deems appropriate.*

15          “(2) *UPDATES.—The Commission shall periodi-*  
16          *cally update the operating plan under paragraph (1)*  
17          *and submit such updates to the Secretary and the*  
18          *Congress.*

19          “(e) *FINAL REPORT.—By not later than 3 years after*  
20          *the date of the Commission’s first meeting, the Commission*  
21          *shall submit to the Secretary and the Congress a final re-*  
22          *port containing all of the findings and recommendations*  
23          *required by this section. Not later than 120 days after the*  
24          *submission of the final report, the Secretary shall review*  
25          *the plan required by subsection (d)(1)(F) and submit to the*

- 1 *Congress a recommendation on whether the Commission*  
2 *should be reauthorized to operate after fiscal year 2019.*  
3       “(f) *SUNSET.—The Commission shall terminate at the*  
4 *end of fiscal year 2019.*”

Amend the title so as to read: “A bill to amend the Public Health Service Act to foster more effective implementation and coordination of clinical care for people with a complex metabolic or autoimmune disease, a disease resulting from insulin deficiency or insulin resistance, or complications caused by such a disease, and for other purposes.”