

119TH CONGRESS
2D SESSION

H. R. 9149

To establish the National Diabetes Project, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 4, 2026

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

A BILL

To establish the National Diabetes Project, 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 “National Diabetes
5 Project Act”.

6 **SEC. 2. NATIONAL DIABETES PROJECT.**

7 (a) ESTABLISHMENT.—There is established in the
8 Office of the Secretary of Health and Human Services the
9 National Diabetes Project (referred to in this Act as the
10 “Project”).

1 (b) PURPOSE OF THE PROJECT.—The Secretary of
2 Health and Human Services, or the Secretary’s designee,
3 shall—

4 (1) be responsible for the creation and mainte-
5 nance of an integrated national plan to overcome di-
6 abetes;

7 (2) provide information and coordination of dia-
8 betes research and services across all Federal agen-
9 cies;

10 (3) accelerate the development of treatments
11 that would prevent, halt, or reverse the course of di-
12 abetes;

13 (4) improve the—

14 (A) early diagnosis of diabetes disease; and

15 (B) coordination of the care and treatment
16 of citizens with diabetes;

17 (5) ensure the inclusion of ethnic and racial
18 populations at higher risk for diabetes or least likely
19 to receive care, in clinical, research, and service ef-
20 forts with the purpose of decreasing health dispari-
21 ties in diabetes; and

22 (6) coordinate with international bodies to inte-
23 grate and inform the fight against diabetes globally.

24 (c) DUTIES OF THE SECRETARY.—

1 (1) IN GENERAL.—The Secretary of Health and
2 Human Services, or the Secretary’s designee, shall—

3 (A) oversee the creation and updating of
4 the national plan described in paragraph (2);
5 and

6 (B) use discretionary authority to evaluate
7 all Federal programs around diabetes, including
8 budget requests and approvals.

9 (2) NATIONAL PLAN.—The Secretary of Health
10 and Human Services, or the Secretary’s designee,
11 shall carry out an annual assessment of the Nation’s
12 progress in preparing for the escalating burden of
13 diabetes, including both implementation steps and
14 recommendations for priority actions based on the
15 assessment.

16 (d) ADVISORY COUNCIL.—

17 (1) IN GENERAL.—There is established an Ad-
18 visory Council on Diabetes Research, Care, and
19 Services (referred to in this Act as the “Advisory
20 Council”).

21 (2) MEMBERSHIP.—

22 (A) FEDERAL MEMBERS.—The Advisory
23 Council shall be comprised of the following ex-
24 perts:

1 (i) A designee of the Centers for Dis-
2 ease Control and Prevention.

3 (ii) A designee of the Administration
4 on Aging.

5 (iii) A designee of the Centers for
6 Medicare & Medicaid Services.

7 (iv) A designee of the Indian Health
8 Service.

9 (v) A designee of the Office of the Di-
10 rector of the National Institutes of Health.

11 (vi) The Surgeon General.

12 (vii) A designee of the National
13 Science Foundation.

14 (viii) A designee of the Department of
15 Veterans Affairs.

16 (ix) A designee of the Food and Drug
17 Administration.

18 (x) A designee of the Agency for
19 Healthcare Research and Quality.

20 (B) NON-FEDERAL MEMBERS.—In addi-
21 tion to the members outlined in subparagraph
22 (A), the Advisory Council shall include 12 ex-
23 pert members from outside the Federal Govern-
24 ment, which shall include—

25 (i) 2 diabetes patient advocates;

- 1 (ii) 2 diabetes caregivers;
- 2 (iii) 2 health care providers;
- 3 (iv) 2 representatives of State health
- 4 departments;
- 5 (v) 2 researchers with diabetes-related
- 6 expertise in basic, translational, clinical, or
- 7 drug development science; and
- 8 (vi) 2 voluntary health association
- 9 representatives, including a national diabe-
- 10 tes disease organization that has dem-
- 11 onstrated experience in research, care, and
- 12 patient services, and a State-based advo-
- 13 cacy organization that provides services to
- 14 families and professionals, including infor-
- 15 mation and referral, support groups, care
- 16 consultation, education, and safety serv-
- 17 ices.

18 (3) MEETINGS.—The Advisory Council shall
19 meet quarterly and such meetings shall be open to
20 the public.

21 (4) ADVICE.—The Advisory Council shall advise
22 the Secretary of Health and Human Services, or the
23 Secretary's designee.

1 (5) ANNUAL REPORT.—The Advisory Council
2 shall provide to the Secretary of Health and Human
3 Services, or the Secretary’s designee and Congress—

4 (A) an initial evaluation of all federally
5 funded efforts in diabetes research, clinical
6 care, and institutional-, home-, and community-
7 based programs and their outcomes;

8 (B) initial recommendations for priority
9 actions to expand, eliminate, coordinate, or con-
10 dense programs based on the program’s per-
11 formance, mission, and purpose;

12 (C) initial recommendations to—

13 (i) reduce the financial impact of dia-
14 betes on—

15 (I) Medicare and other federally
16 funded programs; and

17 (II) families living with diabetes
18 disease; and

19 (ii) improve health outcomes; and

20 (D) annually thereafter, an evaluation of
21 the implementation, including outcomes, of the
22 recommendations, including priorities if nec-
23 essary, through an updated national plan under
24 subsection (c)(2).

1 (e) DATA SHARING.—Agencies both within the De-
2 partment of Health and Human Services and outside of
3 the Department that have data relating to diabetes shall
4 share such data with the Secretary of Health and Human
5 Services, or the Secretary’s designee, to enable the Sec-
6 retary, or the Secretary’s designee, to complete the report
7 described in subsection (f).

8 (f) ANNUAL REPORT.—The Secretary of Health and
9 Human Services, or the Secretary’s designee, shall submit
10 to Congress—

11 (1) an annual report that includes an evalua-
12 tion of all federally funded efforts in diabetes re-
13 search, clinical care, and institutional-, home-, and
14 community-based programs and their outcomes;

15 (2) an evaluation of all federally funded pro-
16 grams based on program performance, mission, and
17 purpose related to diabetes disease;

18 (3) recommendations for—

19 (A) priority actions based on the evalua-
20 tion conducted by the Secretary and the Advi-
21 sory Council to—

22 (i) reduce the financial impact of dia-
23 betes on—

24 (I) Medicare and other federally
25 funded programs; and

- 1 (II) families living with diabetes
2 disease; and
3 (ii) improve health outcomes;
4 (B) implementation steps; and
5 (C) priority actions to improve the preven-
6 tion, diagnosis, treatment, care, institutional-,
7 home-, and community-based programs of dia-
8 betes disease for individuals with diabetes dis-
9 ease and their caregivers; and
10 (4) an annually updated national plan.
11 (g) SUNSET.—The Project shall expire on December
12 31, 2036.

○