

115TH CONGRESS
1ST SESSION

S. 920

AN ACT

To establish a National Clinical Care Commission.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “National Clinical Care
3 Commission Act”.

4 **SEC. 2. NATIONAL CLINICAL CARE COMMISSION.**

5 (a) ESTABLISHMENT.—There is hereby established,
6 within the Department of Health and Human Services,
7 a National Clinical Care Commission (in this section re-
8 ferred to as the “Commission”) to evaluate and make rec-
9 ommendations regarding improvements to the coordina-
10 tion and leveraging of programs within the Department
11 and other Federal agencies related to awareness and clin-
12 ical care for at least one, but not more than two, complex
13 metabolic or autoimmune diseases resulting from issues
14 related to insulin that represent a significant disease bur-
15 den in the United States, which may include complications
16 due to such diseases.

17 (b) MEMBERSHIP.—

18 (1) IN GENERAL.—The Commission shall be
19 composed of the following voting members:

20 (A) The heads of the following Federal
21 agencies and departments, or their designees:

22 (i) The Centers for Medicare & Med-
23 icaid Services.

24 (ii) The Agency for Healthcare Re-
25 search and Quality.

1 (iii) The Centers for Disease Control
2 and Prevention.

3 (iv) The Indian Health Service.

4 (v) The Department of Veterans Af-
5 fairs.

6 (vi) The National Institutes of
7 Health.

8 (vii) The Food and Drug Administra-
9 tion.

10 (viii) The Health Resources and Serv-
11 ices Administration.

12 (ix) The Department of Defense.

13 (x) The Department of Agriculture.

14 (xi) The Office of Minority Health.

15 (B) Twelve additional voting members ap-
16 pointed under paragraph (2).

17 (2) ADDITIONAL MEMBERS.—The Commission
18 shall include additional voting members, as may be
19 appointed by the Secretary, with expertise in the
20 prevention, care, and epidemiology of any of the dis-
21 eases and complications described in subsection (a),
22 including one or more such members from each of
23 the following categories:

24 (A) Physician specialties, including clinical
25 endocrinologists, that play a role in the preven-

1 tion or treatment of diseases and complications
2 described in subsection (a).

3 (B) Primary care physicians.

4 (C) Non-physician health care profes-
5 sionals.

6 (D) Patient advocates.

7 (E) National experts, including public
8 health experts, in the duties listed under sub-
9 section (c).

10 (F) Health care providers furnishing serv-
11 ices to a patient population that consists of a
12 high percentage (as specified by the Secretary)
13 of individuals who are enrolled in a State plan
14 under title XIX of the Social Security Act or
15 who are not covered under a health plan or
16 health insurance coverage.

17 (3) CHAIRPERSON.—The members of the Com-
18 mission shall select a chairperson from the members
19 appointed under paragraph (2).

20 (4) MEETINGS.—The Commission shall meet at
21 least twice, and not more than four times, a year.

22 (5) VACANCIES.—A vacancy on the Commission
23 shall be filled in the same manner as the original ap-
24 pointments.

1 (c) DUTIES.—The Commission shall evaluate and
2 make recommendations, as appropriate, to the Secretary
3 of Health and Human Services and Congress regarding—

4 (1) Federal programs of the Department of
5 Health and Human Services that focus on pre-
6 venting and reducing the incidence of the diseases
7 and complications described in subsection (a);

8 (2) current activities and gaps in Federal ef-
9 forts to support clinicians in providing integrated,
10 high-quality care to individuals with the diseases and
11 complications described in subsection (a);

12 (3) the improvement in, and improved coordina-
13 tion of, Federal education and awareness activities
14 related to the prevention and treatment of the dis-
15 eases and complications described in subsection (a),
16 which may include the utilization of new and exist-
17 ing technologies;

18 (4) methods for outreach and dissemination of
19 education and awareness materials that—

20 (A) address the diseases and complications
21 described in subsection (a);

22 (B) are funded by the Federal Govern-
23 ment; and

24 (C) are intended for health care profes-
25 sionals and the public; and

1 (5) whether there are opportunities for consoli-
2 dation of inappropriately overlapping or duplicative
3 Federal programs related to the diseases and com-
4 plications described in subsection (a).

5 (d) OPERATING PLAN.—Not later than 90 days after
6 its first meeting, the Commission shall submit to the Sec-
7 retary of Health and Human Services and the Congress
8 an operating plan for carrying out the activities of the
9 Commission as described in subsection (c). Such operating
10 plan may include—

11 (1) a list of specific activities that the Commis-
12 sion plans to conduct for purposes of carrying out
13 the duties described in each of the paragraphs in
14 subsection (c);

15 (2) a plan for completing the activities;

16 (3) a list of members of the Commission and
17 other individuals who are not members of the Com-
18 mission who will need to be involved to conduct such
19 activities;

20 (4) an explanation of Federal agency involve-
21 ment and coordination needed to conduct such ac-
22 tivities;

23 (5) a budget for conducting such activities; and

24 (6) other information that the Commission
25 deems appropriate.

1 (e) FINAL REPORT.—By not later than 3 years after
2 the date of the Commission’s first meeting, the Commis-
3 sion shall submit to the Secretary of Health and Human
4 Services and the Congress a final report containing all of
5 the findings and recommendations required by this sec-
6 tion.

7 (f) SUNSET.—The Commission shall terminate 60
8 days after submitting its final report, but not later than
9 the end of fiscal year 2021.

Passed the Senate September 6, 2017.

Attest:

Secretary.

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