

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.

---

## 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

---

## 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,*

1 **SECTION 1. SHORT TITLE.**

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

4 **SEC. 2. FINDINGS.**

5 Congress finds the following:

6 (1) The Centers for Disease Control and Pre-  
7 vention report that nearly 29,000,000 Americans  
8 have diabetes in addition to an estimated  
9 86,000,000 American adults that have pre-diabetes,  
10 an increase of 3,000,000 Americans with diabetes  
11 and 7,000,000 American adults with pre-diabetes  
12 since 2011.

13 (2) Diabetes affects 9.3 percent of Americans of  
14 all ages and 12.3 percent of adults age 20 and older.  
15 Adults age 20 and older of racial and ethnic minori-  
16 ties continue to have higher rates of diabetes than  
17 individuals not of such minorities, as demonstrated  
18 by the following: 15.9 percent of all adult American  
19 Indians and Alaskan Natives have diabetes; 13.2  
20 percent of all adult African-Americans have diabetes;  
21 12.8 percent of all adult Hispanics have diabetes;  
22 and 9.0 percent of all adult Asian-Americans have  
23 diabetes, while 7.6 percent of all non-Hispanic  
24 Whites have diabetes.

25 (3) Diabetes is the seventh leading cause of  
26 death in the United States.

1           (4) People with diabetes are more likely than  
2 people without diabetes to also have chronic diseases  
3 and conditions that are complications of diabetes, in-  
4 cluding cardiovascular disease, stroke, high blood  
5 pressure, kidney disease, including dialysis, blind-  
6 ness, neuropathy and leg and feet amputations.

7           (5) Adults with diabetes have an elevated risk  
8 of heart disease and stroke. Adults with diabetes  
9 have death rates from heart disease that are nearly  
10 twice as high as adults without the disease.

11           (6) Diabetes is the leading cause of kidney fail-  
12 ure. Each year, nearly 100,000 people in the U.S.  
13 are diagnosed with kidney failure, and diabetes ac-  
14 counts for 44 percent of these new cases.

15           (7) Diabetic neuropathies are a family of nerve  
16 disorders caused by diabetes and are prevalent in  
17 nearly 60–70 percent of people with diabetes.

18           (8) Diabetes is the leading cause of new cases  
19 of blindness among adults aged 20 to 74.

20           (9) About 60 percent of all non-traumatic lower  
21 limb amputations in the U.S. occur in people with  
22 diabetes.

23           (10) Total national costs associated with diabe-  
24 tes in 2012 exceeded \$245,000,000,000, according  
25 to the Centers for Disease Control and Prevention.

1           (11) One in three Medicare dollars is currently  
2 spent on people with diabetes.

3           (12) The Centers for Disease Control and Pre-  
4 vention projects that as many as 1 in 3 American  
5 adults could have diabetes by 2050 if current trends  
6 continue.

7           (13) There are 35 Federal departments, agen-  
8 cies, and offices involved in the implementation of  
9 Federal diabetes activities.

10 **SEC. 3. ESTABLISHMENT OF THE NATIONAL DIABETES**  
11 **CLINICAL CARE COMMISSION.**

12       Part P of title III of the Public Health Service Act  
13 (42 U.S.C. 280g et seq.) is amended by adding at the end  
14 the following new section:

15 **“SEC. 399V-6. NATIONAL DIABETES CLINICAL CARE COM-**  
16 **MISSION.**

17       “(a) ESTABLISHMENT.—There is hereby established  
18 within the Department of Health and Human Services,  
19 a National Diabetes Clinical Care Commission (in this sec-  
20 tion referred to as the ‘Commission’) to evaluate, and rec-  
21 ommend solutions regarding better coordination and the  
22 leveraging of programs within the Department of Health  
23 and Human Services and other Federal agencies that re-  
24 late in any way to supporting appropriate clinical care  
25 (such as any interactions between physicians and other

1 health care providers and their patients related to the  
2 treatment and care management) for people with pre-dia-  
3 betes, diabetes and the chronic diseases and conditions  
4 that are complications of or caused by diabetes.

5 “(b) MEMBERSHIP.—

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

8 “(A) The heads (or their designees) of the  
9 following Federal agencies and departments  
10 that conduct programs that could impact the  
11 clinical care of people with pre-diabetes, diabe-  
12 tes and the chronic diseases and conditions that  
13 are complications of or caused by diabetes:

14 “(i) The Centers for Medicare & Med-  
15 icaid Services.

16 “(ii) The Agency for Healthcare Re-  
17 search and Quality.

18 “(iii) The Centers for Disease Control  
19 and Prevention.

20 “(iv) The Indian Health Service.

21 “(v) The Department of Veterans Af-  
22 fairs.

23 “(vi) The National Institutes of  
24 Health.

1                   “(vii) The Food and Drug Adminis-  
2                   tration.

3                   “(viii) The Health Resources and  
4                   Services Administration.

5                   “(ix) The Department of Defense.

6                   “(x) Other governmental or non-  
7                   governmental agency heads, at the discre-  
8                   tion of the agency, that impact clinical  
9                   care of individuals with pre-diabetes and  
10                  diabetes.

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

13                  “(2) ADDITIONAL MEMBERS.—The Commission  
14                  shall include additional voting members appointed by  
15                  the Comptroller General of the United States, in  
16                  consultation with national medical societies and pa-  
17                  tient advocate organizations with expertise in diabe-  
18                  tes and the care of patients with diabetes and the  
19                  diseases it causes, including one or more from each  
20                  of the following categories:

21                         “(A) Clinical endocrinologists.

