

115TH CONGRESS  
1ST SESSION

# H. R. 309

---

## AN ACT

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.

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. ESTABLISHMENT OF A NATIONAL CLINICAL CARE**  
5 **COMMISSION.**

6       Part P of title III of the Public Health Service Act  
7 (42 U.S.C. 280g et seq.) is amended by adding at the end  
8 the following new section:

9 **“SEC. 399V–7. NATIONAL CLINICAL CARE COMMISSION.**

10       “(a) ESTABLISHMENT.—There is hereby established,  
11 within the Department of Health and Human Services,  
12 a National Clinical Care Commission (in this section re-  
13 ferred to as the ‘Commission’) to evaluate, and rec-  
14 ommend solutions regarding better coordination and  
15 leveraging of, programs within the Department and other  
16 Federal agencies that relate in any way to supporting ap-  
17 propriate clinical care (such as any interactions between  
18 physicians and other health care providers and their pa-  
19 tients related to treatment and care management) for indi-  
20 viduals with—

21               “(1) one or more complex metabolic or auto-  
22 immune diseases;

23               “(2) one or more diseases resulting from insulin  
24 deficiency or insulin resistance; or

25               “(3) complications caused by one or more of  
26 any of such diseases.

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 Adminis-  
18 tration.

19 “(viii) The Health Resources and  
20 Services 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  
11          diseases and complications described in subsection  
12          (a), including one or more such members from each  
13          of the 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,  
23               registered dietitians and nutrition professionals,  
24               nurses, nurse practitioners, 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  
5 services to a patient population that consists of  
6 a high percentage (as specified by the Sec-  
7 retary) of individuals who are enrolled in a  
8 State plan under title XIX of the Social Secu-  
9 rity Act or who are not covered under a health  
10 plan or health insurance coverage.

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

15 “(4) MEETINGS.—The Commission shall meet  
16 at least twice, and not more than four 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 origi-  
22 nal appointments.

23 “(c) DUTIES.—The Commission shall—

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

tion of diabetes screening benefits, annual wellness visits, and other preventive health benefits that may reduce the incidence of the diseases and complications described in subsection (a), including identifying problems regarding such utilization and related data collection mechanisms and make recommendations;

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

“(3) make recommendations regarding the coordination of clinically based activities that are being supported by the Federal Government with respect to the diseases and complications described in subsection (a);

“(4) make recommendations regarding the development and coordination of federally funded clinical practice support tools for physicians and other health care professionals in caring for and managing the care of individuals with any of the diseases and complications described in subsection (a), specifically with regard to implementation of new treatments and 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 meet-  
6           ing such needs, recommend programs that would be  
7           more appropriate;

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

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

15               “(B) the impact of such models and meth-  
16               ods on quality of care as measured by appro-  
17               priate care parameters (such as A1C, blood  
18               pressure, and cholesterol levels);

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

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

4 “(A) address the diseases and complica-  
5 tions described in subsection (a);

6 “(B) are funded by the Federal Govern-  
7 ment; and

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

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

15 “(d) OPERATING PLAN.—

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

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



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

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

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

9 “(E) a budget for conducting such activi-  
10 ties;

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

16 “(G) other information that the Commis-  
17 sion deems appropriate.

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

22 “(e) FINAL REPORT.—By not later than 3 years after  
23 the date of the Commission’s first meeting, the Commis-  
24 sion shall submit to the Secretary and the Congress a final  
25 report containing all of the findings and recommendations

1 required by this section. Not later than 120 days after  
2 the submission of the final report, the Secretary shall re-  
3 view the plan required by subsection (d)(1)(F) and submit  
4 to the Congress a recommendation on whether the Com-  
5 mission should be reauthorized to operate after fiscal year  
6 2021.

7 “(f) SUNSET.—The Commission shall terminate 120  
8 days after submitting its final report, but not later than  
9 the end of fiscal year 2021.”.

Passed the House of Representatives January 9,  
2017.

Attest:

*Clerk.*



115<sup>TH</sup> CONGRESS  
1<sup>ST</sup> Session

# H. R. 309

---

## AN ACT

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.