

117TH CONGRESS
2D SESSION

H. R. 8172

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

IN THE HOUSE OF REPRESENTATIVES

JUNE 22, 2022

Mr. BEYER (for himself and Ms. SCHRIER) 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 2022”.

6 **SEC. 2. RESEARCH PROGRAM TO IMPROVE DIAGNOSTIC**
7 **SAFETY AND QUALITY.**

8 Part B of title IX of the Public Health Service Act
9 (42 U.S.C. 299b et seq.) is amended by adding at the end
10 the following:

1 **“SEC. 918. RESEARCH PROGRAM TO IMPROVE DIAGNOSTIC**
2 **SAFETY AND QUALITY.**

3 “(a) IN GENERAL.—The Director shall establish a
4 comprehensive program of research and quality improve-
5 ment to—

6 “(1) assess and understand diagnostic errors,
7 including diagnostic delays, and how to eliminate
8 common failures in the diagnostic process that lead
9 to significant patient harm; and

10 “(2) identify, develop, implement, and dissemi-
11 nate evidence-based strategies and best practices for
12 improving diagnostic quality, safety, and health care
13 value.

14 “(b) ACTIVITIES.—The program established under
15 subsection (a) shall include the following:

16 “(1) CONTINUUM OF RESEARCH.—A portfolio
17 of conducted and supported activities that is con-
18 sistent with the general, research, implementation,
19 and dissemination activities of the Center for Qual-
20 ity Improvement and Patient Safety, as described in
21 section 933, including—

22 “(A) investigator-initiated research to as-
23 sess diagnostic errors and identify improved
24 methods to prevent errors and the harm they
25 cause;

1 “(B) translation and synthesis of research
2 findings and development of tools for imple-
3 menting prevention strategies into practice;

4 “(C) implementation research to refine evi-
5 dence-based tools for improving diagnostic proc-
6 esses and effectively integrate these solutions
7 into practice; and

8 “(D) dissemination to promote implemen-
9 tation of effective methods, strategies and tools
10 for wide-scale improvement.

11 “(2) RESEARCH CENTERS OF DIAGNOSTIC EX-
12 CELLENCE.—Grants or contracts awarded to public
13 or private entities, in geographically diverse locations
14 throughout the United States, that link research di-
15 rectly with clinical practice and that may include—

16 “(A) academic medical and institutional re-
17 search centers that combine demonstrated mul-
18 tidisciplinary expertise in diagnostic outcomes
19 or quality improvement research with linkages
20 directly or through national, state or local
21 stakeholder partner organizations to relevant
22 sites of care; and

23 “(B) provider-based research networks, in-
24 cluding plan, facility, or delivery system sites of
25 care (especially primary care), that can evaluate

1 outcomes and evaluate and promote quality im-
2 provement approaches.

3 “(3) FINANCIAL ASSISTANCE.—The Director
4 may provide financial assistance to assist in meeting
5 the costs of planning and establishing new centers,
6 as well as operating existing and new centers, pursu-
7 ant to section 902(c).

8 “(4) STAKEHOLDER ENGAGEMENT.—The Di-
9 rector shall identify and enter into a supporting
10 agreement (grant or contract) with a nonprofit enti-
11 ty that convenes a coalition of diverse health care
12 stakeholders for the purpose of—

13 “(A) raising attention to diagnostic safety
14 and quality concerns;

15 “(B) facilitating learning, adoption and
16 spread of effective quality improvement inter-
17 ventions; and

18 “(C) catalyzing novel actions by individual
19 member organizations to reduce harms from di-
20 agnostic error and improve patient outcomes.

21 “(c) AUTHORIZATION OF APPROPRIATIONS.—

22 “(1) IN GENERAL.—To carry out this section,
23 there is authorized to be appropriated \$20,000,000
24 for fiscal year 2023, \$25,000,000 for fiscal year

1 2024, \$30,000,000 for fiscal year 2025, and
2 \$35,000,000 for each of fiscal years 2026 and 2027.

3 “(2) RESERVATION.—Of the amount appro-
4 priated under paragraph (1) for a fiscal year,
5 \$700,000 shall be allocated to carrying out the pur-
6 pose described in subsection (b)(4).

