

116TH CONGRESS  
2D SESSION

**S.** \_\_\_\_\_

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

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IN THE SENATE OF THE UNITED STATES

Mr. VAN HOLLEN introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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**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 2020”.

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           the following:

22           (i) At least 1 designee from each of  
23           the following, appointed by the head of the  
24           applicable department or agency:

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1 (I) The Centers for Disease Con-  
2 trol and Prevention.

3 (II) The Centers for Medicare &  
4 Medicaid Services.

5 (III) The Department of Vet-  
6 erans Affairs.

7 (IV) The Congressionally Di-  
8 rected Medical Research Program of  
9 the Department of Defense.

10 (ii) Designees from the National Insti-  
11 tutes of Health, including a least 1 des-  
12 ignee from each of the following:

13 (I) The National Cancer Insti-  
14 tute.

15 (II) The National Center for Ad-  
16 vancing Translational Sciences.

17 (III) The National Institute of  
18 Allergy and Infectious Diseases.

19 (IV) The National Heart, Lung,  
20 and Blood Institute.

21 (V) The National Institute of  
22 Neurological Disorders and Stroke.

23 (VI) The National Library of  
24 Medicine.

1 (iii) Designees from such other na-  
2 tional research institutes and national cen-  
3 ters as may be appropriate, as determined  
4 by the Director of the National Institutes  
5 of Health.

6 (B) ADDITIONAL MEMBERS.—In addition  
7 to the designees under subparagraph (A), the  
8 Council may include such other designees from  
9 Federal departments or agencies as the Chair-  
10 person of the Council deems appropriate.

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

18 (d) STRATEGIC PLAN; REPORTS.—

19 (1) STRATEGIC FEDERAL PLAN TO IMPROVE DI-  
20 AGNOSIS IN HEALTH CARE.—Not later than 18  
21 months after the date of enactment of this Act, the  
22 Council shall develop, submit to the Secretary and  
23 Congress, and make publicly available a strategic  
24 plan, to be known as the Strategic Federal Plan to

1 Improve Diagnosis, that, consistent with the objec-  
2 tives listed in subsection (b)—

3 (A) identifies coordinated opportunities to  
4 enhance scientific research and reduce systemic  
5 barriers in order to improve diagnosis in health  
6 care; and

7 (B) includes legislative and administrative  
8 policy recommendations.

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

17 (A) such updates as the Council deter-  
18 mines to be appropriate;

19 (B) information on the overall progress of  
20 the Federal Government in reducing barriers to  
21 research on, and supporting projects to im-  
22 prove, diagnosis in health care; and

23 (C) legislative and administrative policy  
24 recommendations, including addressing any

1           needs for greater legislative authority to meet  
2           the objectives listed in subsection (b).

3 **SEC. 4. AUTHORIZATION OF APPROPRIATIONS.**

4           There is authorized to be appropriated to carry out  
5 this Act (including the amendments made by this Act)  
6 \$8,000,000 for each of fiscal years 2021 through 2025,  
7 to remain available until expended.