22                         “(B) Physician specialties (other than as  
23                         described in subparagraph (A)) that play a role  
24                         in diabetes care, such as cardiologists,  
25                         nephrologists, and eye care professionals.

1           “(C) Primary care physicians.

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

7           “(E) Patient advocates.

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

10          “(3) CHAIRPERSON.— The voting members of  
11          the Commission shall select a chairperson from the  
12          members described in paragraph (2)(A).

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

15          “(5) BOARD TERMS.—Members of the Commis-  
16          sion, including the chairperson, shall serve for a 3-  
17          year term. A vacancy on the Commission shall be  
18          filled in the same manner as the original appoint-  
19          ments.

20          “(c) DUTIES.—The Commission shall—

21                 “(1) evaluate programs of the Department of  
22                 Health and Human Services regarding the utiliza-  
23                 tion of diabetes screening benefits, annual wellness  
24                 visits, and other preventive health benefits that may  
25                 reduce the risk of diabetes and the chronic diseases

1 and conditions that are complications of diabetes,  
2 addressing any existing problems regarding such uti-  
3 lization and related data collection mechanisms;

4 “(2) identify current activities and critical gaps  
5 in Federal efforts to support clinicians in providing  
6 integrated, high-quality care to people with pre-dia-  
7 betes, diabetes and the chronic diseases and condi-  
8 tions that are complications of diabetes;

9 “(3) make recommendations regarding the co-  
10 ordination of clinically based activities that are being  
11 supported by the Federal Government;

12 “(4) make recommendations regarding the de-  
13 velopment and coordination of federally funded clin-  
14 ical practice support tools for physicians and other  
15 health care professionals in caring for and managing  
16 the care of people with pre-diabetes, diabetes and  
17 the chronic diseases and conditions that are com-  
18 plications of diabetes, specifically with regard to im-  
19 plementation of new treatments and technologies;

20 “(5) evaluate programs in existence as of the  
21 date of the enactment of this section and determine  
22 if such programs are meeting the needs identified in  
23 paragraph (2) and, if such programs are determined  
24 to not be meeting such needs, recommend programs  
25 that would be more appropriate;



1           “(6) recommend clinical pathways for new tech-  
2           nologies and treatments, including future data col-  
3           lection activities, and how they may be developed  
4           and then used to evaluate and develop various care  
5           models and methods and the impact of such models  
6           and methods on quality of care and diabetes man-  
7           agement as measured by appropriate care param-  
8           eters (such as A1C, blood pressure, and cholesterol  
9           levels);

10           “(7) evaluate and expand education and aware-  
11           ness to physicians and other health care profes-  
12           sionals regarding clinical practices for the prevention  
13           of diabetes and the chronic diseases and conditions  
14           that are complications of diabetes;

15           “(8) review and recommend appropriate meth-  
16           ods for outreach and dissemination of educational  
17           resources that regard diabetes prevention and treat-  
18           ments, are funded by the Federal Government, and  
19           are intended for health care professionals and the  
20           public; and

21           “(9) include other activities, such as those re-  
22           lating to the areas of public health and nutrition,  
23           that the Commission deems appropriate.

24           “(d) OPERATING PLAN.—

1           “(1) INITIAL PLAN.—Not later than 90 days  
2 after its first meeting, the Commission shall submit  
3 to the Secretary and the Congress an operating plan  
4 for carrying out the activities of the Commission as  
5 described in subsection (c). Such operating plan may  
6 include—

7           “(A) a list of specific activities that the  
8 Commission plans to conduct for purposes of  
9 carrying out the duties described in each of the  
10 paragraphs in subsection (c);

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

12           “(C) a list of members of the Commission  
13 and other individuals who are not members of  
14 the Commission who will need to be involved to  
15 conduct such activities;

16           “(D) an explanation of Federal agency in-  
17 volvement and coordination needed to conduct  
18 such activities;

19           “(E) a budget for conducting such activi-  
20 ties;

21           “(F) a plan for evaluating the value and  
22 potential impact of the Commission’s work and  
23 recommendations, including the possible con-  
24 tinuation of the Commission for the purposes of  
25 overseeing their implementation; and

1                   “(G) other information that the Commis-  
2                   sion deems appropriate.

3                   “(2) UPDATES.—The Commission shall periodi-  
4                   cally update the operating plan under paragraph (1)  
5                   and submit such updates to the Secretary and the  
6                   Congress.

7                   “(e) FINAL REPORT AND SUNSET OF THE COMMIS-  
8                   SION.—By not later than 3 years after the date of the  
9                   Commission’s first meeting, the Commission shall submit  
10                  to the Secretary and the Congress a report containing all  
11                  of the findings, and recommended actions of the Commis-  
12                  sion. Not later than 120 days after the submission of the  
13                  final report, the Secretary shall review the evaluation re-  
14                  quired under subsection (d)(1)(F) to determine the con-  
15                  tinuation of the Commission.

16                  “(f) AUTHORIZATION OF APPROPRIATIONS.—Appro-  
17                  priations are authorized to be made available to the Com-  
18                  mission for each of fiscal years 2016, 2017, and 2018,  
19                  from amounts otherwise made available to the Department  
20                  of Health and Human Services for such fiscal years, to  
21                  carry out this section.”.

○