7 “(3) AVAILABILITY.—Amounts appropriated
8 under this section shall remain available until ex-
9 pended.”.

10 **SEC. 3. FELLOWSHIPS AND TRAINING GRANTS.**

11 (a) RUTH KIRCHSTEIN AWARDS.—Section 487(a) of
12 the Public Health Service Act (42 U.S.C. 288(a)) is
13 amended by adding at the end the following:

14 “(5) For purposes of the program under this sub-
15 section, biomedical and behavioral research includes diag-
16 nostic safety and quality research.”.

17 (b) AHRQ PROGRAMS.—Section 902(b)(1) of the
18 Public Health Service Act (42 U.S.C. 299a(b)(1)) is
19 amended—

20 (1) by inserting “and diagnostic safety and
21 quality” after “subsection (a)”; and

22 (2) by striking “under section 487(d)(3)” and
23 inserting “for purposes of carrying out section 487”.

1 **SEC. 4. QUALITY MEASURE DEVELOPMENT.**

2 Section 931(c)(2) of the Public Health Service Act
3 (42 U.S.C. 299b–31(c)(2)) is amended—

4 (1) by redesignating subparagraphs (B)
5 through (J) as subparagraphs (C) through (K), re-
6 spectively; and

7 (2) by inserting after subparagraph (A) the fol-
8 lowing:

9 “(B) diagnostic safety and quality;”.

10 **SEC. 5. DATA FOR RESEARCH AND IMPROVEMENT.**

11 Section 937(f) of the Public Health Service Act (42
12 U.S.C. 299b–37(f)) is amended—

13 (1) by striking “The Secretary” and inserting
14 the following:

15 “(1) IN GENERAL.—The Secretary”; and

16 (2) adding at the end the following:

17 “(2) CONSULTATION WITH EXPERT PANEL.—In
18 carrying out paragraph (1), the Secretary, in coordi-
19 nation with the Director, the Administrator of the
20 Centers for Medicare & Medicaid Services, the Na-
21 tional Coordinator for Health Information Tech-
22 nology, and the Director of the National Library of
23 Medicine, shall convene an expert panel to consider
24 and make recommendations regarding the types,
25 sources, and availability of data needed to accelerate
26 diagnostic safety and quality research, training, and

1 measure development as specified in section 918, in-
2 cluding data related to racial, ethnic, and language
3 attributes; gender, age, geography, and socio-
4 economic conditions; the specificity, interoperability,
5 and socio-technical aspects of electronic vocabularies
6 and ontologies related to presenting symptoms and
7 diagnostic certainty; and the development and use of
8 symptom-based clinical registries. Such panel shall
9 consider enhanced data capabilities that are nec-
10 essary to support both research and improvement of
11 diagnostic safety and quality.”.

12 **SEC. 6. INTERAGENCY COUNCIL ON IMPROVING DIAGNOSIS**
13 **IN HEALTH CARE.**

14 (a) ESTABLISHMENT.—The Secretary of Health and
15 Human Services (in this section referred to as the “Sec-
16 retary”) shall establish within the Office of the Secretary
17 an interagency council to be known as the Interagency
18 Council on Improving Diagnosis in Health Care (referred
19 to in this section as the “Council”).

20 (b) OBJECTIVES.—The Council shall furnish a forum
21 for the agencies represented on the Council to discuss
22 ways to accomplish the following objectives:

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

1 (A) the establishment and support of a
2 broad base of scientific research;

3 (B) the dissemination and implementation
4 of the results of such research; and

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

7 (2) Identify and eliminate systemic barriers to
8 supporting research in improving diagnosis in health
9 care.

10 (3) Identify knowledge gaps, research and data
11 needs, and opportunities congruent with agency mis-
12 sions to strengthen the clinical and translational re-
13 search pipeline to improve diagnostic safety and
14 quality, including potential collaborative research ini-
15 tiatives among 2 or more agencies, offices, institutes,
16 or centers within the Department of Health and
17 Human Services or other Federal agencies or offices.

