

## COMMITTEE PRINT

[SHOWING THE TEXT OF H.R. 1192 AS FORWARDED BY THE SUBCOMMITTEE  
ON HEALTH ON SEPTEMBER 13, 2016]

114TH CONGRESS  
1ST SESSION

# H. R. 1192

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

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## 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**  
7 **CARE 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,  
14 a National Clinical Care Commission (in this section re-  
15 ferred to as the ‘Commission’) to evaluate, and rec-  
16 ommend solutions regarding better coordination and  
17 leveraging of, programs within the Department and other  
18 Federal agencies that relate in any way to supporting ap-  
19 propriate clinical care (such as any interactions between  
20 physicians and other health care providers and their pa-  
21 tients related to treatment and care management) for indi-  
22 viduals with—

23               “(1) a complex metabolic or autoimmune dis-  
24 ease;

1           “(2) a disease resulting from insulin deficiency  
2 or insulin resistance; or

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

4           “(b) MEMBERSHIP.—

5           “(1) IN GENERAL.—The Commission shall be  
6 composed of the following voting members:

7           “(A) The heads (or their designees) of the  
8 following Federal agencies and departments:

9           “(i) The Centers for Medicare & Med-  
10 icaid Services.

11           “(ii) The Agency for Healthcare Re-  
12 search and Quality.

13           “(iii) The Centers for Disease Control  
14 and Prevention.

15           “(iv) The Indian Health Service.

16           “(v) The Department of Veterans Af-  
17 fairs.

18           “(vi) The National Institutes of  
19 Health.

20           “(vii) The Food and Drug Adminis-  
21 tration.

22           “(viii) The Health Resources and  
23 Services Administration.

24           “(ix) The Department of Defense.

1           “(B) Twelve additional voting members ap-  
2           pointed under paragraph (2).

3           “(C) Such additional voting members as  
4           may be appointed by the Secretary, at the Sec-  
5           retary’s discretion, from among the heads (or  
6           their designees) of governmental or nongovern-  
7           mental entities that impact clinical care of indi-  
8           viduals with any of the diseases and complica-  
9           tions described in subsection (a).

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

18                 “(A) Clinical endocrinologists.

19                 “(B) Physician specialties (other than as  
20                 described in subparagraph (A)) that play a role  
21                 in diseases and complications described in sub-  
22                 section (a), such as cardiologists, nephrologists,  
23                 and eye care professionals.

24                 “(C) Primary care physicians.

1           “(D) Non-physician health care profes-  
2           sionals, such as certified diabetes educators,  
3           registered dieticians and nutrition professionals,  
4           nurses, nurse practitioners, and physician as-  
5           sistants.

6           “(E) Patient advocates.

7           “(F) National experts in the duties listed  
8           under subsection (c).

9           “(G) Health care providers furnishing  
10          services to a patient population that consists of  
11          a high percentage (as specified by the Sec-  
12          retary) of individuals who are enrolled in a  
13          State plan under title XIX of the Social Secu-  
14          rity Act or who are not covered under a health  
15          plan or health insurance coverage.

16          “(3) CHAIRPERSON.—The voting members of  
17          the Commission shall select a chairperson from the  
18          members appointed under paragraph (2) from the  
19          category under paragraph (2)(A).

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

22          “(5) BOARD TERMS.—Members of the Commis-  
23          sion appointed pursuant to subparagraph (B) or (C)  
24          of paragraph (1), including the chairperson, shall  
25          serve for a 3-year term. A vacancy on the Commis-

1 sion shall be filled in the same manner as the origi-  
2 nal appointments.

3 “(c) DUTIES.—The Commission shall—

4 “(1) evaluate programs of the Department of  
5 Health and Human Services regarding the utiliza-  
6 tion of diabetes screening benefits, annual wellness  
7 visits, and other preventive health benefits that may  
8 reduce the incidence of the diseases and complica-  
9 tions described in subsection (a), including explain-  
10 ing problems regarding such utilization and related  
11 data collection mechanisms;

12 “(2) identify current activities and critical gaps  
13 in Federal efforts to support clinicians in providing  
14 integrated, high-quality care to individuals with any  
15 of the diseases and complications described in sub-  
16 section (a);

17 “(3) make recommendations regarding the co-  
18 ordination of clinically-based activities that are being  
19 supported by the Federal Government with respect  
20 to the diseases and complications described in sub-  
21 section (a);

22 “(4) make recommendations regarding the de-  
23 velopment and coordination of federally funded clin-  
24 ical practice support tools for physicians and other  
25 health care professionals in caring for and managing

1 the care of individuals with any of the diseases and  
2 complications described in subsection (a), specifically  
3 with regard to implementation of new treatments  
4 and technologies;

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

12 “(6) recommend, with respect to the diseases  
13 and complications described in subsection (a), clin-  
14 ical pathways for new technologies and treatments,  
15 including future data collection activities, that may  
16 be developed and then used to evaluate—

17 “(A) various care models and methods;  
18 and

19 “(B) the impact of such models and meth-  
20 ods on quality of care as measured by appro-  
21 priate care parameters (such as A1C, blood  
22 pressure, and cholesterol levels);

23 “(7) evaluate and expand education and aware-  
24 ness activities provided to physicians and other  
25 health care professionals regarding clinical practices

1 for the prevention of the diseases and complications  
2 described in subsection (a);

3 “(8) review and recommend appropriate meth-  
4 ods for outreach and dissemination of educational  
5 resources that—

6 “(A) regard the diseases and complications  
7 described in subsection (a);

8 “(B) are funded by the Federal Govern-  
9 ment; and

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

12 “(9) carry out other activities, such as activities  
13 relating to the areas of public health and nutrition,  
14 that the Commission deems appropriate with respect  
15 to the diseases and complications described in sub-  
16 section (a).

17 “(d) OPERATING PLAN.—

18 “(1) INITIAL PLAN.—Not later than 90 days  
19 after its first meeting, the Commission shall submit  
20 to the Secretary and the Congress an operating plan  
21 for carrying out the activities of the Commission as  
22 described in subsection (c). Such operating plan may  
23 include—

24 “(A) a list of specific activities that the  
25 Commission plans to conduct for purposes of



1 carrying out the duties described in each of the  
2 paragraphs in subsection (c);

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

4 “(C) a list of members of the Commission  
5 and other individuals who are not members of  
6 the Commission who will need to be involved to  
7 conduct such activities;

8 “(D) an explanation of Federal agency in-  
9 volvement and coordination needed to conduct  
10 such activities;

11 “(E) a budget for conducting such activi-  
12 ties;

13 “(F) a plan for evaluating the value and  
14 potential impact of the Commission’s work and  
15 recommendations, including the possible con-  
16 tinuation of the Commission for the purposes of  
17 overseeing their implementation; and

18 “(G) other information that the Commis-  
19 sion deems appropriate.

20 “(2) UPDATES.—The Commission shall periodi-  
21 cally update the operating plan under paragraph (1)  
22 and submit such updates to the Secretary and the  
23 Congress.

24 “(e) FINAL REPORT.—By not later than 3 years after  
25 the date of the Commission’s first meeting, the Commis-

1 sion shall submit to the Secretary and the Congress a final  
2 report containing all of the findings and recommendations  
3 required by this section. Not later than 120 days after  
4 the submission of the final report, the Secretary shall re-  
5 view the plan required by subsection (d)(1)(F) and submit  
6 to the Congress a recommendation on whether the Com-  
7 mission should be reauthorized to operate after fiscal year  
8 2019.

9 “(f) SUNSET.—The Commission shall terminate at  
10 the 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.”.