

118TH 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

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Mr. VAN HOLLEN (for himself and Mr. LUJÁN) 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 2024”.

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 research, implementation, and dis-  
19 semination activities of the Center for Quality Im-  
20 provement and Patient Safety, as described in sec-  
21 tion 933, including—

22 “(A) investigator-initiated research to as-  
23 sess diagnostic errors and identify improved  
24 methods to prevent errors and the harm errors  
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, including identi-  
11 fying where digital- and artificial intelligence-  
12 enabled tools could be beneficial.

13           “(2) RESEARCH CENTERS OF DIAGNOSTIC EX-  
14 CELLENCE.—Consistent with section 911(b), the  
15 health care improvement research centers described  
16 in such section shall link research directly with clin-  
17 ical practice in geographically diverse locations  
18 throughout the United States, and may include—

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

1           “(B) provider-based research networks, in-  
2           cluding plan, facility, or delivery system sites of  
3           care (especially primary care), that can evaluate  
4           outcomes and evaluate and promote quality im-  
5           provement approaches.

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

11          “(4) STAKEHOLDER ENGAGEMENT.—The Di-  
12          rector shall identify and enter into a supporting  
13          agreement, pursuant to a grant or contract, with a  
14          nonprofit entity that convenes a coalition of diverse  
15          health care stakeholders for the purpose of—

16                 “(A) raising attention to diagnostic safety  
17                 and quality concerns;

18                 “(B) facilitating learning, adoption, and  
19                 dissemination of effective quality improvement  
20                 interventions; and

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

24          “(c) AUTHORIZATION OF APPROPRIATIONS.—

1           “(1) IN GENERAL.—To carry out this section,  
2           there are authorized to be appropriated \$30,000,000  
3           for fiscal year 2025, \$35,000,000 for fiscal year  
4           2026, \$40,000,000 for fiscal year 2027, and  
5           \$45,000,000 for each of fiscal years 2028 and 2029.

6           “(2) RESERVATION.—Of the amount appro-  
7           priated under paragraph (1) for a fiscal year,  
8           \$700,000 shall be allocated to carrying out the pur-  
9           pose described in subsection (b)(4).

10           “(3) AVAILABILITY.—Amounts appropriated  
11           under this section shall remain available until ex-  
12           pended.”.

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

14           (a) RUTH KIRSCHSTEIN AWARDS.—Section 487(a) of  
15           the Public Health Service Act (42 U.S.C. 288(a)) is  
16           amended by adding at the end the following:

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

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

23           (1) by inserting “and diagnostic safety and  
24           quality” after “subsection (a)”; and

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

3 **SEC. 4. QUALITY MEASURE DEVELOPMENT.**

4 Section 931(c)(2) of the Public Health Service Act  
5 (42 U.S.C. 299b–31(c)(2)) is amended—

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

9 (2) by inserting after subparagraph (A) the fol-  
10 lowing:

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

12 **SEC. 5. STANDARDIZED DATA FOR DIAGNOSIS RESEARCH**  
13 **AND IMPROVEMENT.**

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

16 (1) by striking “The Secretary” and inserting  
17 the following:

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

19 (2) adding at the end the following:

20 “(2) CONSULTATION WITH EXPERT PANEL.—In  
21 carrying out paragraph (1), the Secretary, in coordi-  
22 nation with the Director, the Administrator of the  
23 Centers for Medicare & Medicaid Services, the Na-  
24 tional Coordinator for Health Information Tech-  
25 nology, the Director of the National Library of Med-

1 icine, the Chief Data Officer of the Department of  
2 Health and Human Services, and the Chief Artificial  
3 Intelligence Officer of the Department of Health and  
4 Human Services, shall convene an expert panel to  
5 consider and make recommendations regarding the  
6 types, sources, and availability of data needed to ac-  
7 celerate diagnostic safety and quality research, train-  
8 ing, and measure development as specified in section  
9 918, including—

10 “(A) demographic data;

11 “(B) the specificity, interoperability, and  
12 socio-technical aspects of electronic vocabularies  
13 and ontologies related to presenting symptoms,  
14 chief complaints, and the status of diagnosis  
15 (such as tentative, working, or confirmed); and

16 “(C) the development and use of symptom-  
17 based clinical registries. Such panel shall con-  
18 sider enhanced data capabilities that are nec-  
19 essary to support both research and improve-  
20 ment of diagnostic safety and quality.”.

21 **SEC. 6. INTERAGENCY COUNCIL ON IMPROVING DIAGNOSIS**

22 **IN HEALTH CARE.**

23 (a) ESTABLISHMENT.—The Secretary of Health and  
24 Human Services (in this section referred to as the “Sec-  
25 retary”) shall establish within the Office of the Secretary

1 an interagency council to be known as the Interagency  
2 Council on Improving Diagnosis in Health Care (referred  
3 to in this section as the “Council”).

4 (b) OBJECTIVES.—The objectives of the Council shall  
5 be the following:

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

8 (A) the establishment and support of a  
9 broad base of scientific research;

10 (B) the dissemination and implementation  
11 of the results of such research; and

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

14 (2) Identify and eliminate systemic barriers to  
15 supporting research in improving diagnosis in health  
16 care.

17 (3) Identify knowledge gaps, research and data  
18 needs, and opportunities congruent with agency mis-  
19 sions to strengthen the clinical and translational re-  
20 search pipeline to improve diagnostic safety and  
21 quality, including potential collaborative research ini-  
22 tiatives among 2 or more agencies, offices, institutes,  
23 or centers within the Department of Health and  
24 Human Services or other Federal agencies or offices.

25 (c) MEMBERSHIP.—



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

5           (2) MEMBERS.—

6           (A) IN GENERAL.—In addition to the  
7           Chairperson, the Council shall be comprised of  
8           the following:

9                   (i) At least 1 designee from each of  
10                   the following, appointed by the head of the  
11                   applicable department or agency:

12                           (I) The Centers for Disease Con-  
13                           trol and Prevention.

14                           (II) The Centers for Medicare &  
15                           Medicaid Services.

16                           (III) The Department of Vet-  
17                           erans Affairs.

18                           (IV) The Congressionally Di-  
19                           rected Medical Research Program of  
20                           the Department of Defense.

21                           (V) The Office of the National  
22                           Coordinator for Health Information  
23                           Technology.

1 (VI) The Office of the Chief  
2 Data Officer of the Department of  
3 Health and Human Services.

4 (VII) The Office of the Chief Ar-  
5 tificial Intelligence Officer of the De-  
6 partment of Health and Human Serv-  
7 ices.

8 (VIII) The Center for Devices  
9 and Radiological Health of the Food  
10 and Drug Administration.

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

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

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

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

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

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

24 (VI) The National Library of  
25 Medicine.

1 (VII) The National Institute on  
2 Minority Health and Health Dispari-  
3 ties.

4 (VIII) The National Institute of  
5 Nursing Research.

6 (IX) The Eunice Kennedy Shriv-  
7 er National Institute of Child Health  
8 and Human Development.

9 (iii) Designees from such other na-  
10 tional research institutes and national cen-  
11 ters as may be appropriate, as determined  
12 by the Director of the National Institutes  
13 of Health.

14 (B) ADDITIONAL MEMBERS.—In addition  
15 to the designees under subparagraph (A), the  
16 Council may include such other designees from  
17 Federal departments or agencies as the Chair-  
18 person of the Council determines appropriate.

19 (C) DESIGNATION.—A person appointed to  
20 the Council as a designee shall be a senior offi-  
21 cial or employee of the department or agency  
22 whose responsibilities and subject matter exper-  
23 tise are relevant to the Council's objectives list-  
24 ed in subsection (b), as determined by the des-  
25 ignating official.

1 (d) STRATEGIC PLAN; REPORTS.—

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

10 (A) identifies coordinated opportunities to  
11 enhance scientific research and reduce systemic  
12 barriers in order to improve diagnosis in health  
13 care; and

14 (B) includes legislative and administrative  
15 policy recommendations, including opportunities  
16 to remove barriers to, and enhance, inter-agen-  
17 cy coordination in the planning, conduct, and  
18 funding of, such research.

19 (2) REPORTS TO CONGRESS.—Not later than  
20 July 31 of every odd-numbered year beginning with  
21 the first such year after the date of submission of  
22 the first Strategic Federal Plan to Improve Diag-  
23 nosis under paragraph (1), the Council shall pre-  
24 pare, submit to the Secretary and Congress, and

1 make publicly available an updated Strategic Fed-  
2 eral Plan to Improve Diagnosis that includes—

3 (A) such updates as the Council deter-  
4 mines to be appropriate;

5 (B) information on the overall progress of  
6 the Federal Government in reducing barriers to  
7 research on, and supporting projects to im-  
8 prove, diagnosis in health care; and

9 (C) legislative and administrative policy  
10 recommendations, including addressing any  
11 needs for greater legislative authority to meet  
12 the objectives listed in subsection (b).

13 (e) AUTHORIZATION OF APPROPRIATIONS.—To carry  
14 out this section, there are authorized to be appropriated  
15 \$1,500,000 for each of fiscal years 2025 through 2029.

16 **SEC. 7. NATIONAL ACADEMIES REPORT.**

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

23 (1) identifies what is known about the burden  
24 and causes of such disparities, including racial, eth-

1       nic, socioeconomic, age, gender, geography, language  
2       proficiency, and intersectional interactions; and

3               (2) includes recommendations on specific ac-  
4       tions that policymakers, researchers, clinicians, and  
5       other stakeholders can take to eliminate such bur-  
6       dens.

7       (b) AUTHORIZATION OF APPROPRIATIONS.—To carry  
8       out this section, there is authorized to be appropriated  
9       \$1,500,000 for fiscal year 2025, to remain available until  
10      expended.