18 (c) MEMBERSHIP.—

19 (1) CHAIRPERSON.—The Director of the Agen-
20 cy for Healthcare Research and Quality (or the Di-
21 rector's designee) shall be the Chairperson of the
22 Council.

23 (2) MEMBERS.—

1 (A) IN GENERAL.—In addition to the
2 Chairperson, the Council shall be comprised of
3 the following:

4 (i) At least 1 designee from each of
5 the following, appointed by the head of the
6 applicable department or agency:

7 (I) The Centers for Disease Con-
8 trol and Prevention.

9 (II) The Centers for Medicare &
10 Medicaid Services.

11 (III) The Department of Vet-
12 erans Affairs.

13 (IV) The Congressionally Di-
14 rected Medical Research Program of
15 the Department of Defense.

16 (V) The Office of the National
17 Coordinator for Health Information
18 Technology.

19 (ii) Designees from the National Insti-
20 tutes of Health, including a least 1 des-
21 ignee from each of the following:

22 (I) The National Cancer Insti-
23 tute.

24 (II) The National Center for Ad-
25 vancing Translational Sciences.

1 (III) The National Institute of
2 Allergy and Infectious Diseases.

3 (IV) The National Heart, Lung,
4 and Blood Institute.

5 (V) The National Institute of
6 Neurological Disorders and Stroke.

7 (VI) The National Library of
8 Medicine.

9 (VII) The National Institute on
10 Minority Health and Health Dispari-
11 ties.

12 (VIII) The National Institute of
13 Nursing Research.

14 (IX) The Eunice Kennedy Shriv-
15 er National Institute of Child Health
16 and Human Development.

17 (iii) Designees from such other na-
18 tional research institutes and national cen-
19 ters as may be appropriate, as determined
20 by the Director of the National Institutes
21 of Health.

22 (B) ADDITIONAL MEMBERS.—In addition
23 to the designees under subparagraph (A), the
24 Council may include such other designees from

1 Federal departments or agencies as the Chair-
2 person of the Council deems appropriate.

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

10 (d) STRATEGIC PLAN; REPORTS.—

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

19 (A) shall identify coordinated opportunities
20 to enhance scientific research and reduce sys-
21 temic barriers in order to improve diagnosis in
22 health care; and

23 (B) shall include administrative policy rec-
24 ommendations, and may include such legislative
25 recommendations as the Council may wish to

1 make, including recommendations on opportuni-
2 ties to remove barriers to, and enhance, inter-
3 agency coordination in the planning, conduct,
4 and funding of, such research.

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

13 (A) includes such updates as the Council
14 determines to be appropriate;

15 (B) includes information on the overall
16 progress of the Federal Government in reducing
17 barriers to research on, and supporting projects
18 to improve, diagnosis in health care; and

19 (C) includes administrative policy rec-
20 ommendations, and may include legislative rec-
21 ommendations, including addressing any needs
22 for greater legislative authority to meet the ob-
23 jectives listed in subsection (b).

1 (e) AUTHORIZATION OF APPROPRIATIONS.—To carry
2 out this section, there are authorized to be appropriated
3 \$1,500,000 for each of fiscal years 2023 through 2027.

4 **SEC. 7. NATIONAL ACADEMIES REPORT.**

5 (a) IN GENERAL.—The Director of the Agency for
6 Healthcare Research and Quality shall seek to enter into
7 a contract with the National Academies of Sciences, Engi-
8 neering, and Medicine under which such National Acad-
9 emies conducts a study and issues a report on disparities
10 in diagnostic safety and quality that—

11 (1) identifies what is known about the burden
12 and causes of such disparities, including racial, eth-
13 nic, socioeconomic, age, gender, geography, language
14 proficiency, and intersectional interactions; and

15 (2) includes recommendations on specific ac-
16 tions that policymakers, researchers, clinicians, and
17 other stakeholders can take to eliminate such bur-
18 dens.

19 (b) AUTHORIZATION OF APPROPRIATIONS.—To carry
20 out this section, there is authorized to be appropriated
21 \$1,500,000 for fiscal year 2023, to remain available until
22 expended.

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