

105TH CONGRESS  
1ST SESSION

# H. R. 1315

To amend the Public Health Service Act to require the establishment of a comprehensive plan regarding the diabetes-related activities of the National Institutes of Health, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 14, 1997

Mr. NETHERCUTT (for himself and Ms. FURSE) introduced the following bill;  
which was referred to the Committee on Commerce

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## A BILL

To amend the Public Health Service Act to require the establishment of a comprehensive plan regarding the diabetes-related activities of the National Institutes of Health, 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 “Diabetes Research  
5       Amendments of 1997”.

6       **SEC. 2. FINDINGS.**

7       The Congress finds as follows:

1           (1) Approximately 16,000,000 Americans suffer  
2           from diabetes, and another 650,000 will be newly di-  
3           agnosed during 1997.

4           (2) Diabetes and its complications are a leading  
5           cause of death by disease in America, and reduce life  
6           expectancy by up to 30 percent. During 1997 diabe-  
7           tes and its complications will contribute to the  
8           deaths of more than 170,000 Americans.

9           (3) The total health-care-related costs of diabe-  
10          tes, consisting of hospital stays, nursing home serv-  
11          ices, physician care, laboratory tests, and pharma-  
12          ceutical products, total over \$130,000,000,000 per  
13          year.

14          (4) Diabetes is the leading cause of new cases  
15          of blindness in the United States, with 24,000 new  
16          cases resulting from diabetes each year.

17          (5) One-third of all kidney dialysis patients  
18          have diabetes-related kidney failure.

19          (6) Diabetes is a leading risk factor for coro-  
20          nary artery disease overall, and in particular for  
21          women between the ages of 30 and 55. Women with  
22          either Type I or Type II diabetes have almost a two-  
23          fold risk of developing coronary artery disease.

24          (7) Diabetic neuropathy affects 90 percent of  
25          people with long-term diabetes and is a major con-

1 tributor to lower extremity amputations. Patients  
2 with diabetes account for more than half of all leg  
3 amputations in the United States.

4 (8) Sixty to 65 percent of people with diabetes  
5 are affected by hypertension.

6 (9) African Americans, Hispanic Americans,  
7 and Native Americans are at 1½ to 2½ times  
8 greater risk of developing diabetes.

9 **SEC. 3. ESTABLISHMENT OF PLAN FOR DIABETES-RELATED**  
10 **ACTIVITIES OF NATIONAL INSTITUTES OF**  
11 **HEALTH.**

12 (a) IN GENERAL.—Subpart 3 of part C of title IV  
13 of the Public Health Service Act (42 U.S.C. 285c et seq.)  
14 is amended by inserting after section 432 the following  
15 section:

16 “PLAN REGARDING DIABETES

17 “SEC. 432A. (a) With respect to activities of the Na-  
18 tional Institutes of Health that relate to diabetes, the Di-  
19 rector of the National Institute of Diabetes and Digestive  
20 and Kidney Diseases, and the Diabetes Mellitus Inter-  
21 agency Coordinating Committee established under section  
22 429, shall—

23 “(1) establish a comprehensive plan for the con-  
24 duct and support of such activities of the Institute,  
25 and of each other agency of the National Institutes  
26 of Health that has responsibilities regarding diabe-

1       tes, which plan shall have the goal of developing fu-  
2       ture diabetes research initiatives and direction;

3               “(2) ensure that such plan establishes priorities  
4       among such activities; and

5               “(3) review the plan not less than annually, and  
6       revise the plan as appropriate.

7       “(b) Not later than 12 months after the date of the  
8       enactment of the Diabetes Research Amendments of 1997,  
9       the Director of the Institute and the Diabetes Mellitus  
10      Interagency Coordinating Committee shall establish the  
11      initial plan under subsection (a) and shall submit the plan  
12      to the Congress.”.

13      (b) DIABETES RESEARCH-PLAN WORKING GROUP.—

14              (1) ESTABLISHMENT.—The Director of the Na-  
15      tional Institutes of Health shall establish a Diabetes  
16      Research-Plan Working Group (in this subsection  
17      referred to as the “Working Group”).

18              (2) DUTIES.—The Working Group shall consult  
19      with the Director of the National Institute of Diabe-  
20      tes and Digestive and Kidney Diseases, and the Dia-  
21      betes Mellitus Interagency Coordinating Committee,  
22      for the purpose of providing advice to the Director  
23      and the Coordinating Committee on the development  
24      of the initial plan referred to in section 432A(b) of

1 the Public Health Service Act (as added by sub-  
2 section (a) of this section).

3 (3) COMPOSITION.—

4 (A) IN GENERAL.—The Working Group  
5 shall in accordance with this paragraph be com-  
6 posed of not more than 30 members appointed  
7 by the Director of the National Institutes of  
8 Health or selected by such Director as ex officio  
9 members.

10 (B) PARTICIPATION OF CERTAIN AGEN-  
11 CIES.—The members of the Working Group  
12 shall include one or more representatives from  
13 each of the following agencies:

14 (i) The National Institute of Diabetes  
15 and Digestive and Kidney Diseases.

16 (ii) The National Eye Institute.

17 (iii) The National Heart, Lung, and  
18 Blood Institute.

19 (iv) The National Institute of Allergy  
20 and Infectious Diseases.

21 (v) The National Institute of Child  
22 Health and Human Development.

23 (vi) The National Institute of Dental  
24 Research.

1 (vii) The National Institute of General  
2 Medical Sciences.

3 (viii) The National Institute of Neuro-  
4 logical Disorders and Stroke.

5 (ix) The National Center for Research  
6 Resources.

7 (x) The National Center for Human  
8 Genome Research.

9 (C) PARTICIPATION OF PRIVATE SEC-  
10 TOR.—The appointed members of the Working  
11 Group shall include individuals appointed from  
12 among individuals who are not officers or em-  
13 ployees of the Federal Government, which indi-  
14 viduals shall include leading diabetes research-  
15 ers, leaders from the health care industry, and  
16 leaders of organizations that represent individ-  
17 uals with diabetes.

18 (4) CHAIR.—The Director of the National Insti-  
19 tutes of Health shall select a member of the Work-  
20 ing Group to serve as the chair of the Group. The  
21 chair shall be an individual who was appointed to  
22 the Group from among individuals who were not of-  
23 ficers or employees of the Federal Government.

24 (5) DATE CERTAIN FOR APPOINTMENTS.—The  
25 Director of the National Institutes of Health shall

1 complete appointments to the Working Group not  
2 later than the expiration of the 90-day period begin-  
3 ning on the date of the enactment of this Act.

4 (6) TERMINATION.—The Working Group termi-  
5 nates upon the expiration of the 30-day period be-  
6 ginning on the date on which the plan referred to in  
7 paragraph (2) is submitted to the Congress.

8 (c) CONFORMING AMENDMENT REGARDING BIEN-  
9 NIAL REPORT TO CONGRESS.—Section 433(1) of the Pub-  
10 lic Health Service Act (42 U.S.C. 285c–7(1)) is amended  
11 by striking “current diabetes plan” and all that follows  
12 through the semicolon at the end and inserting “diabetes  
13 plan under section 432A;”.

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