

Union Calendar No. 514

113TH CONGRESS
2^D SESSION

H. R. 5214

[Report No. 113-683]

To require the Secretary of Health and Human Services to provide for recommendations for the development and use of clinical data registries for the improvement of patient care.

IN THE HOUSE OF REPRESENTATIVES

JULY 28, 2014

Mr. OLSON introduced the following bill; which was referred to the Committee on Energy and Commerce

DECEMBER 22, 2014

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

[Strike out all after the enacting clause and insert the part printed in *italie*]

[For text of introduced bill, see copy of bill as introduced on July 28, 2014]

A BILL

To require the Secretary of Health and Human Services to provide for recommendations for the development and use of clinical data registries for the improvement of patient care.

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. RECOMMENDATIONS FOR DEVELOPMENT AND**
4 **USE OF CLINICAL DATA REGISTRIES.**

5 (a) *IN GENERAL.*—*Not later than one year after the*
6 *date of the enactment of this Act, the Secretary of Health*
7 *and Human Services shall make recommendations for the*
8 *development and use, when appropriate, of clinical data*
9 *registries that are integrated with clinical practice guide-*
10 *lines and best practices or standards of care, including rec-*
11 *ommendations designed to minimize duplication and bur-*
12 *den on those operating or reporting to such registries, for*
13 *the improvement of patient care. The Secretary shall make*
14 *such recommendations available to the public by posting*
15 *them on a public Website of the Department of Health and*
16 *Human Services.*

17 (b) *SPECIFIC RECOMMENDATIONS.*—*Such rec-*
18 *ommendations, with respect to such registries, shall include*
19 *the following:*

20 (1) *Recommendations for a set of standards that,*
21 *if adopted by such registries, would allow for the*
22 *bidirectional, interoperable exchange of information*
23 *between the electronic health records of the reporting*
24 *clinicians and such registries.*

1 (2) *Recommendations on how clinical registries,*
2 *including outcomes-based registries, may be developed*
3 *and then used to evaluate various care models and*
4 *methods, including improved clinical care coordina-*
5 *tion, and the impact of such models and methods on*
6 *the management of diseases as measured by appro-*
7 *priate care parameters based on clinical practice*
8 *guidelines and best practices (such as A1C, blood*
9 *pressure, and cholesterol levels in the case of diabetes).*

10 (3) *Recommendations on how such registries*
11 *should be structured to facilitate—*

12 (A) *the recording and reporting of post-*
13 *market data for the purposes of monitoring safe-*
14 *ty and efficacy of FDA-approved devices and*
15 *drugs;*

16 (B) *the reporting of relevant clinical data to*
17 *satisfy attestation requirements for coverage of*
18 *prescribed devices; and*

19 (C) *coverage with evidence development*
20 *policies for devices under the Medicare program*
21 *(such as improving patient access to safe and ef-*
22 *fective glucose monitoring systems).*

23 (4) *Recommendations on how data from such*
24 *registries may be used to inform physicians and other*
25 *health care professionals regarding clinical practices*

1 *for the prevention of diseases (such as diabetes and*
2 *the precursor conditions of diabetes) and appropriate*
3 *methods for the dissemination of clinical practice sup-*
4 *port tools and other educational resources that may be*
5 *derived from registry data.*

6 (5) *Recommendations for how registries can be*
7 *used to promote preventive health benefits such as*
8 *screenings and the Medicare annual wellness visits*
9 *that may reduce the risk of chronic diseases (such as*
10 *obesity, osteoporosis, cardiovascular disease, cancer,*
11 *diabetes and their complications).*

12 (c) *CONSULTATION WITH CLINICAL EXPERTS.—The*
13 *Secretary shall consult with national medical specialty so-*
14 *cieties, patient groups, technology vendors, and developers*
15 *and manufacturers of drugs and medical devices in the de-*
16 *velopment of such recommendations as they relate to the*
17 *diseases that members of such societies manage and treat*
18 *(such as with endocrinologists with respect to recommenda-*
19 *tions relating to diabetes and pre-diabetes conditions).*

20 (d) *RULE OF CONSTRUCTION.—Nothing in this section*
21 *may be construed as—*

22 (1) *authorizing the Secretary of Health and*
23 *Human Services to take any action with regard to the*
24 *recommendations made under this section (other than*

1 *making such recommendations available to the public*
2 *in the manner described in subsection (a));*

3 *(2) limiting or interfering with the authority of*
4 *a health care practitioner to practice medicine or to*
5 *prescribe or administer a drug or device to an indi-*
6 *vidual for a condition or disease; or*

7 *(3) providing the Centers for Medicare & Med-*
8 *icaid Services with authority to limit (or to encour-*
9 *age other individuals or entities to limit) coverage*
10 *under the Medicare program under title XVIII of the*
11 *Social Security Act for an item or service furnished*
12 *to an individual on account of the participation, or*
13 *lack of participation, of the individual in a registry*
14 *or other data collection system.*

Union Calendar No. 514

113TH CONGRESS
2^D Session

H. R. 5214

[Report No. 113-683]

A BILL

To require the Secretary of Health and Human Services to provide for recommendations for the development and use of clinical data registries for the improvement of patient care.

DECEMBER 22, 2014

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed