^{108TH CONGRESS} 1ST SESSION **S. 1902**

To establish a National Commission on Digestive Diseases.

IN THE SENATE OF THE UNITED STATES

NOVEMBER 20, 2003

Mr. REED (for himself, Mr. SPECTER, Mr. DURBIN, and Mr. ALLEN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To establish a National Commission on Digestive Diseases.

Be it enacted by the Senate and House of Representa tives of the United States of America in Congress assembled,
 SECTION 1. NATIONAL COMMISSION ON DIGESTIVE DIS-

EASES.

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5 (a) IN GENERAL.—The Secretary of Health and 6 Human and Human Services (in this section referred to 7 as the "Secretary"), after consultation with the Director 8 of the National Institutes of Health, shall, within 60 days 9 after the date of the enactment of this Act, establish a 10 National Commission on Digestive Diseases (in this sec-11 tion referred to as the "Commission"). 1 (b) DUTIES.—

2	(1) IN GENERAL.—The Commission shall—
3	(A) conduct a comprehensive study of the
4	present state of knowledge of the incidence, du-
5	ration, and morbidity of, and mortality rates re-
6	sulting from, digestive diseases and of the social
7	and economic impact of such diseases;
8	(B) evaluate the public and private facili-
9	ties and resources (including trained personnel
10	and research activities) for the diagnosis, pre-
11	vention, and treatment of, and research in, such
12	diseases; and
13	(C) identify programs (including biological,
14	behavioral, nutritional, environmental, and so-
15	cial programs) in which, and the means by
16	which, improvement in the management of di-
17	gestive diseases can be accomplished.
18	(2) LONG-RANGE PLAN.—Based on the study,
19	evaluation, and identification made pursuant to
20	paragraph (1), the Commission shall develop and
21	recommend a long-range plan for the use and orga-
22	nization of national resources to effectively deal with
23	digestive diseases. The plan shall provide for—

1	(A) research studies into the basic biologi-
2	cal processes and mechanisms related to diges-
3	tive diseases;
4	(B) investigations into the epidemiology,
5	etiology, diagnosis, treatment, prevention, and
6	control of digestive diseases;
7	(C) development of preventive measures
8	(including education programs, programs for
9	the elimination of environmental hazards re-
10	lated to digestive diseases, and clinical pro-
11	grams) to be taken against digestive diseases;
12	(D) detection of digestive diseases in the
13	presymptomatic stages and development and
14	evaluation of new, and improved methods of
15	screening for digestive diseases, taking into ac-
16	count recent technological changes in diagnostic
17	imaging modalities;
18	(E) development of criteria for the diag-
19	nosis and the clinical management and control
20	of digestive diseases;
21	(F) development of approaches to advance
22	digestive diseases research by incorporating in-
23	sights obtained from genomic and proteomic re-
24	search.

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1	(G) development of coordinated health care
2	systems for dealing with digestive diseases;
3	(H) education and training (including con-
4	tinuing education programs) of scientists, clini-
5	cians, educators, and allied health professionals
6	in the fields and specialties requisite to the con-
7	duct of programs related to digestive diseases
8	with special emphasis on training for careers in
9	research, teaching, and all aspects of patient
10	care;
11	(I) the conduct and subject matter of trials
12	in clinical and translational research in diges-
13	tive diseases; and
14	(J) establishment of a system of periodic
15	surveillance of the research potential and re-
16	search needs in digestive diseases;
17	The long-range plan formulated under this paragraph
18	shall also include within its scope related nutritional dis-
19	orders and basic biological processes and mechanisms in
20	nutrition which are related to digestive diseases.
21	(3) Recommendations for individual na-
22	TIONAL RESEARCH INSTITUTES.—The Commission
23	shall recommend for each of the Institutes of the
24	National Institutes of Health whose activities are to
25	be affected by the long-range plan estimates of the

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expenditures needed to carry out each Institute's
part of the overall program. Such estimates shall be
prepared for the fiscal year beginning immediately
after completion of the Commission's plan and for
each of the next 5 fiscal years.

6 (c) COMPOSITION.—

7 (1) IN GENERAL.—The Commission shall be 8 composed of 16 members appointed in accordance 9 with paragraph (2) and the ex officio members des-10 ignated under paragraph (3). The appointed mem-11 bers shall be voting members, and the ex officio 12 members shall be nonvoting members, except that 13 the ex officio member designated under paragraph 14 (3)(A) shall be a voting member.

(2) APPOINTED MEMBERS.—The voting members of the Commission shall be appointed by the
Secretary from among individuals who are not officers or employees of the Federal Government. Of
such members—

20 (A) 10 shall be appointed from among sci21 entists, physicians, and other health profes22 sionals, of whom—

23 (i) two shall be practicing clinical gas24 troenterologists;

1	(ii) two shall be gastroenterologists in-
2	volved primarily in research on digestive
3	diseases;
4	(iii) one shall be a surgeon;
5	(iv) one shall be an expert in liver dis-
6	ease;
7	(v) one shall be an epidemiologist;
8	(vi) one shall be an allied health pro-
9	fessional; and
10	(vii) two shall be basic biomedical sci-
11	entists (such as biochemists, physiologists,
12	microbiologists, nutritionists, pharma-
13	cologists, or immunologists); and
14	(B) six shall be appointed from among the
15	general public, of whom at least three shall
16	have personal or close family experience with di-
17	gestive diseases.
18	(3) Ex officio members.—
19	(A) NATIONAL INSTITUTE OF DIABETES
20	AND DIGESTIVE AND KIDNEY DISEASES.—From
21	among officers or employees of the National In-
22	stitute of Diabetes and Digestive and Kidney
23	Diseases whose primary interest is in the field
24	of digestive diseases, the Secretary shall des-

ignate an individual to serve as an ex officio member of the Commission.

