

115TH CONGRESS
1ST SESSION

S. 920

To establish a National Clinical Care Commission.

IN THE SENATE OF THE UNITED STATES

APRIL 24, 2017

Mrs. SHAHEEN (for herself and Ms. COLLINS) introduced the following bill;
which was read twice and referred to the Committee on Health, Edu-
cation, Labor, and Pensions

A BILL

To establish a National Clinical Care Commission.

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. NATIONAL CLINICAL CARE COMMISSION.**

7 (a) ESTABLISHMENT.—There is hereby established,
8 within the Department of Health and Human Services,
9 a National Clinical Care Commission (in this section re-
10 ferred to as the “Commission”) to evaluate and make rec-
11 ommendations regarding improvements to the coordina-

1 tion and leveraging of programs within the Department
2 and other Federal agencies related to awareness and clin-
3 ical care for at least one, but not more than two, complex
4 metabolic or autoimmune diseases resulting from issues
5 related to insulin that represent a significant disease bur-
6 den in the United States, which may include complications
7 due to such diseases.

8 (b) MEMBERSHIP.—

9 (1) IN GENERAL.—The Commission shall be
10 composed of the following voting members:

11 (A) The heads of the following Federal
12 agencies and departments, or their designees:

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

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

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

19 (iv) The Indian Health Service.

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

22 (vi) The National Institutes of
23 Health.

24 (vii) The Food and Drug Administra-
25 tion.

1 (viii) The Health Resources and Serv-
2 ices Administration.

3 (ix) The Department of Defense.

4 (x) The Department of Agriculture.

5 (xi) The Office of Minority Health.

6 (B) Twelve additional voting members ap-
7 pointed under paragraph (2).

8 (2) ADDITIONAL MEMBERS.—The Commission
9 shall include additional voting members, as may be
10 appointed by the Secretary, with expertise in the
11 prevention, care, and epidemiology of any of the dis-
12 eases and complications described in subsection (a),
13 including one or more such members from each of
14 the following categories:

15 (A) Physician specialties, including clinical
16 endocrinologists, that play a role in the preven-
17 tion or treatment of diseases and complications
18 described in subsection (a).

19 (B) Primary care physicians.

20 (C) Non-physician health care profes-
21 sionals.

22 (D) Patient advocates.

23 (E) National experts, including public
24 health experts, in the duties listed under sub-
25 section (c).

1 (F) Health care providers furnishing serv-
 2 ices to a patient population that consists of a
 3 high percentage (as specified by the Secretary)
 4 of individuals who are enrolled in a State plan
 5 under title XIX of the Social Security Act or
 6 who are not covered under a health plan or
 7 health insurance coverage.

8 (3) CHAIRPERSON.—The members of the Com-
 9 mission shall select a chairperson from the members
 10 appointed under paragraph (2).

11 (4) MEETINGS.—The Commission shall meet at
 12 least twice, and not more than four times, a year.

13 (5) VACANCIES.—A vacancy on the Commission
 14 shall be filled in the same manner as the original ap-
 15 pointments.

16 (c) DUTIES.—The Commission shall evaluate and
 17 make recommendations, as appropriate, to the Secretary
 18 of Health and Human Services and Congress regarding—

19 (1) Federal programs of the Department of
 20 Health and Human Services that focus on pre-
 21 venting and reducing the incidence of the diseases
 22 and complications described in subsection (a);

23 (2) current activities and gaps in Federal ef-
 24 forts to support clinicians in providing integrated,

1 high-quality care to individuals with the diseases and
2 complications described in subsection (a);

3 (3) the improvement in, and improved coordina-
4 tion of, Federal education and awareness activities
5 related to the prevention and treatment of the dis-
6 eases and complications described in subsection (a),
7 which may include the utilization of new and exist-
8 ing technologies; and

9 (4) methods for outreach and dissemination of
10 education and awareness materials that—

11 (A) address the diseases and complications
12 described in subsection (a);

13 (B) are funded by the Federal Govern-
14 ment; and

15 (C) are intended for health care profes-
16 sionals and the public.

17 (d) OPERATING PLAN.—Not later than 90 days after
18 its first meeting, the Commission shall submit to the Sec-
19 retary of Health and Human Services and the Congress
20 an operating plan for carrying out the activities of the
21 Commission as described in subsection (c). Such operating
22 plan may include—

23 (1) a list of specific activities that the Commis-
24 sion plans to conduct for purposes of carrying out

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

3 (2) a plan for completing the activities;

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

8 (4) an explanation of Federal agency involve-
9 ment and coordination needed to conduct such ac-
10 tivities;

11 (5) a budget for conducting such activities; and

12 (6) other information that the Commission
13 deems appropriate.

14 (e) FINAL REPORT.—By not later than 3 years after
15 the date of the Commission’s first meeting, the Commis-
16 sion shall submit to the Secretary of Health and Human
17 Services and the Congress a final report containing all of
18 the findings and recommendations required by this sec-
19 tion.

20 (f) SUNSET.—The Commission shall terminate 60
21 days after submitting its final report, but not later than
22 the end of fiscal year 2021.

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