

116TH CONGRESS
1ST SESSION

H. R. 5014

To improve the quality, appropriateness, and effectiveness of diagnosis in health care, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 8, 2019

Mr. LUJÁN (for himself and Mr. BILIRAKIS) introduced the following bill;
which was referred to the Committee on Energy and Commerce

A BILL

To improve the quality, appropriateness, and effectiveness of diagnosis in health care, 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Improving Diagnosis
5 in Medicine Act of 2019”.

6 **SEC. 2. RESEARCH CENTERS OF DIAGNOSTIC EXCELLENCE.**

7 (a) IN GENERAL.—Section 912 of the Public Health
8 Service Act (42 U.S.C. 299b–1) is amended—

9 (1) in subsection (c), by inserting after “part
10 C” the following: “and subsection (d)”; and

1 (2) by adding at the end the following:

2 “(d) RESEARCH CENTERS OF DIAGNOSTIC EXCEL-
3 LENCE.—

4 “(1) IN GENERAL.—The Director shall award
5 grants for the establishment and maintenance of
6 centers, to be known as Research Centers of Diag-
7 nostic Excellence, that advance research and
8 progress in diagnostic quality, safety, and value in
9 clinical care and population health through imple-
10 menting the activities specified in paragraph (3).

11 “(2) CONSIDERATIONS.—In awarding grants
12 under paragraph (1), the Director shall take into
13 consideration—

14 “(A) the level of development within the
15 field of research on improving diagnosis in
16 health care; and

17 “(B) the need to plan and establish new
18 Research Centers of Diagnostic Excellence.

19 “(3) ACTIVITIES.—

20 “(A) REQUIRED ACTIVITIES.—Each Re-
21 search Center of Diagnostic Excellence receiv-
22 ing funds pursuant to paragraph (1) shall use
23 such funds to—

1 “(i) serve as an interdisciplinary core
2 diagnostic research hub for conducting di-
3 agnostic safety and quality research;

4 “(ii) support research and public
5 health initiatives on improving diagnosis in
6 medicine; and

7 “(iii) foster high-impact research on
8 novel solutions to improve diagnosis that
9 will significantly reduce patient harm.

10 “(B) PERMISSIBLE ACTIVITIES.—In addi-
11 tion to the required activities listed in subpara-
12 graph (A), each Research Center of Diagnostic
13 Excellence receiving funds pursuant to para-
14 graph (1) may use such funds to—

15 “(i) build capacity by cultivating,
16 training, and developing a highly qualified
17 diagnostic research workforce;

18 “(ii) develop and validate operation-
19 ally viable measures of diagnostic error to
20 assess which approaches are effective for
21 monitoring the diagnosis process of identi-
22 fying, analyzing, and reducing diagnostic
23 errors; and

24 “(iii) utilize strategic partnerships
25 that capitalize on the capabilities of both

1 academic research institutions and non-
2 academic health care, public health,
3 science, and technology stakeholders.”.

4 **SEC. 3. INTERAGENCY COUNCIL ON IMPROVING DIAGNOSIS**
5 **IN HEALTH CARE.**

6 (a) ESTABLISHMENT.—The Secretary of Health and
7 Human Services (in this section referred to as the “Sec-
8 retary”) shall establish within the Office of the Secretary
9 an interagency council to be known as the Interagency
10 Council on Improving Diagnosis in Health Care (in this
11 section referred to as the “Council”).

12 (b) OBJECTIVES.—The objectives of the Council shall
13 be the following:

14 (1) Enhance the quality, appropriateness, and
15 effectiveness of diagnosis in health care through—

16 (A) the establishment and support of a
17 broad base of scientific research;

18 (B) the dissemination and implementation
19 of the results of such research; and

20 (C) the promotion of improvements in clin-
21 ical and health system practices.

22 (2) Identify and eliminate systemic barriers to
23 supporting research in improving diagnosis in health
24 care.

1 (3) Identify knowledge gaps, research needs,
2 and deficiencies in clinical and health system deliv-
3 ery, associated with the diagnostic process, with an
4 emphasis on clarifying needs across the diagnostic
5 research continuum.

6 (4) Create core diagnostic research services and
7 interdisciplinary teams to facilitate diagnostic re-
8 search.

9 (5) Build capacity by training and developing a
10 highly-qualified diagnostic research workforce.

11 (6) Establish valid operational measures of di-
12 agnostic error.

13 (c) MEMBERSHIP.—

14 (1) CHAIRPERSON.—The Director of the Agen-
15 cy for Healthcare Research and Quality (or the Di-
16 rector's designee) shall be the Chairperson of the
17 Council.

18 (2) MEMBERS.—

19 (A) IN GENERAL.—In addition to the
20 Chairperson, the Council shall be comprised of
21 at least 1 designee from each of the following,
22 appointed by the head of the applicable depart-
23 ment or agency:

24 (i) The Centers for Disease Control
25 and Prevention.

1 (ii) The Centers for Medicare & Med-
2 icaid Services.

3 (iii) The Department of Veterans Af-
4 fairs.

5 (iv) The Congressionally Directed
6 Medical Research Program of the Depart-
7 ment of Defense.

8 (v) The National Institutes of Health,
9 including designees from—

10 (I) the National Cancer Institute;

11 (II) the National Center for Ad-
12 vancing Translational Sciences;

13 (III) the National Institute of Al-
14 lergy and Infectious Diseases;

15 (IV) the National Heart, Lung,
16 and Blood Institute;

17 (V) the National Institute of
18 Neurological Disorders and Stroke;

19 (VI) the National Library of
20 Medicine; and

21 (VII) such other national re-
22 search institutes and national centers
23 as may be appropriate, as determined
24 by the Director of the National Insti-
25 tutes of Health.

1 (B) ADDITIONAL MEMBERS.—In addition
2 to the designees under subparagraph (A), the
3 Council may include such other designees from
4 Federal departments or agencies as the Chair-
5 person of the Council deems appropriate.

6 (C) DESIGNATION.—A person appointed to
7 the Council as a designee shall be a senior offi-
8 cial or employee of the department or agency
9 whose responsibilities and subject matter exper-
10 tise are relevant to the Council’s objectives list-
11 ed in subsection (b), as determined by the des-
12 ignating official.

13 (d) STRATEGIC PLAN; REPORTS.—

14 (1) STRATEGIC FEDERAL PLAN TO IMPROVE DI-
15 AGNOSIS IN HEALTH CARE.—Not later than 18
16 months after the date of enactment of this Act, the
17 Council shall develop, submit to the Secretary and
18 Congress, and make publicly available a strategic
19 plan, to be known as the Strategic Federal Plan to
20 Improve Diagnosis, that, consistent with the objec-
21 tives listed in subsection (b)—

22 (A) identifies coordinated opportunities to
23 enhance scientific research and reduce systemic
24 barriers in order to improve diagnosis in health
25 care; and

1 (B) includes legislative and administrative
2 policy recommendations.

3 (2) REPORTS TO CONGRESS.—Not later than
4 July 31 of every odd-numbered year beginning with
5 the first such year after the date of submission of
6 the first Strategic Federal Plan to Improve Diag-
7 nosis under paragraph (1), the Council shall pre-
8 pare, submit to the Secretary and Congress, and
9 make publicly available an updated Strategic Fed-
10 eral Plan to Improve Diagnosis that includes—

11 (A) such updates as the Council deter-
12 mines to be appropriate;

13 (B) information on the overall progress of
14 the Federal Government in reducing barriers to
15 research on, and supporting projects to im-
16 prove, diagnosis in health care; and

17 (C) legislative and administrative policy
18 recommendations, including addressing any
19 needs for greater legislative authority to meet
20 the objectives listed in subsection (b).

21 **SEC. 4. AUTHORIZATION OF APPROPRIATIONS.**

22 There is authorized to be appropriated to carry out
23 this Act (including the amendments made by this Act)

- 1 \$8,000,000 for each of fiscal years 2021 through 2025,
- 2 to remain available until expended.

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