

112TH CONGRESS
1ST SESSION

H. R. 2960

To amend the Public Health Service Act to foster more effective implementation and coordination of clinical care for people with pre-diabetes and diabetes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 15, 2011

Mr. OLSON (for himself, Mr. GUTHRIE, and Mr. SESSIONS) 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 and 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 Diabetes
5 Clinical Care Commission Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) The Centers for Disease Control and Pre-
9 vention report that nearly 26,000,000 Americans

1 have diabetes in addition to an estimated
2 79,000,000 American adults that have pre-diabetes,
3 an increase of 2,000,000 Americans with diabetes
4 and 22,000,000 American adults with pre-diabetes
5 since 2008.

6 (2) Diabetes affects 8.3 percent of Americans of
7 all ages and 11.3 percent of adults age 20 and older.
8 Individuals of racial and ethnic minorities continue
9 to have higher rates of diabetes than individuals not
10 of such minorities, as demonstrated by the following:
11 16.1 percent of all adult American Indians and Alas-
12 kan Natives have diabetes; 12.6 percent of all adult
13 African-Americans have diabetes; 11.8 percent of all
14 adult Hispanics have diabetes; and 8.4 percent of all
15 adult Asian-Americans have diabetes, while 7.1 per-
16 cent of all non-Hispanic Whites have diabetes.

17 (3) Diabetes is the seventh leading cause of
18 death in the United States.

19 (4) People with diabetes are more likely than
20 people without diabetes to have heart attacks,
21 strokes, high blood pressure, kidney failure, blind-
22 ness, and require amputations.

23 (5) Total national costs associated with diabetes
24 in 2007 exceeded \$218,000,000,000, according to
25 the Centers for Disease Control and Prevention.

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

3 (7) 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 (8) There are 37 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 the
19 National Diabetes Clinical Care Commission (in this sec-
20 tion referred to as the ‘Commission’) to evaluate and make
21 recommendations regarding better coordination and
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 for
25 people with pre-diabetes and diabetes.

1 “(b) MEMBERSHIP.—

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

4 “(A) The Administrators or Directors (or
5 the designees of Administrators or Directors) of
6 the following Federal agencies and departments
7 that conduct programs that could impact the
8 clinical care of people with pre-diabetes and dia-
9 betes:

10 “(i) The Centers for Medicare and
11 Medicaid Services.

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

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

16 “(iv) The Indian Health Service.

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

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

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

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

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

3 “(2) ADDITIONAL MEMBERS.—The Commission
4 shall include additional voting members appointed by
5 the Comptroller General of the United States, in
6 consultation with national medical societies and pa-
7 tient advocate organizations with expertise in diabe-
8 tes and the care of patients with diabetes who are
9 representatives of the following:

10 “(A) Clinical endocrinologists.

11 “(B) Physician specialties (other than as
12 described in subparagraph (A)) that play a role
13 in diabetes care.

14 “(C) Primary care physicians.

15 “(D) Non-physician health care profes-
16 sionals, such as diabetes educators, clinical di-
17 eticians, nurses, nurse practitioners, and physi-
18 cian assistants.

19 “(E) Patient advocates.

20 “(F) National experts in the duties listed
21 under subsection (c).

22 “(3) CHAIRPERSON.—The voting members of
23 the Commission shall select a chairperson from the
24 members described in paragraph (2)(A).

1 “(4) MEETINGS.—The Commission shall meet
2 at the call of the chairperson but at least twice, and
3 not more than 4 times, a year.

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

9 “(c) DUTIES.—The Commission shall—

10 “(1) evaluate programs of the Department of
11 Health and Human Services regarding the utiliza-
12 tion of diabetes screening benefits, annual wellness
13 visits, and other preventive health benefits that may
14 reduce the risk of diabetes and its complications, ad-
15 dressing any existing problems regarding such utili-
16 zation and related data collection mechanisms;

17 “(2) identify current activities and critical gaps
18 in Federal efforts to support clinicians in providing
19 integrated, high quality care to people with pre-dia-
20 betes and diabetes;

21 “(3) assist in the coordination of clinically-
22 based activities that are being supported by the Fed-
23 eral Government;

24 “(4) assist with the development and coordina-
25 tion of federally-funded clinical practice support

1 tools for physicians and other health care profes-
2 sionals in caring for and managing the care of peo-
3 ple with pre-diabetes and diabetes;

4 “(5) evaluate programs in existence as of the
5 date of the enactment of this section and determine
6 if such programs are meeting the needs identified in
7 paragraph (2) and, if such programs are determined
8 to not be meeting such needs, recommend programs
9 that would be more appropriate;

10 “(6) use outcomes-based registry data to evalu-
11 ate various care models and methods and the impact
12 of such models and methods on diabetes manage-
13 ment as measured by appropriate care parameters
14 (such as A1C, blood pressure, and cholesterol levels);

15 “(7) evaluate and expand education and aware-
16 ness to physicians and other health care profes-
17 sionals regarding clinical practices for the prevention
18 of diabetes and the precursor conditions of diabetes;

19 “(8) develop and test appropriate methods for
20 outreach and dissemination of educational resources
21 that regard diabetes prevention and treatments, are
22 funded by the Federal Government, and are in-
23 tended for to health care professionals and the pub-
24 lic; and

1 “(9) other activities, including relating to the
2 areas of public health and nutrition, that the Com-
3 mission deems appropriate.

4 “(d) OPERATING PLAN.—

5 “(1) INITIAL PLAN.—Prior to the expenditure
6 of Federal funds for any activities pursuant to sub-
7 section (c), the Commission shall submit to the Sec-
8 retary and the Congress an operating plan for car-
9 rying out the activities of the Commission. Such op-
10 erating plan shall include—

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

15 “(B) a plan for completing the activities,
16 including any contracts or grants that need to
17 be awarded;

18 “(C) a list of members of the Commission
19 and other individuals who are not members of
20 the Commission who will need to be involved to
21 conduct such activities;

22 “(D) an explanation of Federal agency in-
23 volvement and coordination needed to conduct
24 such activities;

1 “(E) a budget for conducting such activi-
2 ties; and

3 “(F) other information that the Commis-
4 sion deems appropriate.

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

9 “(e) FINAL REPORT AND SUNSET OF THE COMMIS-
10 SION.—By not later than 3 years after the date of the
11 Commission’s first meeting, the Commission shall submit
12 to the Secretary and the Congress a report containing all
13 of the findings and recommendations of the Commission
14 and an operating plan for implementation of all such rec-
15 ommendations. The Commission shall terminate after sub-
16 mission of such report.

17 “(f) AUTHORIZATION OF APPROPRIATIONS.—Appro-
18 priations are authorized to be made available to the Com-
19 mission for each of fiscal years 2012, 2013 and 2014,
20 from amounts otherwise made available to the Department
21 of Health and Human Services for such fiscal years, to
22 carry out this section.”.

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