3 (B) Additional MEMBERS.—The fol-4 lowing officials (or the designees of the officials) shall serve as ex officio members of the 5 6 Commission: The Director of the National In-7 stitutes of Health; the Director of the National 8 Institute of Diabetes and Digestive and Kidney 9 Diseases; the Director of the National Institute 10 of Allergy and Infectious Diseases; the Director 11 of the National Cancer Institute; the Director 12 of the National Institute of Biomedical Imaging 13 and Bioengineering; the Director of the Na-14 tional Institute of Drug Abuse; the Director of 15 the National Institute on Alcohol Abuse and Al-16 coholism; the Director of the National Human 17 Genome Research Institute; the Director for the 18 Division of Digestive Diseases and Nutrition 19 within the National Institute of Diabetes and 20 Digestive Kidney Diseases; the Director of the 21 Centers for Disease Control and Prevention; the 22 Chief Medical Director of the Department of 23 Veterans Affairs; and the Secretary of Defense.

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(d) CHAIR.—From among the appointed members of
 the Commission, the members of the Commission shall se lect an individual to serve as the Chair of the Commission.

4 (e) TERMS.—The term of a member of the Commis-5 sion is the life of the Commission.

6 (f) VACANCIES.—

7 (1) AUTHORITY OF COMMISSION.—A vacancy in
8 the membership of the Commission does not affect
9 the power of the remaining members to carry out
10 the duties of the Commission.

(2) APPOINTMENT OF SUCCESSOR.—A vacancy
in the membership of the Commission shall be filled
in the manner in which the original appointment was
made.

(3) INCOMPLETE TERM.—If a member of the
Commission does not serve the full term of the member, the individual appointed to fill the resulting vacancy shall be appointed for the remainder of the
term of the predecessor of the individual.

(g) MEETINGS.—The Commission shall first meet as
directed by the Secretary, not later than 60 days after
the Commission is established, and thereafter shall meet
at the call of the Chair of the Commission, but not less
often than three times during the life of the Commission.

1 (h) Compensation; Reimbursement of Ex-2 penses.—

3 (1) APPOINTED MEMBERS.—Members of the 4 Commission appointed from among individuals who 5 are not officers or employees of the Federal Govern-6 ment shall receive compensation for each day (in-7 cluding travel time) engaged in carrying out the du-8 ties of the Commission. Such compensation may not 9 be in an amount in excess of the daily equivalent of 10 the annual maximum rate of basic pay payable 11 under section 5108 of title 5, United States Code, 12 for positions above GS-15.

(2) EX OFFICIO MEMBERS.—Members of the
Commission appointed from among individuals who
are officers or employees of the Federal Government
may not receive compensation for service on the
Commission in addition to the compensation otherwise received for duties carried out as Federal officers or employees.

(3) REIMBURSEMENT.—Members of the Commission, while serving away from their homes or regular places of business in the performance of services for the Commission, shall be allowed travel expenses, including per diem in lieu of subsistence, in
the same manner as such expenses are authorized by

section 5703 of title 5, United States Code, for per sons in Government service employed intermittently.
 (i) STAFF.—

4 (1) EXECUTIVE DIRECTOR.—The Commission 5 may appoint and fix the pay of an executive director 6 to effectively carry out its functions. The executive 7 director shall be appointed subject to the provisions 8 of title 5, United States Code, governing appoint-9 ments in the competitive service, and shall be paid 10 in accordance with the provisions of chapter 51 and 11 subchapter III of chapter 53 of such title related to 12 classification and General Schedule pay rates.

(2) ADDITIONAL STAFF.—The Secretary shall
provide the Commission with such additional professional and clerical staff, such information, and the
services of such consultants as the Secretary determines to be necessary for the Commission to carry
out effectively its functions.

(j) POWERS.—The Commission may hold such hear-ings, take such testimony, and sit and act at such timeand places as the Commission deems advisable.

(k) REPORT.—Within 18 months following its initial
meetings (as prescribed by subsection (g)), the Commission shall publish and transmit directly to Congress a final

report respecting its activities under this section. The re port shall contain—

- 3 (1) the long-range plan required by subsection
 4 (b)(2);
- 5 (2) the expenditure estimates required by sub6 section (b)(3); and

7 (3) any recommendations of the Commission for
8 legislation that would facilitate the implementation
9 of the long-range plan.

10 In developing recommendations under paragraph (3), the Commission shall evaluate the effectiveness of the Inter-11 agency Coordinating Committee for Digestive Diseases 12 13 and assess its ability to monitor and promote adherence to the long-range plan. The Commission may also make 14 15 recommendations regarding organizational changes within the National Institutes of Health or the establishment of 16 new entities that would facilitate implementation of the 17 long-range plan and otherwise coordinate the Federal di-18 19 gestive diseases research effort.

20 (1) TERMINATION.—The Commission terminates 30
21 days after the date on which the final report under sub22 section (k) is submitted to Congress.

(m) AUTHORIZATION OF APPROPRIATIONS.—For thepurpose of carrying out this section, there is authorized

- 1~ to be appropriated \$4,000,000 in the aggregate for fiscal
- 2 years 2005 and 2006.